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OUR RIGHTS
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Our Talks

Supporting parent-child
communication on sexual and
reproductive health and rights

July 2019





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Introduction

This programme is aimed at supporting families as they increase their communication about healthy and respectful relationships, help-seeking, life skills, and decision-making, health, and behavior within the family environment, particularly between parents/guardians and their children. This programme is not itself intended to be a comprehensive sexuality education (CSE) programme. Rather, it functions as a supplement to CSE programming to increase family-based communication because of the substantial and positive impact this can have on adolescents and young people's decisions around sexual and reproductive health and rights (SRHR). The programme approaches parent-child communication (PCC) through sessions with adolescents and young people only, sessions with parents/guardians only, and sessions with adolescents, young people and parents/guardians together.

The development of this manual is drawn from two existing programmes: Let's Chat and Creating Connections, using components of each approach to form a programme that meets a diverse range of families, cultures, and needs in order to increase dialogue about SRHR for adolescents and young people. Conversations about SRHR are most effective in supporting adolescents when they are closely tied to their family and cultural settings (Browes, 2015). The ideal SRHR social network encompasses community and home-based dialogue as a way to offer additionally meaningful support to schools' efforts which serve as the formal platform for delivering comprehensive sexuality education.

Communication between parents/guardians and their children regarding sexual health and safer sexual behaviour creates a protective effect (Odimegwu, Somefun, & Chisumpa, 2019). In fact, the greater the communication between the adolescent and their parent/guardian, the greater the likelihood that they will make healthier choices, such as delayed sexual debut. It is therefore imperative to increase the ability of parents/guardians to effectively communicate with their children and for their children to feel comfortable taking on a role of empowerment and claiming responsibility for their own sexual and reproductive health and rights when talking with their parents/guardians. Barriers, including assumptions that PCC dialogue about sexuality and sexual health is deviant, stands in the way of this important element of learning about SRHR.

The goal of this programme is to provide support for parents/guardians and other caregivers to reach across that cultural barrier and have home based conversations about sexual and reproductive health and rights with their children, adolescents and young people. Indeed, the long-term goal is not merely for the individual families associated with the programme to increase their communication, but for a cultural shift to happen where parents/guardians and families expect and value PCC around SRHR and all of the related topics addressed in this programme.

Process of developing the manual

This programme is the result of a collaboration between partners working in the area of health education, including UN agencies, ministry of education officials, civil society organisations and young people. It was commissioned by UNESCO Regional Office for Southern Africa, which began by setting the vision where families, including parents/guardians and teenagers and grandparents and children and aunts and uncles have open, honest dialogue about sexual and reproductive health and rights (SRHR). UNESCO then commissioned a desk review of available resources on PCC globally, that could be adapted to the ESA context. Two of the internationally respected PCC programmes, *Let's Chat* and *Creating Connections*, came out from the desk review as offering unique and important elements to what would become this programme.

Current state of PCC in the ESA Context

Approaches to parent/guardian child communication (PCC) are relatively consistent across much of East and Southern Africa (ESA). Most families face the same challenges: both adolescents and their parents/guardians are uncomfortable talking about sexual and reproductive health, due to cultural inhibitions, so conversations about these topics rarely happen. What parents/guardians, adolescents and communities alike often fail to recognize, however, is that parents/guardians are highly influential in shaping their children's attitudes, values and beliefs about SRHR (Browes, 2015). By not taking an active role in SRHR-based conversations, young people turn to inaccurate sources for such information, which cause them to make ill-informed choices and decisions.

Parental attitudes can also impact the school environment. Teachers admit to feeling anxious about providing CSE. In order for a programme or intervention to change adolescent behavior, it must be delivered effectively (Chandra-Mouli, Lane & Wong, 2015). When parents/guardians intimidate teachers, facilitation will not be as strong or effective as if teachers were not preoccupied by a fear of receiving backlash. In short, parents/guardians can have a profound effect on not only their own relationship with their children, but also other important potential sources of education and information in their children's lives.

While secrecy between parents/guardians and their children can have a negative effect on SRHR and sexuality education, an open relationship between parents/guardians and their children can have a positive impact. Indeed, decision-making and behavioral conduct that is based around sexual health is increased with positive parent-child relationships (Odimegwu, Somefun & Chisumpa, 2019). By having communication that is more open and a level of trust with their children, parents/guardians can empower adolescents to make informed, confident decisions that will have many positive effects for years to come.

The association between PCC and safer adolescent sexual behavior is strongest for girls, but both boys and girls experience positive effects such as high self-esteem and self-confidence (Odimegwu, Somefun & Chisumpa, 2019).

The most effective CSE programmes and implementation methods include families and the communities as active participants, through providing homework and other connecting assignments (Vanwesenbeeck, Westeneng, Boer, Reinders & Zorge, 2015). In order for an implementation process to be effective, parents/guardians and the larger community must agree to promote and support the adoption of new and often unfamiliar CSE information. Involving the community on multiple levels is known as the whole school approach (Vanwesenbeeck, Westeneng, Boer, Reinders & Zorge, 2015). By taking this approach, and especially if it also includes training and supporting school staff, contradictory and confusing messages are reduced (Browes, 2015).

In Ethiopia, participation and willingness to participate in a voluntary CSE programme correlated strongly with the adolescent having open, communicative parents/guardians. Those with more open parents/guardians were also the most confident prior to joining the programme and were the most likely to accept the perspectives of the CSE programme (Browes, 2015). *The World Starts with Me* is a popular CSE programme throughout many low-income countries in both Africa and Asia. It focuses on the importance of communication and connection with family as well as one's community. This programme pushes youth to become advocates for better SRHR for all young people in their families as well as their broader communities. Through learning better communication and advocacy skills, students felt more comfortable and confident in talking about the programme with their peers, friends and family (Vanwesenbeeck, Westeneng, Boer, Reinders & Zorge, 2015). Through empowerment and skill building, children can open to awkward conversations with their parents/guardians. However, if parents/guardians were empowered and taught the same skills, they could initiate the conversation themselves. In short, communication is key when it comes to successful programming and behavioural change. Current PCC in ESA would be improved by a curriculum that integrates conversation and communication skills with a focus on SRHR to whole families and communities.





Research on effective SRHR programmes*

The research on providing comprehensive sexual and reproduction health and rights (SRHR) education suggests that there are a number of elements that are critical to making the largest change not just in knowledge, but also in participants' real-life skill sets. It is the ways that participants use their knowledge in their daily lives that will make the largest impact, and so the knowledge has to be taken to this next level. Here are the most important aspects of an effective, comprehensive SRHR education programme (Herbert & Lohrmann, 2011, Kirby, Laris, & Lorreli, 2005, Peters, Kok, Ten, Buijs, & Paulussen, 2009 and Schaalma, Abraham, Gillmore, & Kok, 2004):

1. Employ highly interactive and participatory pedagogies (including applied scenarios and role plays)
2. Include accurate and relevant content which is presented in an accessible way (psychological, relationship and medical information that is well researched and translated into ways that participants can understand and use)
3. Engage participants in problem-solving and critical thinking (to support participants in thinking ahead and practicing dealing with situations they may encounter)
4. Assist participants in relating their learning to real life situations (taking a practical approach to carrying advice into action);
5. Incorporate messages which support development of healthy societal norms (normalising safer choices and de-bunking myths that risky behaviours are glamorous or necessary)
6. Deliver in a longitudinal fashion, in a logical sequence (they unfold over time)
7. Ensure that the content is age-appropriate and culturally attuned (they fit the needs of the age group and respond to their social, gendered and cultural worlds)
8. Provide additional booster activities as young people begin to face increasingly complex issues (additional input occurs as challenges increase or change)
9. Design programmes to enhance protective factors by building resilience and the capacity to cope with challenge
10. Locate the programmes within a positive, safe, inclusive and participatory environment (strong collective support helps to build new social norms and assists people to feel comfortable to explore socially sensitive issues)

The first nine of these ten elements are written into the *Our Talks* programme itself. The Facilitator Guide outlines how to achieve the final point.

* Adapted from *Creating Connections*

The Our Talks Programme

Our Talks takes a research-informed approach to parent-child communication and sexual reproductive health and rights education as outlined in the section above. It is designed to support families as they increase their dialogue about SRHR through sessions both separately and together. This framework allows for the adolescents and the parents/guardians to think and ask questions about their own concerns related to SRHR while also spending time together connecting on topics that can be difficult to bring up.

The adolescent only section is comprised of sessions for three distinct age groups in order to allow participants who are in roughly the same peer groups to connect and discuss the content. The figure below presents an overview of the recommended sessions to run with the different target audiences. Facilitators will know their groups best and be able to tailor the programme to suit their needs. For example, if you are working with 14-16 year olds and they have little knowledge of puberty or menstruation, it is advisable to use the sessions on these topics from the 10-13 year old programme.

Session for 10-13 year olds	Session for 14-16 year olds	Sessions for 17-19 year olds	Sessions for Parents/Guardians	Joint Sessions
1. Getting to know each other and getting to know yourself	1. Getting to know each other and getting to know yourself	1. Getting to know each other and getting to know yourself	1. Getting to know each other and getting to know yourself	1. You, yourself and your culture
2. Social and gender norms	2. Social and gender norms	2. Social and gender norms	2. Communication skills for parents/guardians	2. Seeing the 'You' and 'Me' behind 'We'
3. Changes at puberty	3. Responsibility, choices and consent	3. Responsibility, choices and consent	3. Responsibility, choices and consent	3. Asking for help
4. Menstrual care	4. Decision-making in relationships	4. Romantic relationships	4. Changes at puberty	4. Cut the conflict
5. Rights and responsibilities	5. Gender and human rights	5. Gender and human rights	5. Menstrual care	5. Talking together
6. Friendships	6. Conception and contraception	6. Conception and contraception	6. Conception and contraception	
7. Talking online	7. Early and unintended pregnancy	7. Early and unintended pregnancy	7. Early and unintended pregnancy	
8. Communication skills	8. Sexual health, STIs and HIV	8. Sexual health, STIs and HIV	8. Sexual health, STIs and HIV	
	9. Talking online	9. Talking online	9. Talking online	
	10. Communication skills	10. Communication skills	10. Problem solving skills for parents/guardians	

Facilitator guide

Facilitating an educational programme on parent-child communication (PCC) around the topics of sexual and reproductive health and rights (SRHR) includes many elements beyond the activities themselves. This section identifies critical pieces about how the programme is run in order for it to be as inclusive, effective and supportive of participants as possible.

Facilitators*

Who is a facilitator?

In this manual, a facilitator is someone who will be responsible for conducting the activities in this manual with the target group, i.e. adolescents and/or parents. The facilitators are very important to the success of Our Talks.

Facilitators are ideally:

- Attentive listeners
- Comfortable talking about SRHR
- Knowledgeable about SRHR
- Respected by the community
- At ease saying when they do know the correct answer to a question and do know where to find answers

Facilitators for the youth programmes may or may not be the same facilitators as for the parent/guardian programmes. It is important to be aware that some facilitators will be great at working with young people while others connect very well with parents/guardians. Making sure that everyone has a place in the programme that is most effective for them and their skill set is best! Attending a training on how to present this programme is essential. This will allow the facilitators to fully prepare themselves for the depth and breadth of content within the programme.

Participants will learn from the facilitator's modeling how to talk about SRHR topics easily and without fear or stigma. This skill will encourage the programme environment to be accepting and allow the conversations to delve deeper into the content and participants' feelings about SRHR. These programme-based conversations will support participants as they take the conversations into the home. In addition to modeling comfort with the content, facilitators will build trust within the group as they get to know the participants. This is critical to an environment that is supportive of open conversation. Therefore, it is important that each small group has a leader who will stay with them through all of the discussions, both separate and combined.

It is useful for the leaders to have a mix of both men and women. Participants who are able to see that both men and women are able to talk about SRHR will be able to see additional possibilities in the home rather than assuming all conversation must be directed to either the mother or the father. It is also useful for the facilitators to be parents/guardians themselves, with children who are adolescents or older. Facilitating from a space of personal parenting experience increases participant respect of the programme.

Facilitators are not expected to be counselors, but it is important for them to listen and watch the participants and know when to reach out and offer additional support. Some participants, both adolescents and parents/guardians, may remember or think about painful experiences during the programme. Facilitators should reach out to these participants and offer resources for counseling or other kinds of help as they are needed. When necessary facilitators should refer participants to a nearby health center or health worker for assistance.

Participant groups*

This programme is designed to be family-based. At least one adolescent or young adult AND one parent/guardian from a family must attend. In the case of child-led families, the child should still attend the adolescent sessions.

This programme has five defined tracks:

- Young adolescents (10 – 13 years)
- Middle adolescents (14 – 16 years)
- Older adolescents (17 – 19 years)
- Parents/guardians
- Parents/guardians and adolescents

By separating the adolescent participants into three age groups, conversations are able to be targeted more appropriately to the specific development of the adolescents. While some of the content is consistent across all age groups, the younger and older adolescent groups have some needs that are distinct from each other, given the wide age range. The middle adolescent group draws content and processes from both the older and the younger group as appropriate. When there are not enough adolescents for three groups, you may choose to split them up differently. It is important to note that young adolescents (10 – 13) should not be in a group with older adolescents (16 – 19). Any group should not have more than a three-year age spread.

* Adapted from *Creating Connections*

Each adolescent group should be between 10 and 20 participants, which will mean the parent/guardian group will be two to three times as large because parents/guardians representing all adolescent age groups will be present. Adolescents may repeat the programme three times – one time in each age group. However, they should wait at least two years after completing one age level of the programme before participating in the next level. This allows them the time to develop new perspectives, thoughts, questions and experiences related to the programme topics.

The parent/guardian programme is inclusive for both male and female parents/guardians with adolescents (10-19 years old). Many parent/guardians participants will have more than one child in this age range, which is why they are included as one group. Including all parents/guardians together rather than splitting them into smaller groups will allow them to discuss their perspectives, feelings, and opinions together.

Parents/guardians also benefit from repeating the programme because they will focus on different children, at different ages and with different needs each time. Coming to the programme with new needs and new feelings will give them a new perspective on the content. They can also act as mentors, supporting parents/guardians who are going through the programme for the first time.

Culture, society and identity*

The culture in which a sexual and reproductive health and rights (SRHR) programme is run will have greater influence on the participants than the programme itself if the programme is not aware of and integrated into that culture. There are some issues that hold a larger amount of importance than others, and so should be considered even more carefully.

Gender norms can have a huge influence on people's choices relating to sex and relationships. Feminine norms of passivity and acquiescence, together with masculine norms of entitlement and superiority can lead to women being forced into unwanted or unprotected sex. Norms around masculinity may include pressures to be knowledgeable and experienced in relation to sex, or peer pressure to engage in risk-taking behaviour involving alcohol or drugs. These norms may lead to young men seeking earlier sexual experiences or engaging in sex with multiple partners without using protective measures or without checking for consent. Effective SRHR programmes use participatory group activities to help participants to think critically and to understand the influence of these norms. The games and group-building exercises in the programme help to build the sense of empowerment and social support that assist people to find the courage to resist harmful influences and to assert healthier choices in the face of these norms.

Many sexuality education programmes consider only the implications for those engaging in heterosexual sex and those who identify as being the gender that is presumed to match their biological sex. However, a lot of parents/guardians are finding it difficult to respond to questions and challenges faced by their children with different sexual orientations. Therefore, it is important that sexuality education programmes equip parents/guardians with accurate information about sexual orientation and gender identity and enable them to understand their children better. However, there are places where teaching this content may be dangerous for the facilitator and/or the participants due to national laws.

Additional facilitator tips, tricks, and ideas*

The following are ways to set up or to think about the details of an Our Talks programme that will improve its quality by making it more accessible to the participants.

Setting rules and expectations

It is important to set the expectations that the group will work together, mix with each other and encourage each other to participate. It is important to have rules explicitly stated so everybody is aware of expectations and standards. Ideally, the participants are involved in building these expectations and standards. The activity in the first session can be used to set up group expectations. If you find that participants are not observing the rules, make a direct request.

This might sound like:

- Can we have one person speak at a time during the feedback session please? It is important that we get to hear each other
- Let's make sure we find a way to disagree whilst still respecting the other person
- Let's not make negative race/gender/age-based comments. We should provide respect when referring to others
- Which of our rules do we need to remember here?
- We made an agreement about respect. What was that agreement?

Building and maintaining positive group relationships

There are many things a facilitator can do to help build a friendly atmosphere and encourage people to mix.

* Adapted from *Creating Connections*

The facilitator can:

- Smile and greet individuals as they arrive
- Thank participants for their contributions
- Maintain eye contact as appropriate
- Observe the group and notice who participates
- Encourage people to join in
- Invite different people to speak
- Assist people into new groups with as you set up the activities
- Show respect for people's ideas
- Invite people to put forward their opinions
- Make sure no one is left out
- Make sure no one is ridiculed
- Avoid making judgmental comments about people's answers
- Acknowledge that it takes courage to participate
- Organise the seating so everyone can feel part of the group
- Invite different people to give the feedback from the small groups
- Change the people in each group for new tasks
- Use mixing games to give people experience in mixing with others

Other methods for building a positive group environment include the use of games, mixing activities and participatory tasks which are designed as part of the curriculum. It is most important not to replace these with lecture-style presentations. These participatory activities give the group members a chance to build their relationships with each other and develop their social skills and confidence.

Things you can do to make sure the group members build relationships with each other include:

- Use start-up games to set a friendly mood
- Use the interactive activities to organise small groups
- Play an extra game or sing a song at the end of the session to build the group spirit
- Use paired conversations when you want to increase the interaction. This will help people to develop confidence and will get everyone involved.

When left to choose their own groups, people tend to work with the same people and thus do not improve their connections with others. Many people also face significant fear of social rejection when asked to form their own groups. To address this, play grouping games to establish groups. This also adds an element of fun. You can number the players or hand out cards and then ask players to group with those with the same number. Alternatively, you can guide people into groups.

Managing the venue and the resources

It is important to make sure the space is set up ready for each session. If possible, arrange the sitting to be in a circle or in a horseshoe shape to start. This will help to set an inclusive atmosphere. Participants will need to be able to move their chairs to form small groups for the activities.

Read through the session plan carefully and use the materials checklist as a guide to ensure that you have all materials ready for the session. Some activities require you to make handouts or collect products. This can take some time, so it is best to prepare a few days ahead.

Making adjustments to the programme

Use your judgment to make adjustments to the programme based on participants' needs. For example, if there are any scenarios with character names that are also names of a participant, the character name must be changed. If you are making more substantial modifications, make sure that they fit with the purpose of the programme. Refer to the objectives of the session to help with this. Sometimes it will not be possible to cover all of the activities. Be aware that it can be tempting to avoid the role play activities if our confidence in ourselves or in the group is not high. However, if we leave out these activities, participants will not develop their skills. It is much easier to talk about things than to actually do them. It may be better to leave out one of the earlier activities if you are short of time.

Managing time

A suggested time allocation is provided with each activity. This is an estimate only. Some groups will take a little shorter and some a little longer depending on whether you have participants who like to talk a lot. Use your judgement to manage the pace. You'll have a much better feel for each group and how chatty they are after you've had one or two sessions with them.

Give a 'one minute' warning before you call an end to the task.

You may wish to consult participants about whether they need more time, particularly during paired or group activities. Ask participants to put their hands up if they need more time. Then tell them how much time you will give them. Use your judgement in this. If an activity is working very well, you may wish to let it run longer. Alternatively, if it is not working, shorten it and move on to the next one.

Personal comfort and embarrassment

You may feel embarrassment when leading conversations about some topics. If this is so, you can work on increasing your confidence by talking about these topics before the session. You can also do this by preparing with another facilitator and talking about the topics together first, or by telling friends and family members what your session will be about, and getting some practice by talking with them.

Sometimes you may wish to tell the group that you are a little embarrassed but that you believe it is very important to have the courage to talk about these issues and so you will not let your embarrassment stop you. This provides a good model for them to apply their own courage.

For example, you might say something like:

"I am a little shy to talk about contraception as this was never something that I heard talked about before I did this programme. However, now I have learnt about it, and now I understand how important it is for people to be able to talk about it, I have realised I must learn to talk more openly. Today we will get to do this."

Protecting privacy

It is important that the facilitators protect privacy when discussing sensitive issues. One way to do this is through providing imagined scenarios to use as the basis for discussions rather than real examples from the participants. Another way to do this is to ask people to think about who else may be in the story they will share. If the material is a bit sensitive, they should protect the privacy of those other persons by not using their names or by telling the story in the third person. Ask people to be sensitive to things like people's private relationships and their sexual orientation or their health status.

Draw this to the group's attention by saying something like this:

"The purpose of these activities is to have people develop their skills and confidence to talk about sexuality and gender issues. While we do need to talk freely and openly, we also need to respect privacy. We ask people not to tell stories about specific people. One way to do this when sharing is to say 'Someone I know ...' Or 'I have heard of a situation in which ...' rather than to use people's names or titles."

There may be times when the facilitator needs to remind people about privacy. If they think that someone is about to speak inappropriately about someone else, they may need to interrupt with a reminder. This is called protective interrupting.

See the following example:

"I have a sense you are about to tell us a sensitive personal story. Can you find a way to tell us this without breaking privacy? You could put it in the third person and say something like – 'I know of someone who...'"

The facilitator has the same right to privacy as the participants. They should choose thoughtfully the details of their personal lives that are appropriate to share. Nothing related to their own experience of sexuality or relationships is appropriate to share. Their job is to get the participants thinking and talking about the issues.

Reflective listening skills

Reflective listening is an important skill for the facilitator. When people share a story or idea, a reflective listener responds in a way that shows they have understood the contribution. This is preferable to making an evaluative comment (such as 'good point'). The reflective comment can be a very brief summary (e.g. 'You think that a girl will be too embarrassed to tell her mother'). If unsure what the point is, the facilitator can summarise and check back with the speaker (e.g. 'It sounds like you are suggesting that the mother will stop the girl from speaking because the mother will be too embarrassed. Is that right?').

Dealing with differences in views

It is important to set an atmosphere in which participants can share different views. They should not feel they all have to agree with each other. When a disagreement is about medical or health information (like how HIV is and is not transmitted), a facilitator should provide the correct information. However, when the disagreement is about something else, like whether or not to be honest in a relationship, the facilitator's role is to open the questions for discussion, to summarise the different views expressed, and to ask participants to think about possible consequences for a range of actions.

Dealing with gender and power issues

The facilitator should not make sexist or racist comments. The facilitator should model a respectful approach to dialogue, particularly as it relates to identity issues that provide some people with more power than others. Problematic gender dynamics can be the hardest to change in a relationship. Some of the participants will be exploring the issue of difference in power or status in their own relationships or in the relationships of their immediate family members. The facilitator's job is to ask questions and invite introspection rather than to give advice.

For example, the facilitator can ask:

- What are different things a person could do in this situation?
- What consequences might each of these actions bring?
- What might this person be afraid of?
- What might give them strength?
- What knowledge or help might they need?
- What might they be hoping for?
- What might they advise a friend to do in a similar situation?

These questions will help people to think deeply about the situation.

Dealing with concerns about participants

It is possible that in the process of leading one of the activities, the facilitator may be told something or come to suspect something which causes them to worry about someone else's welfare or safety. If concerned about someone's safety, follow up afterwards.

Some possible actions include:

- Tell the person that you are worried for them. Ask if they share that worry. Ask who they can seek help from.
- Encourage the person to seek help (e.g. from family, friends, a doctor or the police).
- Ask for advice about what to do from a trusted colleague or a senior member from the organisation running the programme.
- Provide a help-seeking sheet to everyone, explaining how they can seek help.

Use your best judgement. If the person is a child, consider the need for their safety and which adults need to be involved to help to keep the child safe. Do this in a way that respects people's need for privacy whilst also seeking support.

Working with participants with low literacy

Across and within groups, participants will have different reading and writing skills. It is important that regardless of literacy level, all participants feel included and are able to participate fully in activities. Use a literacy-free option if needed. These options include reading scenarios aloud to the group before allocating them to individual groups for discussion, and using pictures, rather than written words on handout materials.

If it is inappropriate to give out the fact sheets, ask participants to think of some take-home messages or information that they can pass on verbally to their friends and family.

Alternatively, if they have someone at home who can read, they can take the sheets home to share with them.

Collecting feedback along the way

It is important to get some feedback on the programme. A flipchart at the back of the room can provide a space on which participants can write their questions and comments. There are several other ways that you can seek feedback in a participatory manner so that the feedback is heard by the group.

They include:

- **Quick Sketch Feedback:** Ask participants to draw a quick sketch on a piece of paper to symbolise or summarise some feedback that they want to give about the day. Use a 'show and tell' approach to share the feedback. Go around the circle and ask each person (or a selection of volunteers) to hold up their picture and speak to its meaning.
- **One Word Feedback:** Ask participants to choose just one word to summarise the feedback they want to give about the day. After allowing time for people to think, have a quick whip around the room asking people to call out their one word.
- **Hot Potato Feedback:** Have participants pass a ball around in a circle while music is playing. When the music stops, the participant with a ball shares one thing they learned/liked/want to know more about. You can have multiple balls going for greater participation.

Short games to integrate into the programme

There is a lot of value in including games in the *Our Talks* programme. Playing games builds connections, camaraderie, and keeps participants' focus and attention from drifting when the content becomes too concentrated or dull. This is particularly true for the youngest group. After you have played a game together, be sure to ask participants what they think the goals or learning points of the game might be. Below are short games that can be integrated throughout the programme as you have time.

Counting Together

Invite participants to stand in a circle. Together they should count from 1 to 25 by shouting. After they have achieved this once, tell them to count again, but that this time they should clap instead of shouting when their number is divisible by 3 or ends with a 3. Any time a participant makes a mistake, the group must start again from 1. The result should be this: 1 2 clap 4 5 clap 7 8 clap 10 11 clap clap 14 clap 16 17 clap 19 20 clap 22 clap clap 25

Learning objective: apparently simple things can be quite difficult, listening carefully is important, going slowly often helps you achieve your goal.

Let's Laugh!

Invite participants to stand in a circle. One person starts by saying "Ha," "Ho," "Hee" or another laughing sound (but they don't actually laugh!). Go around in the circle, with each person saying a laughing sound. The first person to actually laugh is out. Keep going as long as you have time for or until only one person remains – that person is the winner.

Learning objective: What we say and do impacts other people, sometimes positively and sometimes not, pretending to have an emotion or a feeling (like laughter) can make other people feel that emotion.

Knotty Hands

Invite participants to stand in a circle with their shoulders touching. Everyone puts their hands into the circle and finds two other hands to hold without knowing whose hands they are. After everyone has two hands to hold, they should try to "untie" themselves. Depending on the size of the group, there may be only one or there may be two or more circles in the end. Either is fine.

Learning objectives: By working together, people can untie what seem to be very complicated knots, different people's perspectives offer unique insight into how to address complex situations.

Doing It Together

Lay two lines of rope or yarn across the room at different sides. One is the starting line and the other is the finish line. Ask participants to line up at the starting line except for one volunteer who will stand at the finish line to judge the ending of the race. Tell them that the goal is for everyone to cross the finish line at exactly the same time! If someone crosses the line before or after everyone else, the group must try it again.

Learning objectives: Seemingly easy things are often complex, sometimes no one wins unless everyone wins.

Are You Paying Attention?

Note: This game must be played at the end of a session after the participants know each other's names.

Ask the participants to sit in a circle and for everyone to close their eyes. Ask for a volunteer. Everyone should continue to keep their eyes closed. Ask the participants to describe what the volunteer is wearing today.

Learning objectives: Paying attention to people is important and makes a difference in how connected you are to them.

Would You Rather?

Split the space into two groups. Ask participants if they would rather do this or that and have them go to one side or the other to indicate their preference. Some examples are: Would you rather have vanilla or chocolate ice cream? Visit Zanzibar or Victoria Falls? Have a pet cat or dog? Be a teacher or a doctor?

Other Resources

There are a number of resources that are useful to the effective implementation of the Our Talks programme.

Some of such resources are listed below:

- Comprehensive Sexuality Education for out of school young people in East and Southern Africa Facilitator's Manual. UNFPA 2017
- <https://esaro.unfpa.org/sites/default/files/pub-pdf/CSE%20Facilitators%20Manual.pdf>
- Let's Chat: Parent-Child Communication on sexual and reproductive health: December 2017
- UNFPA ESARO and Safeguard Young People Program <https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Parent%20Child%20Communication%20Mentors%20Manual%20final.pdf>
- Strengthening Civil Society Organizations and Government Partnerships to Scale Up Approaches: Engaging Men and Boys for Gender Equality and Sexual and Reproductive Health and Rights toolkit 2016 UNPFA, Men Engage Alliance, Promundo
- <https://www.youngpeopletoday.org/publication/strengthening-civil-society-organizations-and-government-partnerships-to-scale-up-approaches/>
- Manual on social norms and change: UNFPA- UNICEF Joint programme on Female Genital Mutilation/Cutting: Accelerating change 2016.
- <https://www.youngpeopletoday.org/publication/manual-on-social-norm-change/>
- iCan Package: Facilitator's Manual and Workbook SAfAIDS and UNFPA 2016 <https://esaro.unfpa.org/en/publications/ican-package-facilitators-manual-and-workbook>







10-13 year olds

10-13 year olds

Session 1: Getting to know each other and getting to know yourself

Learning Objectives

By the end of this session, participants will be able to:

- List three aims of this programme
- Describe how they and the other participants will interact during this programme
- Get participants to know each other and be comfortable to participate in the programme
- Identify their own personal space and ways that they can make active choices about it

Key Messages

- Knowing yourself is very important. It allows you to be confident and respectful of other people
- Your boundaries around your body are important and other people should respect them
- No one is allowed to disrespect you or your body, and if someone does that, you have to report them to an adult

Activities (60 minutes total)

- Activity 1: Welcoming participants (10 minutes)
- Activity 2: The name call game* (5 minutes)
- Activity 3: Agreements and expectations* (15 minutes)
- Activity 4: Finding similarities and differences* (10 minutes)
- Activity 5: Your space (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Chalkboard or other way to take brainstorming notes (optional)
- String or wool cut into long strands ranging in length from 90cm to 150cm, one for each participant

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants. Introduce the facilitators, providing appropriate personal information so the participants can get to know you.
2. Introduce the participants to the programme by telling them that the aims of the adolescent programme are to:
 - Help adolescents learn important information and ways to interact with people so that they can relate with others in a happy, healthy and respectful manner
 - Understand gender and how the ways that people think about gender affect how they talk with and interact with their friends and other people they know
 - Get better at talking with friends, family, and other people about their health and wellbeing
 - Get better at making decisions that will help them be safer, happier and healthier, as well as looking after their own safety and wellbeing of their friends and peers
3. Invite each participant to introduce themselves, saying their names and what they are most excited or nervous about participating in this programme.

Activity 2: The name call game (5 minutes)

1. Invite participants to stand in a circle. Go around the circle and ask everyone to say their name loudly. All others in the group repeat the name in an echo. Play again, this time adding an adjective that starts with the same letter e.g. Brilliant Brian, Powerful Pauline. As each person says their name (e.g. Brilliant Brian) the rest of the group echoes in one voice (BRILLIANT BRIAN!).
2. In a third round, ask each person to add a movement as they say their name (e.g. jump in the air and say Brilliant Brian!). As each person says their name and makes a corresponding movement, the group echoes the name and movement in unison.

Activity 3: Agreements and expectations (15 minutes)

1. Tell participants you want to start off this first session by talking about how to respect different opinions and create a safe space. This will help everyone feel more comfortable to fully participate in and contribute to the activities.

* Adapted from *Creating Connections*

- Let the participants know that many people are nervous when it comes to talking about gender and sexual health, and so if they are feeling that way, they are very normal. Tell the participants that if you all agree on a few things, everyone will have an easier time in the session.
- Ask participants to share what they think would make talking about sexual health easier for them. If you have access to a way to write this list for all of the participants to see, like on a chalkboard, that is useful, but it is not required.

Some things to be sure to include:

- Be respectful
- Be kind
- Do not laugh at anyone
- There are no bad or wrong questions
- Confidentiality is very important (This means that no one in the group will say anything about another person, either in the group or outside of the group. The only time this isn't true is if someone is getting hurt and needs help.)
- It is okay to disagree and it is important to try to understand other people's perspectives

Activity 4: Similarities and differences (10 minutes)

- Arrange participants into pairs.
- Ask them to spend one minute in which they find out two things that are similar about them and two things that are different. Explain that these things should not be obvious (e.g. we are both wearing blue or we both have short hair). They must be things that you can only find out by talking to each other. Ask each pair to report back on one interesting similarity and one difference.

? Discussion questions:

- What do you think talking about similarities and differences has to do with the topics discussed in this programme?
- Do you think it is better to date someone who you have more similarities with or differences from?

Activity 5: Your space (15 minutes)

- Give each participant one piece of string. Ask them to put the string on the ground so that it creates a circle around their feet. Tell participants that inside these circles is their own personal space.

- Point out how the circles of string are different sizes. Some people will have made the largest circle they can, while other people have created much smaller circles. Similarly, some people need a lot of personal space while others don't need as much.
- Ask participants how they would feel about their closest friend joining them inside their circle. How would they feel if someone they didn't know wanted to be inside their circle? What about someone they didn't like? What about their parent/guardian or caregiver?
- Point out that being close to someone's body is a very personal thing. Sometimes people will like another person to be in their personal space and sometimes they will not.

? Discussion questions:

- How you could invite someone into your personal space, like if you wanted to give them a hug?
Note: *If the examples are not respectful of the other person (for example, if someone suggests just grabbing the other person), point out that even when you want to invite someone into your personal space, you have to make sure that they want you in their personal space too.*
- How could you tell someone that you do not want them in your personal space?
Note: *If the examples are not respectful of the other person (for example, if someone suggests shoving a person out of their circle), point out that it's important to start by being respectful. Also say that if someone doesn't listen to you, sometimes you might need to be more forceful to get them out of your personal space.*
- How can you check whether someone is happy for you to be in their personal space?

- Tell participants that, except for doctors or their parents/guardians who are treating them if they're sick or hurt, they are the only ones who can say who comes into their circle of personal space and when they can come in.

Activity 6: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Thank everyone for their participation.

Session 2: Social and gender norms

Learning Objectives

By the end of this session, participants will be able to:

- Understand what gender and gender norms are
- Discuss how gender norms may impact a person as they are growing up
- Be open to discussing gender

Key Messages

- Sex is about biology. Gender is about culture and society
- Everyone experiences growth differently
- Sometimes growing up can be fun and easy, but in most times, it is challenging and difficult

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Anyone who... game (10 minutes)
- Activity 3: The good and the hard parts of growing up (20 minutes)
- Activity 4: Gender expectations (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart papers
- Markers

Activity 1: Welcome back

(5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about gender and sex.

Activity 2: Anyone who... game

(10 minutes)

1. Explain that the first game will help to highlight the similarities and differences among participants in the group.
2. Seat participants on chairs arranged in a circle (or mark their spots with shoes or paper).

3. The facilitator stands in the centre of the circle. They do not have a chair. They call out 'Anyone who...!' and add some information (for example: 'Anyone who likes ice-cream'). When they call the category, all players who fit that category must leave their chairs and find a different chair. At this time the leader will rush to an empty chair and the last person left without a chair will make the next call in the game.
4. The next person will then make a new call. For example, they might say 'Anyone who rides a bicycle.' Then all those who can ride a bicycle must swap to new seats.
5. Play a few rounds of the game. By this time, participants will be seating in a mixed arrangement.

? Discussion questions:

- What are some key messages that you learned from this game?
- Were you surprised that someone got up or did not get up for a certain category? What is something new that you learned about a friend in this game?
- Where in life do we need to be able to recognise and accept that people are different?
- Why can it be difficult to accept that someone is different from yourself?

Activity 3: Growing up

(20 minutes)

1. Explain that in this activity, we will talk about growing up and how easy or difficult it can be.
2. Organise participants into groups of 4 or 5 with mixed genders. Give each group a piece of chart paper and ask them to arrange it into three columns and then title the columns: easy things, both easy and difficult things, and difficult things. Ask half of the groups to brainstorm on behalf of females ages 10 - 13 and the other half on behalf of males ages 10 - 13.
3. After participants have had about 10 minutes to brainstorm, invite one group to read their positive list. Ask other groups of the same gender to add their ideas. Repeat with groups of the other gender. Repeat the process with the challenges.

? Discussion questions:

- What are the items that are different between the two genders?
- What might have been different if you were brainstorming for people a few years younger than you? What about a few years older?

4. Point out that some of the items on the 'difficult' list are to do with sex – they are biological differences. These are things that we are born with (examples might include ability to have a baby, menstrual pain). Point out that other challenges are to do with gender. They are affected by our culture and history and the way that we organise what people are expected to do (examples might include pressure to engage in risky behaviour, pressure to help with household chores etc.). We come to believe that things about gender are part of being male or female because this is how things commonly happen. However, gender roles and norms can be changed, and many of them do change over time.

? Discussion questions:

- Why does one gender face more challenges when growing up than another gender?
- What do parents/guardians need to do to make growing up easier for both boys and girls?

Example output

There are no right or wrong answers in this activity. Some examples might include:

Males	
Easy	Difficult
Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents	Peer pressure Pressure to take risks Pimples Stage of confusion Work/study stress Discrimination Pressure to earn income
Females	
Easy	Difficult
Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents	Dysmenorrhea/menstrual pain Stressful experiences Pimples Work/study stress Discrimination Pressure to help with domestic duties

Activity 4: Gender expectations

(20 minutes)

1. Ask the group to share something they have already learned about sex and gender.
2. Explain that from a very early age girls and boys often have different expectations placed on them and can be treated differently.
3. Remind participants that assumptions about gender (female vs. male) leads to certain expectations of what boys/men should and should not do and what girls/women should and should not do. Explain that people often refer to societal perceptions of gender roles (leading to expectations or 'rules' about how men and women should behave and be treated) as 'gender norms'.
4. Arrange participants into three groups and allocate each group an age: 4, 14 and 24.
5. Ask each group to brainstorm common differences in lifestyle, dress, behaviour, activity, interests, work or family duties for girls/women and boys/men at that age. Give each group a piece of chart paper and a marker to take notes with.
6. After about 10 minutes, invite each group to report back. As they report back, comment on the main differences noted between expectations on girls, boys, men and women.



? Discussion questions:

- What are the effects these differences might have in the lives of real people?
 - Do you think these effects are primarily positive or negative?
7. Make the point that whilst we may not always notice these gender-based expectations, or think that they cause any harm, there are times when we need to question them, particularly when norms and expectations:
- Lead to inequality, harm or to forms of gender-based injustice (e.g. prevent girls from getting a good education)
 - Close down options for people (e.g. lead to the expectation that only girls can do some jobs and only boys can do others)
 - Are used to judge and categorise people or to make them feel there is something wrong with them.

? Discussion questions:

- How often do you think gender-based expectations typically cause harm or not?
- Do you have anyone in your life who you can talk with about these topics? How can talking about this issue be useful?

Activity 5: Things to remember
(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 3: Changes at puberty

Learning Objectives

By the end of this session, participants will be able to:

- Name three changes that happen to the body during puberty
- Feel confident about discussing changes at puberty

Key Message

- There are lots of changes that happen during puberty and it's good to learn about these before they happen

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Changes at puberty (15 minutes)
- Activity 3: Sexual health** (15 minutes)
- Activity 4: Talking about puberty and sexual health* (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Paper
- Markers/pens
- Box
- **Handout:** *Fact Sheet: Changes at puberty**

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about puberty.

Activity 2: Questions (10 minutes)

1. Explain that as children become teenagers, lots of changes start happening to their body and this can be a confusing time. Many children and adolescents have questions. Sometimes these questions can be difficult to ask. In this activity, everyone will have a chance to ask some questions anonymously (no one will know who has asked what!).

2. Allocate each person some slips of paper and a pen. Ask them to write any of the questions they would like to know the answer to or that they think other people their age might want to know the answer to. Once they have written two or three, post them in the box.
3. Read a few of the questions and answer them if you can. Explain that the the facilitator will try to make sure that all the questions are answered in this and the following sessions.

Note: Consider keeping this as a 'Questions box' in which participants can post questions anonymously any time throughout the programme.

Activity 3: Changing bodies (15 minutes)

1. Point out that this activity will focus on all the changes that happen to boys' and girls' bodies at puberty.
2. Organise participants into groups.
3. Give each group a large sheet of paper. Ask the groups to draw around the body of a volunteer who lies on a large sheet of paper. Alternatively, draw a body shape on a smaller page.
4. Ask participants to write or draw on to the body any of the changes that happen at puberty. Allocate some groups to complete the task for boys and some for girls.
5. Distribute the Changes at Puberty handout and ask the participants to read through and add any that they missed.
6. After groups have finished, two groups to present (one for boys and one for girls). Other groups can add any others that were not on the first group's diagram.

Discussion questions:

- Did you learn anything new about changes during puberty?
- How can you open a conversation with a parent or peer about changes at puberty?

Activity 4: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their peers or parents/guardians that you talked about together today. Take several responses.
3. Thank everyone for their participation.

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*



Fact Sheet: *Changes at puberty*

Puberty is a time in the life-cycle that brings lots of growth and change both on the outside and inside of the body. It's part of the process of changing from a child into an adult. Puberty is a time when the body becomes sexually mature – that means a person's reproductive system starts to work, preparing them for the day (which will probably be many years in the future) that they might decide to have children of their own.

At the beginning of puberty, the body produces a range of 'hormones' (which are chemicals produced by the body). The hormones cause the physical changes in the body. Each body starts puberty in its own time. Some people will show changes as early as 9, others do not experience changes until they are a little older, 15 or 16. Usually people with a vulva and a vagina will start puberty earlier than people with a penis and testicles. If someone starts puberty a little later or earlier than their friends, it is nothing to worry about.

It is helpful to know about the changes that puberty causes before they happen. That way, people know what to expect. Changes that occur during puberty include:

Body odour: At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. This is normal; it just means that it is important to wash regularly (at least once a day). Using an antiperspirant (deodorant) can help to reduce sweating, and some also inhibit bacterial growth.

Body size and shape: During puberty, the body starts to grow rapidly and experiences many changes. Some examples of changes to the body include growing breasts, broadened shoulders, and increased fat and muscles layers.

Breast Development: At puberty, the breasts start to grow. As each body starts to grow in its own time, some people have flat breasts while people's breasts are already full. All people, regardless of their assigned sex, may experience slight swelling under the nipples. For people assigned male at birth, this is usually temporary.

Erections: An erection is when the penis and the clitoris hardens and lengthens, although it is more noticeable with a penis. An erection usually happens when a person has romantic or sexual thoughts, or as a result of physical stimulation. However, during puberty erections will be more frequent, sometimes without any stimulation at all. Unexpected erections can be quite embarrassing, but other people do not usually notice them. Unexpected erections are normal and are a sign that the body is maturing. They happen to all people during puberty, and with time they will become less frequent.

Menstruation: Menstruation (also referred to as a 'period') is a sign demonstrating that a person with a vagina and a uterus has started to ovulate and is able to conceive and have a baby (although they may not have a baby until many years later). When menstruation begins it may be irregular, but gradually should stabilise to approximately once a month. Menstruation normally lasts between 3 to 7 days. Some people release a lot of blood during menstruation while others release only a little. Menstruation starts at different times for different people. For some it may begin as early as the age of 9, for others, it may not start until they are 17. If a someone with a vagina and a uterus is 18 and has not experienced menstruation yet she should consider seeing a doctor to get checked.

Pubic hair: During puberty, the body starts to grow pubic hair. Hair grows first on the pubic bone and around the lower genital areas. Thicker hair also emerges on the legs, under the armpits, and for some people on the face.

Reproductive organ changes: Puberty is the time when the reproductive organs develop and change so that they no longer look like a child's body anymore. The inner and outer labia and the clitoris and the vagina grow and the colour of the vulva becomes darker. Inside the body, the vagina and the uterus also grow bigger. Two ovaries start to function by producing sexual hormones and releasing eggs (ovulation). The mucus membrane of the uterus starts to grow and shed periodically which causes menstruation. The scrotum grows bigger, darker, and both testicles also grow. The penis grows bigger in both breadth and length, and commonly becomes darker than before. Sometimes one testicle grows faster than the other, and it is natural for one to hang lower than the other. The internal parts of the reproductive system also increase in size during puberty.

Vaginal discharge: When a person with a vagina reaches puberty, they may notice that their reproductive organs are sometimes wet and there is sticky fluid in their underwear. This is a normal phenomenon. The fluid is usually clear, white or slightly yellow. If the discharge is another colour or causes discomfort, it is important to visit a doctor for a check-up.

Voice changes: During puberty the voice changes. As the larynx (or voice box) enlarges and the muscles or vocal cords grow, the voice may 'break' or 'crack.' This is something that people assigned male at birth experience most frequently. Eventually the voice will change to a more permanent deeper tone.

Wet dreams: At puberty, people with penises may start to experience 'wet dreams' while they are sleeping. These wet dreams are caused by an ejaculation that occurs during sleep. The 'wet' stuff is semen. Wet dreams are not something to be embarrassed about, they are natural and happen to lots of people. There is also no need to worry about not getting wet dreams as not everyone does.

Session 4: Menstrual care

Learning Objectives

By the end of this session, participants will be able to:

- Describe the menstrual cycle
- Describe how at least two menstrual products work and how to access them

Key Messages

- Menstruation is a normal, natural part of having a body with a uterus. It is nothing to be ashamed of or to make other people ashamed of
- There are many ways a person can care for their body during menstruation. Picking which approach to take depends on what is available and what works best for the person's own body

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What is menstruation?* (15 minutes)
- Activity 3: Truths and myths about menstruation (15 minutes)
- Activity 4: Menstrual care: Products, practices and absorbency* (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Menstrual hygiene products, as many options as you can bring, including reusable cloths/pads, disposable sanitary pads, disposable tampons, period panties, menstrual cups etc.
- A container with 80 millilitres marked on it
- Water
- **Handout:** *Fact sheet: Menstruation*

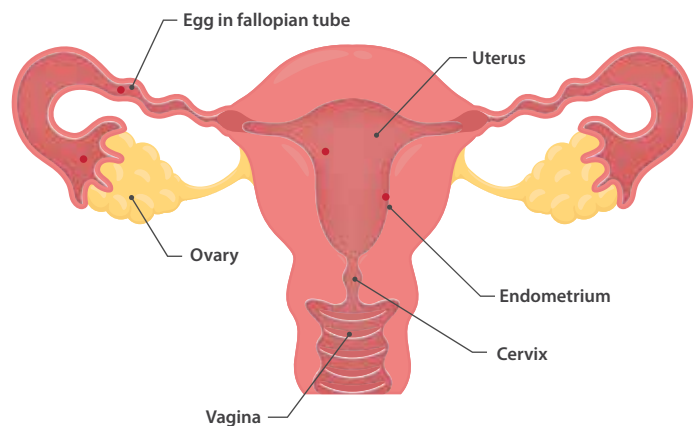
Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the menstrual cycle. Stress that this content is important for everyone to know, both females and males.

Activity 2: What is menstruation?* (15 minutes)

1. Explain that you will give a short information session about menstruation which is one of the things that starts for girls at puberty. For girls this may first occur between the ages of 10 to 18 years, with many girls having their first period around the middle of this time. As you explain the following information about menstruation, it might be useful to draw a simple diagram.

Use the image below to assist you:



2. When girls reach puberty, their bodies change and one of the changes they experience is menstruation. This means that each month they lose a small amount of blood through the vagina. This lasts from 3–5 days on average. They use sanitary hygiene products (e.g. sanitary pads) to catch the blood. Menstruation is a normal part of women's lives which starts at puberty. It is not bad or unhealthy. Sometimes women are a bit shy to talk about this with men. However, one day if men are married or have a long-term partner, they will need to understand these things about a woman's body.
3. Why does this happen? When a young woman reaches puberty, her body starts to produce eggs. Women have two ovaries which both contain thousands of eggs. About once a month, one egg leaves the ovary (this is called 'ovulation') and travels down the fallopian tube towards the uterus.
4. While the egg is developing and travelling the uterus starts preparing for it by building up its lining with extra blood and tissue (a bit like making a 'nest').
5. If the egg is fertilised by a male sperm, then a woman's body will use that 'nest' to protect and nourish the egg as it grows into a baby (We will discuss this in more detail in a later session on reproduction).
6. If the egg is not fertilised then it will keep going, passing through the vagina and taking with it the extra blood and tissue that was not needed. This is what is called menstruation. Menstruation usually lasts around 4 to 7 days.

* Adapted from *Creating Connections*

Discussion questions:

- Did you learn anything new about menstruation?
- How do people your age usually learn about information?

Activity 3: Truths and myths about menstruation (15 minutes)

1. Tell participants that you are going to read a list of statements about menstruation. After you read each statement, participants should raise their hand if they think it is a TRUE statement. They should leave their hand down if they think it is a FALSE statement.
2. Give participants time to decide whether they think the statement is true (and raise their hand) or false (and keep their hand down). After everyone has shared what they think, tell participants whether the statement is true or false.

Statement	True or False
People will have their first periods at different ages, some as young as 10 and others as old as 18.	True
It is recommended that during menstruation you wash regularly to keep the body clean.	True
Women are not weak during their menstruation and generally can get on with usual day-to-day activities.	True
Menstrual blood is not toxic or unclean, there is no need to use vaginal cleansers during menstruation.	True
Menstrual periods last longer for some women than others. It is important to eat well, but no food will alter the duration of the menstrual cycle.	True
It is possible to get pregnant if you have unprotected sexual intercourse during menstruation.	True
Using tampons and menstrual cups is unrelated to virginity.	True

Discussion questions:

- What are some common myths or misconceptions that exist about menstruation?

Activity 4: Menstrual care: Products, practices, and absorbency (20 minutes)

1. Sit group in a circle. Hold up samples of menstrual products you were able to bring (may include: reusable cloths/pads, disposable sanitary pads, disposable tampons, period panties, menstrual cups, etc.) one at a time and explain what they are and how they are used before passing them around the circle.
2. Point out that if someone cannot access other products, they can make cloth pads using old material. It is essential that these are changed regularly and kept clean - details on using and cleaning cloth pads and other menstrual products are included in the fact sheet from the previous activity.
3. Explain that many people think that a lot of blood is lost when menstruating but this is not so. The average amount of blood loss during menstruation is 35 millilitres with 10 to 80 millilitres considered normal. Some women have lighter and some have heavier periods.
4. Ask for a volunteer to measure out 80 millilitres of water to indicate how much this is.
5. Using your example menstrual products, pour 80 millilitres of water onto each product to show and discuss how they absorb the fluid.
6. Explain that the products allow people who are having their periods to engage in their normal day-to-day activities (although if they are reusable they should still be changed or washed regularly).

Discussion questions:

- Are any of these menstrual product options new to you?
- What are some of the benefits that you see for each of the different products?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact Sheet: *Menstruation*

What is menstruation?

When a person with a uterus starts to menstruate, it means that their body's reproductive system is developing and getting ready to be able to conceive a child. Menstruation comes after an ovary releases an egg that is not fertilized in the fallopian tubes. About once a month, one egg leaves the ovary (this is called ovulation) and travels down the fallopian tube towards the uterus. This starts to happen during puberty.

While the egg is developing, the uterus starts preparing for it by building up its lining with extra blood and tissue (a bit like making a 'nest'). If the egg is fertilised by a sperm, then the 'nest' will protect and nourish the fertilized egg as it grows into a fetus (more information on this in the fact sheet from Session 7 on conception and contraception). If the egg is not fertilised by a sperm within a few hours of leaving the ovary, then it will disintegrate. The extra blood and tissue that was developed flows out of the uterus and vagina. This is called menstruation. Menstruation usually lasts around 4 to 7 days. About two weeks after menstruation started, another egg leaves the ovary and the whole process starts again. This menstrual 'cycle' usually takes 28 days, but it can be a little longer or shorter.

When does it start?

Menstruation will begin at different times for different people. For some it may start at 9 and for others it may start at 17 or 18. If a person with a uterus is 18 and has not experienced menstruation yet, they should consider seeing a doctor, just in case there is a problem. Menstruation may not be very regular at first – it might happen more or less often than once a month. Some people experience a light bleeding, while for others it is heavier. Some people might notice other changes in their body during the menstrual cycle, like cramps in their abdomen and sore breasts. Because of changes in hormone levels, menstruation may also affect the emotions. Everyone is different, but over time individuals will get to know what their menstrual cycle is like.

Menstrual care products

There are some products that can be used to catch the blood as it leaves the uterus. The most common products available are reusable pads/cloths and disposable pads. If someone has just started menstruation and is not regular yet, they may want to take a pad or cloth in a handbag with them everywhere they go. If menstruation comes unexpectedly and a piece of cloth or a tissue can also be used.

Reusable pads or cloths

Reusable menstrual pads or cloths can be made using layers of old fabric and are worn inside underwear to catch and absorb menstrual flow. It is essential that these are changed every five to six hours. After each use, cloths need to be washed with water and soap. Once they are washed, it is important to dry them completely because if they are damp, they may cause infection. The best place to dry them is in the sun. Using cloths that are not washed and dried correctly can cause infection. Once made, these pads can be reused for many years.

Disposable pads

Sanitary pads are disposable, purchased, rectangular pieces of absorbent material worn in the underwear to absorb menstrual flow. Sometimes they have 'wings', pieces that fold around the underwear and/or a sticky backing to hold the pad in place. These pads should be changed regularly and thrown out after use. Sanitary pads come in many sizes and thicknesses – different people find different styles of sanitary pads most comfortable and effective for them. Sanitary pads must be changed about every four hours.

Other options

In addition to reusable and disposable pads, other options for menstrual care include tampons (which are inserted into the vagina and are usually disposable), period cups (which are inserted into the vagina and are rinsed and reused several times a day), period panties (which are worn as normal underwear, but are made from absorbent material that is rinsed out several times a day), and even more!



Tampon



Panty liner



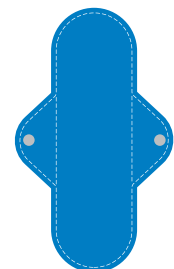
Disposable pad



Period cup



Period panties



Cloth pad

Session 5: Rights and responsibilities

Learning Objectives

By the end of this session, participants will be able to:

- Discuss why human rights are important
- Use 'rights-based' language and arguments to support gender equality
- Identify situations in which a person may need to protect their rights relating to gender and health

Key Messages

- Human rights belong to everyone
- It's important to understand what human rights are and where to go if you feel like your rights or someone else's rights are being violated. It's okay not to speak out if you are worried that it would be unsafe to do so
- Culture is hard to change, because we often follow the general patterns of how things are done. But it is possible, with courage and when it is safe, to make change happen
- Human rights come with responsibilities. As you expect others to respect your rights, you have the responsibility to respect theirs too

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Knowing rights (10 minutes)
- Activity 3: Equal or not?* (30 minutes)
- Activity 4: Who is leading? (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Blackboard and chalk (optional)
- Rights dilemmas cards

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about gender and rights.

Activity 2: Knowing rights (10 minutes)

1. Ask participants if they have heard the words 'human rights' before. If they have, encourage them to define it for the group. After they have volunteered, read aloud this statement from the United Nations about human rights:

"Human rights are things that all people should be able to have or things they should be able to do because they are people. Working towards human rights for every single person is a way of making sure that everyone is treated equally regardless of whether they are young or old, male, female, or intersex, sick or healthy, regardless of where they are from or what they believe in. It is every single person's job to work towards human rights for everyone, but it is especially the job of people who have more freedom to help everyone have the freedoms that they have."

2. Ask participants what they understand from the definition. Listen to all contributions. If it has not already been said, add that the definition also means that someone should be able to make choices about their own lives regardless of who they are.
3. Tell participants that it is important to know that sometimes, even though most countries have signed an agreement with the United Nations to say that they will ensure people's human rights are protected, doing that is not easy. Some people have less access to their human rights than others and we have to work together to try to change that.

? Discussion questions:

- Who, or what kinds, of people might have less access to their human rights?
- Why do you think these people might have less access to human rights?
- Why is it important that these people have access to human rights? (**Answer:** Because human rights belong to everyone regardless of anything about who they are.)

Activity 3: Equal or not? (30 minutes)

1. Explain that this activity invites groups to think further about the way in which people of different genders are treated in our community and how this affects their lives.
2. Assign participants to groups of three to four people of mixed genders. Assign each group to represent either male or female. Explain that the group's task is to think of a setting (this could be in the home, in the street, at school or anywhere else) and create a statue representing the way that a young person of their assigned gender is treated in that setting. Explain that in a statue characters stand in a pose to represent a certain scene.
3. Ask them to design and practice their statues in the group.

* Adapted from *Creating Connections*

- After participants have had 10 minutes or so to create their statues, bring the large group back together again. Invite one group to come to the front while the rest of the group plays the audience. The audience will count to three: '1...2...3...FREEZE.' On the word 'FREEZE,' the group at the front poses in their first statue.

Discussion questions:

- What is going on in the statues? What does this say about gender?
- Is this something that you would hope your future children and grandchildren would also experience? Why or why not?
- If you hope for something different for your children and grandchildren, how would you rearrange the statue?
- What might need to change in order for the new statue to happen?

- Repeat step 4, including the discussion questions, for each group.

Discussion questions:

- After seeing all of the statues, and talking about whether you would want the same things for your children and grandchildren, how do you feel about the ways that people of different genders are treated?
- Do you think it is possible for harmful gender norms to change?

Activity 4: Who is leading? (10 minutes)

- Tell participants that you are doing 'play a game.' Ask participants to sit in a circle. Ask for one volunteer to be the detective. That person will leave the room when the game starts.
- Explain the rules of the game: After the detective leaves the room, one participant will volunteer to lead the group. This person will begin with slow movements (such as waving or tapping) which all other participants must mirror. The aim is to disguise who is leading the motion as it will appear that all players are moving as one. However, the leader must slowly change the movements so that the one pattern of movement is not repeated for too long. The detective will try to guess who is leading the motion. They will only have one minute to make a guess. If they are correct, they will appoint the next detective, and the game will be repeated with a new leader and new detective. If they are incorrect they must leave the room again, this time with an assistant detective. While they are gone, a new leader is appointed and the game repeats.

- Begin the game by sending the first detective out of the room and ask for a leader volunteer.
- Play several rounds of the game.
- Tell participants that in society, like in the game, things tend to stay the same in relation to gender norms and gender inequality, because we often mirror what other people do. For change to happen, people have to take steps to change practices. This means that they have to draw attention to the problems. Even when these steps are small, they may take courage.

Discussion questions:

- How did it feel to be part of the group, doing the same thing as everyone else?
- How might it feel to do something different than the whole group, when everyone else is doing the same thing?
- How could someone get the courage to do something different and speak out about violations of human rights?

Activity 5: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Thank everyone for their participation.

RIGHTS DILEMMAS CARDS

When Sumi walks to school in the mornings, a group of older boys on the street shout out to her and make remarks about her body and how she looks.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Mina sometimes hears her parents arguing loudly. When her father returns from work and the evening meal is not ready, he hits her mother on the face and arms.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Ali is 16. After school he does not have much work to do except assisting his father or engaging in paid work for himself. He does do household chores. Ali's sister is Sauna, aged 15. She is not allowed to visit and play with her friends after school. She has a lot of chores at home. By the time she finishes, she is always very tired and she cannot attend to her homework properly.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

RIGHTS DILEMMAS CARDS

Trisha walks to school every morning. One morning when she is running late her neighbour offers her a lift on the back of his motorbike. When she gets on the bike, he reaches back and touches her legs. The neighbor gives her some money and tells her not to tell anyone about it. She is too scared to say anything. The next day he is waiting at her house and offers her a lift again.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Sixteen year-old Sarah's parents have chosen a husband for her and are making arrangements with his family for the marriage. She met the man once but does not want to get married as she wants to complete her education first. Her mother tells her that she should get married to this man because he is rich and it will be a good source of income to the family.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Jamilla went out with her friends to hang out at the lake/park/market. She was enticed by a friends' brother to have sex but later realized that she wasn't ready and she is worried she may be pregnant.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Session 6: Friendships

Learning Objectives

By the end of this session, participants will be able to:

- Describe one approach to making a decision about friendships
- Define at least two communication methods

Key Messages

- Feeling love and connection to friends is important
- You may find that your friendships are changing as you get older, and that's okay
- Talking with a friend about what your feelings and hearing about their feelings is an important part of being good friends to each other

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What makes a friend (10 minutes)
- Activity 3: How we say what we say (25 minutes)
- Activity 4: What would you do? (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart paper
- Markers
- **Handout:** *Ways to communicate*
- What would you do?

Activity 1: Welcome back

(5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking friendships.

Activity 2: What makes a friend

(10 minutes)

1. Ask participants to call out things that are important to them in a friendship. Write their ideas on a piece of chart paper at the front of the space. It's okay if some of the ideas are different from each other.

Here are a few examples to start off with:

- Will listen
- Likes to do the same things I do
- Lives near me
- My parents/guardians like them
- My other friends like them

2. When you have a list of 10 – 15 items, draw the brainstorming to a close. Tell participants that you are going to re-read the list aloud. For each item, if they think it is really important to them in a friendship, they should put their hands high in the air and wave them around. If they don't think it's very important to them in a friendship, they should reach down towards the ground. If it is only a little important to them in a friendship, they can wave their hands in front of their bodies.
3. Read through each of the items on the brainstorming list.



Discussion questions:

- What is a main idea you took from this game?
- Why do you think different things are important to different people about friendships?
- How important are your friendships to you?

Activity 3: How we say what we say

(25 minutes)

1. Explain that we all need skills to be able to respectfully communicate our needs and rights in our friendships without being violent or aggressive.
2. Demonstrate three ways of communicating with other people by telling participants you are going to pretend to have the same conversation with someone in three different communication styles.
 - **Aggressive:** A person expresses their feelings and opinions in a punishing, threatening, demanding, or violent manner. The person stands up for their own rights, but the other person's rights do not matter. It sounds like: 'This is what I want. What you want is not important!'
 - **Assertive:** A person expresses their feelings, needs, legitimate rights or opinions without being punishing or threatening to others and without infringing upon their rights. It sounds like: 'I respect myself and I respect you too.'
 - **Passive:** A person fails to express their feelings, needs, opinions or preferences or they may be expressed in an indirect manner. It sounds like: 'What you want is important; but I am not, so don't worry about me.'
3. Pass out **Handout:** *Ways to communicate* and discuss the pictures on the handout.
4. Invite participants to give examples of the four communication styles with this scenario: Arlene wants to watch TV but her friend wants to go for a walk.

- **An aggressive response might sound like:** 'You never do what I want! You are so selfish! Why can't you just watch my favourite show with me!'
- **A passive response might sound like:** 'Okay, I will skip my programme.'
- **An assertive response might sound like:** 'It's my very favourite programme, so would you be willing for us to watch it first and then go for a walk?'

? Discussion questions:

- Which of the four communication styles is the most respectful one to use with friends? Why? (**Answer:** *assertive communication*)
- Which of the four communication styles is the most respectful one to use with family? Why? (**Answer:** *assertive communication*)
- What do you think is the most common communication style to use with friends? Why do you think that is the most common?
- If a friend was talking with you in a way that wasn't respectful, what could you say to them?

Activity 4: What would you do?

(15 minutes)

1. Tell participants that you're going to talk about how people might actually react to specific situations, including both the friendship and the communication.
2. Divide participants into five groups. Give each group one What would you do? Scenario. Ask them to read their scenario, decide what the person wants to say or do, and how they are going to communicate what they want.
3. After five minutes, gather the large group back together again and ask each group to share their scenario and their answers.

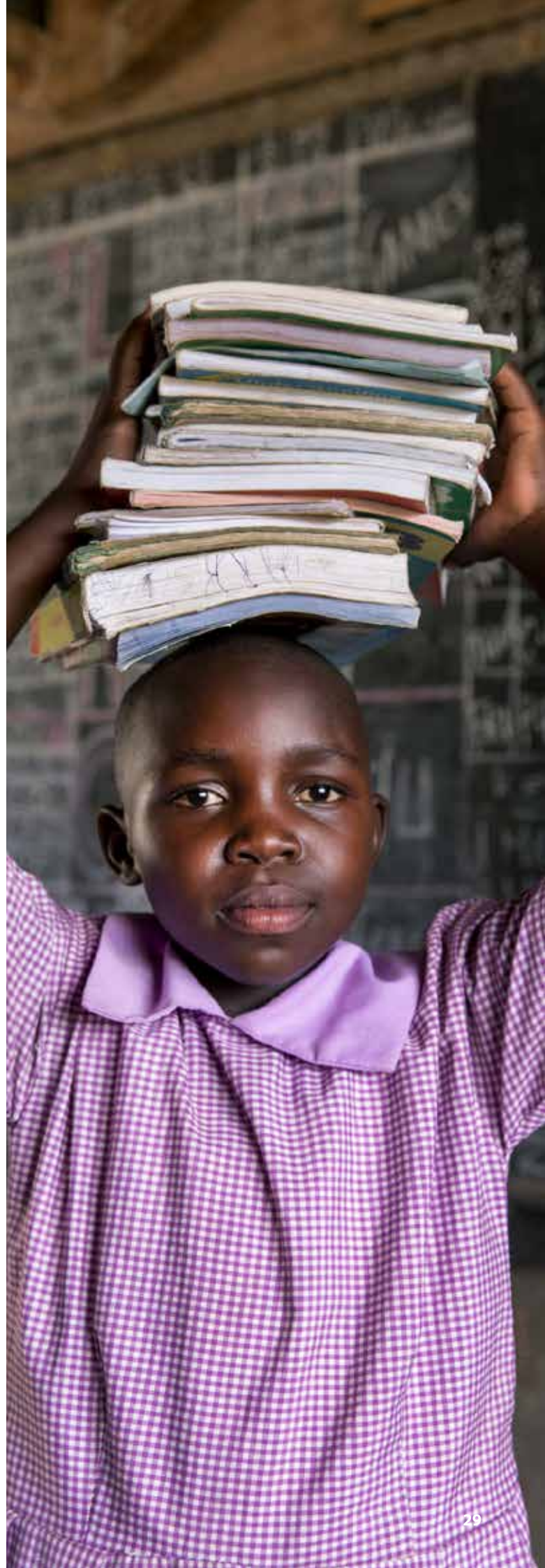
? Discussion questions:

- How did it feel to think about what to say or do in these situations?
- Do you think it would be hard to communicate in an assertive way in these situations? Why?
- Why is it important to communicate in an assertive way even if it's hard to do?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.





Handout: *Ways to communicate*

Aggressive



Submissive



Assertive



What would you do?

Scenario 1: You are friends with Lineo who is two years older than you and you are very unhappy with the friendship. You want to stop being friends with Lineo.

Scenario 2: Your friend, who has borrowed your things in the past, but has not returned them, asks to borrow a shirt you just received for your birthday.

Scenario 3: You are visiting your friend's home and they offer you a snack that you have never tried before. You don't like trying new foods because you are worried you won't like them.

Scenario 4: You want to be friends with a new classmate and would you like to tell them.

Scenario 5: You were talking with your friend yesterday and they got very angry with you, but you don't know what they were angry about. You'd like to try to fix whatever went wrong.

Session 7: Talking online

Learning Objectives

By the end of this session, participants will be able to:

- Identify different ways to communicate
- Discuss ways that digital communication is different from face to face communication
- State which kinds of communication are best for which kinds of conversation

Key Messages

- The ways that people talk with each other are important, and you can and should make decisions about which ways you want to talk with other people
- Digital communication methods are not bad or wrong - they can be really fun! But it's important to make decisions about what you want to share digitally and under what circumstances because digital communication is riskier than in person communication

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Ways to communicate (10 minutes)
- Activity 3: What's different? (15 minutes)
- Activity 4: Role playing (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- 8.5x11 pieces of paper
- Markers (including at least one black and one red)
- Tape
- Pens or pencils
- Communication information (copied and cut into cards)
- Conversations (copied and cut into cards)

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways that people can communicate with each other.

Activity 2: Ways to communicate (10 minutes)

1. Tell participants that when they were young children, they probably had all of their conversations with people in person. Most of their conversations may still be in person.
2. Write "In person" in black marker on a piece of paper and either tape at the front of the room or ask for a volunteer to stand at the front of the room holding the paper.
3. Ask participants for other ways that people talk with each other. As participants call out answers, accept all of them and encourage them to continue. Tell participants that all of their ideas and suggestions can fit into the following categories (after the first, write them each in black marker on individual pieces of paper as you say them):
 - In person
 - Texting
 - Social media
 - Phone calls
 - Video calls
4. Either tape the additional papers at the front of the room next to the first one or invite additional volunteers to hold them.
5. Tell participants that there are four kinds of information that serve as communication: words/pictures, voice, vision, and touch.
6. Arrange the participants who are not holding papers at the front of the room into four groups. Give each group a stack of identical cards, a roll of tape and either Words/pictures, Voice, Vision, or Touch cards. Instruct the groups to tape their information cards to the types of communication that include that kind of information.

Note: *If participants are confused, ask whether you can hear or read the words that someone is using to communicate if you are on the phone with them. Yes, you can! Can you see them? No you can't. This is an example of which cards should be taped to the Phone call paper.*

? Discussion questions:

- Which kind of communication has the largest amount of information? (**Answer:** *In person, because it should have all four kinds of information attached to it.*)
- Which kind of communication has the least amount of information? (**Answer:** *texting and social media, because they only include words and pictures.*)
- How could the amount of information impact how well someone understands what another person is saying to them?
- Why does this matter when it comes to dating, romantic, or sexual relationships?
- What kind of risk comes with each type of communication? How important is that to remember when you are deciding how to have a conversation? (**Answer:** *Digital communication is always riskier than in person communication because it can be shared.*)

Activity 3: What's different?

(15 minutes)

1. Tell participants that in addition to different amounts of information being transmitted through different kinds of communication, some kinds of communication are digital and some are not. Ask participants which of the kinds of communication on the pieces of paper are digital? (**Answer:** *All of them except face-to-face.*) Write DIGITAL in red marker at the top of the papers that are titled with digital forms of communication.
2. Ask participants to turn to their neighbor and discuss why it might matter whether a kind of communication is digital or not. After 3 - 5 minutes, bring the large group back together again and ask a few volunteers to share what they talked about with their neighbor.
3. Tell participants that digital communication is different than in person communication because it's so easy to keep it, to prove that it happened, and to share it with lots of other people.

Discussion questions:

- Have you ever heard of someone regretting a conversation they had by digital communication? Why did they regret it? (Be sure to keep the stories confidential by not mentioning anyone's name or identifying details!)
- How do people bully another person through digital communication? (**Answer:** *By sending them mean messages over and over again, by posting about them on social media sites, by taking pictures without their permission and sending them on, etc.*) Why is this a problem?
- How could you show respect for someone through digital communication? (**Answer:** *The same way that you show respect through in person communication! Don't do something to or with someone without asking first. If someone says they don't want to do a certain thing, don't make them do it. Remember that consent matters in digital communication too!*)

Activity 4: Role playing

(25 minutes)

1. Tell participants that you are going to role play a conversation with different kinds of communication. Divide the participants up into five groups and give each group one of the pieces of paper from Activity 2: Ways to communicate. That will be the way that they role play the conversation. (**Note:** *If you have fewer than 15 people in your group, you can hold back the Social media paper. If the groups are still smaller than three people per group, hold back additional papers as well so that each group has at least three people in it.*)
2. Each group should choose two people to role play the conversation and the other people will watch (or participate, as applicable!) and take note on how it goes. The groups should choose Person A and Person B before they know what roles they will play. Remind participants that this is just a role play and is not about anyone's real feelings.

3. Tell the participants that the role playing should be as realistic as possible in the following ways:

- **Face to face:** This should happen with the participants facing each other and they are allowed to touch each other as is appropriate.
- **Texting:** The participants should sit with their backs to each other and pass notes back and forth in complete silence. (Give this group paper and pens or pencils.)
- **Social media:** The participants should write their responses to each other on papers and then tape those papers to the wall. Other people in the group can also have pens and write their opinions on the papers too. (Give this group paper, pens or pencils, and tape.)
- **Phone calls:** Participants should sit facing away from each other, speaking loudly enough that they can hear each other.
- **Video calls:** Participants should sit 2 yards away from each other where they can still see each other.

4. Tell participants that the conversation they will be having with each other is that Person A wants to tell Person B that they have a crush on them.
5. Give the groups about five minutes to do the role playing and then gather the large group back together again. Ask each group to report back on whether they felt that the amount of information exchanged (words/pictures, voice, vision, and/or touch) was appropriate given the conversation at hand.

Discussion questions:

- How important is it to consider the kind of information you will be able to share with someone when you are having a tough conversation?
- How might considering what kind of information you are able to share impact your decisions about future conversations with someone you want to date?
- Would you rather have this kind of conversation differently than you did it in your role play? Why?
- What kind of risk

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: *Ways to communicate*

Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Conversations

Your older sister is friends with someone and they are not nice to you when your sister isn't around.

Your best friend has not been talking with you much, and you want to find out why.

You want to ask a friend to hangout on Saturday.

You want to ask a friend to borrow a shirt.

You are feeling lonely and want to talk with your mother about it.

You want to invite a friend to go for a walk with you.

Your older brother is getting married and you want to tell him congratulations.

A friend at school asked that you visited them over the weekend.

You got into a fight with a friend, but you want to tell them that you don't care and just want to make up and be friends again.

You heard a great new song and want to share it will all of your friends.

Session 8: Communication skills

Learning Objectives

By the end of this session, participants will be able to:

- Engage in active listening
- Describe how a bully communicates and how to best respond

Key Messages

- Paying close attention to someone when you're listening to them makes a huge difference in how they feel
- Bullies use aggressive communication, and it's not always possible to be assertive back to them

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Listening* (20 minutes)
- Activity 3: Helping hands* (15 minutes)
- Activity 4: What about a bully? (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Paper and pencils or crayons for each participant
- A timer
- **Handout:** *Active listening*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about communication, including talking, listening and what to say to a bully.

Activity 2: Listening (20 minutes)

1. Tell participants that one of the most important parts of being a good friend, and to all relationships, is knowing how to listen really well.
2. Say that really good listening is often called "active listening." Ask participants what they think of when they hear the term "active listening"? Take all comments and thoughts. If it has not been said, be sure to say that active listening requires the listening to fully concentrate, understand, respond and remember what the speaker said.
3. Pass out **Handout:** *Active listening* and review the content with the participants.

? Discussion questions:

- Have you ever tried to actively listen to someone else? How did that feel?
 - Have you ever had someone actively listen to you? How did that feel?
 - What do those experiences mean about why active listening is important?
4. Invite participants to get into pairs. Because they will be talking and actively listening to each other, it is best if the pairs are made up of participants who get along with each other. If you decide to arrange them, keep this in mind.
 5. Each pair should pick one person to go first. Ask this person to tell their partner about their last week. They can choose to share any information they want. The other person should practice active listening. They should share and listen for three full minutes.
 6. After the three minutes are up, tell pairs to switch roles. The person who actively listened the first time should now share and the person who shared first should actively listen now.

? Discussion questions:

- Did you think about fully concentrating, understanding, responding and remembering while you were actively listening? How did you do each of those things?
- What is hard about active listening? What is easy?
- How could someone use active listening help a friend?

* Adapted from *Creating Connections*

Activity 3: Helping hands

(15 minutes)

1. Explain that this activity will help us come up with a number of people in our lives who we could go to for help, support or advice.
2. Give each person some paper and a pen. Ask them to draw around each of their hands. Tell participants that hands are an important part of reaching out for help or support and also for offering help or support. You are going to invite them to think about who they can ask for help and who they can offer help to. They can choose to share their thoughts with everyone in the group, but they don't have to.
3. On each finger of their right-hand outline, ask participants to write the name or draw a sign to stand for one person who they could approach for some kind of help if faced with a challenge or if they are feeling down. Encourage everyone to choose at least one person from their family and at least one from another setting (e.g. work, school, club).
4. On each finger of their left-hand outline, ask participants to write the name or make a sign to stand for a person that they can or would like to give help or support to. Encourage everyone to choose at least one person from their family and at least one from another setting (e.g. work, school, club).

Discussion questions:

- Would anyone like to share who they said they could go to for help?
- Would anyone like to share who they said they would like to offer help to?
- What kinds of things do you think you might need help with?
- How could you provide help to others?
- Why is it important to help each other?

Activity 4: What about a bully?

(15 minutes)

1. Ask participants to describe elements of a bully. Be sure to include the following definition: "A bully is a person who wants to hurt or scare people who they see as easily hurt or scared."
2. Ask participants to think back to the session on friendship when you talked about different kinds of communication. What kind of communication method do you think bullies mostly use? (**Answer:** aggressive)
3. Ask if any participant can remember what aggressive communication is? (**Answer:** A person expresses their feelings and opinions in a punishing, threatening, demanding, or violent manner.)

4. Does anyone remember what passive communication is? (**Answer:** A person fails to express their feelings, needs, opinions or preferences or they may be expressed in an indirect manner.)
5. And assertive? (**Answer:** A person expresses their feelings, needs, legitimate rights or opinions without being punishing or threatening to others and without infringing upon their rights.)
6. Ask two participants to volunteer for a roleplay. Bring them to the front of the group and assign the role of "bully" to one of them and "bullied" to the other. Ask the bully to pretend to be mean to the other person about their shirt not being stylish enough. Invite the "bullied" participant to respond to the bully passively.
7. Repeat the roleplay with new volunteers, this time asking the "bullied" to respond to the bully assertively.

Discussion questions:

- Which communication style do you think was the most effective for the "bullied" to use? Do you think that would be true in real life as well as in roleplays? Why or why not?
- Do you think a bully deserves to be respected? Why or why not?
- How do you think a bully can learn to respect other people?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout:
Active listening



Make Eye Contact



Focus on what is being said



Ignore distractions



Face the Speaker



Ask Questions



Nod your head



Be an Active Listener



Keep hands and feet still



Wait for the speaker to stop before speaking



Tell the speaker if you understand or don't understand



Repeat back what you heard







14-16 year olds

14-16 year olds

Session 1: Getting to know each other and getting to know yourself

Learning Objectives

By the end of this session, participants will be able to:

- List three aims of this programme
- Describe how they and the other participants will interact during this programme
- Get participants to know each other and be comfortable to participate in the programme
- Identify their own personal space and ways that they can make active choices about it

Key Messages

- Knowing yourself is very important. It allows you to be confident and respectful of other people
- Your boundaries around your body are important and other people should respect them
- No one is allowed to disrespect you or your body, and if someone does that, you have to report them to an adult

Activities (60 minutes total)

- Activity 1: Welcoming participants (10 minutes)
- Activity 2: The name call game (5 minutes)
- Activity 3: Agreements and expectations** (15 minutes)
- Activity 4: Finding similarities and differences* (10 minutes)
- Activity 5: Your space (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Chalkboard or other way to take brainstorming notes (optional)
- Pens or pencils
- **Handout:** *Circles (one copy for each participant)*

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants. Introduce the facilitators, providing your experience with facilitating this topic previously and appropriate personal information so the participants can get to know you.

2. Introduce the participants to the programme by telling them that the aims of the adolescent-only programme are to:
 - Build knowledge and skills that enable adolescents to make well-informed, healthy and respectful choices about sexuality and relationships
 - Gain a deeper understanding of the role that gender plays in sexual and reproductive health and rights (SRHR)
 - Increase their communication skills related to gender, SRHR in their own relationships
 - Promote social and emotional skills that can help them to make informed decisions, communicate effectively, look after their own safety and wellbeing, and provide support to peers
3. Invite each participant to introduce themselves, saying their names and what they are most excited or nervous about participating in this programme.

Activity 2: The name call game (5 minutes)

1. Invite participants to stand in a circle. Go around the circle and ask everyone to say their name again, this time adding an adjective that starts with the same letter e.g. Brilliant Bayani, Super Sabina. As each person says their name (e.g. Brilliant Brian) the rest of the group echoes in one voice (BRILLIANT BRIANI!).
2. In a third round, ask each person to add a movement as they say their name (e.g. jump in the air and say Brilliant Briani!). As each person says their name and makes a corresponding movement, the group echoes the name and movement in unison.

Activity 3: Agreements and expectations (15 minutes)

1. Ask participants if they are nervous talking about sexual health. It is likely that most of your participants will say "Yes", some will remain silent, and a few might say "No."
2. Let the participants know that many people have difficulty talking about sexuality and related topics, and so if they are feeling that way, they are very normal. Tell the participants that if you all agree on a few things, everyone will have an easier time talking about sexuality.
3. Ask participants to share what they think would make talking about sexuality easier for them. If you have access to a way to write this list for all of the participants to see, like on a chalkboard, that is nice, but it is not required.

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

Some things to be sure to include:

- Be kind
 - Do not laugh at anyone
 - There are no bad or wrong questions
 - Someone may ask a question that is not about them
 - It is okay to disagree and it is important to try to understand other people's perspectives
 - Have fun!
4. It is important to include confidentiality in this list. This means that when someone shares a personal or a private story during discussions, no one will share that story outside the discussions.

Activity 4: Similarities and differences (10 minutes)

1. Arrange participants into pairs.
2. Ask them to spend one minute in which they find out two things that are similar about them and two things that are different. Explain that these things should not be obvious (e.g. we are both wearing blue or we both have short hair). They must be things that you can only find out by talking to each other.
3. Ask each pair to report back on one interesting similarity and one difference.

? Discussion questions:

- What do you think talking about similarities and differences has to do with sexuality?
- Do you think it is better to date someone who you have more similarities with or differences from?

Activity 5: Your space (15 minutes)

1. Tell participants that you are going to talk about how close people want to be to other people. Figuring out how close you want to be to someone and then telling that person is a really important part of understanding yourself and your relationships.
2. Pass out copies of the handout and a pen or a pencil to each participant. Point out that the middle circle is where the person themselves stand. Each slightly larger circle is where people who they know less well stands, all the way out to strangers.
3. Invite participants to write down the names of a few people in each of the two closest circles and descriptions of people in the outer two circles.

? Discussion questions:

- What are some topics you would feel comfortable sharing with the circle of people just outside yourself but not with strangers?
 - What are kinds of touch you would want with the circle just outside yourself but not with strangers?
 - Are there different kinds of touch that you would feel comfortable sharing with people in the innermost circle but not other circles? (**Example answers:** A hug, holding hands, tickling etc.)
4. Point out that there are probably kinds of touch that a person would want from some of the people in their innermost circle, but not from all of them. The same thing is true of sharing personal conversations with some of those people but not all of them. So even though someone is very close to you, you can still want some kinds of privacy and boundaries.

? Discussion questions:

- How could you tell someone in the stranger circle that you do not like the way(s) they were touching you? What about people you have met? People who you know? Close friends and family?
- How could you tell someone in the stranger circle that you do not want to talk with them about a personal topic? What about people you have met? People who you know? Close friends and family?

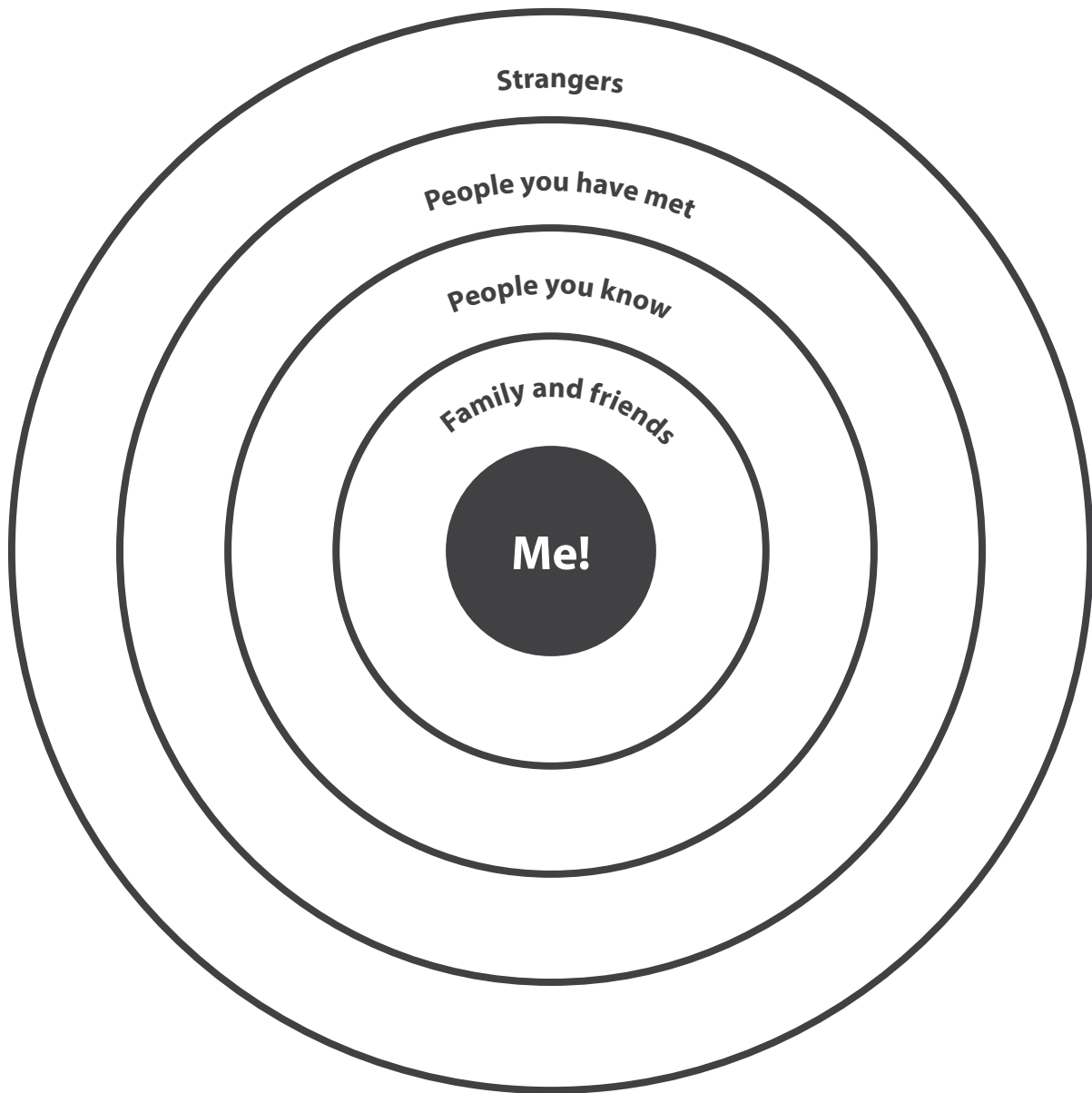
Tell participants that boundary setting is a healthy thing to do, especially as you are getting older. It can be hard sometimes, especially with people in the two innermost circles. But when you feel like someone is too close for you to be comfortable, you can tell them and expect them to give you space. Invite participants to share what they might do if someone ignored them when they said the other person was too close.

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout:
Circles



Session 2: Social and gender norms

Learning Objectives

By the end of this session, participants will be able to:

- Explain the difference between gender and biological sex
- Understand what gender and gender norms are
- Discuss how gender norms may impact a person as they are growing up
- Be open to discussing gender

Key Messages

- Sex is about biology. Gender is about culture and society
- Everyone experiences growth differently
- Sometimes growing up can be fun and easy, but in most times, it is challenging and difficult

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The positives and challenges of growing up* (25 minutes)
- Activity 3: Gender expectations* (25 minutes)
- Activity 4: Things to remember (5 minutes)

Materials

- Chart papers
- Markers

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about...

Activity 2: The positives and challenges of growing up (25 minutes)

1. Explain that in this activity, we will talk about what is good and what can be challenging about growing up.

2. Organise participants into groups of 4 or 5 with mixed genders. Give each group a piece of chart paper and ask them to arrange it into three columns and then title the columns: Positive Things, Mixed Things, and Challenging Things. Ask half of the groups to brainstorm on behalf of females ages 14 - 16 and the other half on behalf of males ages 14 - 16.
3. After participants have had about 10 minutes to brainstorm, invite one group to read their positive list. Ask other groups with the same gender to add their ideas. Repeat with groups with the other gender assignment. Repeat the process with the challenges.

? Discussion questions:

- What are items that were brainstormed both genders? What are items that are different between the two genders?
- What might have been different if you were brainstorming for people a few years younger than you? What about a few years older?

4. Point out that some of the items on the challenges list are to do with sex – they are biological differences. These are things that we are born with (examples might include ability to have a baby, menstrual pain). Point out that other challenges are to do with gender. They are affected by our culture and history and the way that we organise what people are expected to do (examples might include pressure to engage in risky behaviour, pressure to help with household chores etc.). We come to believe that things about gender are part of being male or female because this is how things commonly happen. However, gender norms can be changed, and many of them do change over time.

? Discussion questions:

- For females, are there more positives or challenges that are related to sex? What about gender?
- For males, are there more positives or challenges that are related to sex? What about gender?

Activity 3: Gender expectations (25 minutes)

1. Ask the group to share something they have already learned about sex and gender.
2. Explain that from a very early age girls and boys often have different expectations placed on them and can be treated differently.
3. Remind participants that assumptions about gender (female vs. male) leads to certain expectations of what boys/men should and should not do and what girls/women should and should not do. Explain that people often refer to societal perceptions of gender roles (leading to expectations or 'rules' about how men and women should behave and be treated) as 'gender norms'.

* Adapted from *Creating Connections*

Example output

There are no right or wrong answers in this activity. Some examples might include:

Males	
Easy	Difficult
Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents	Peer pressure Pressure to take risks Pimples Stage of confusion Work/study stress Discrimination Pressure to earn income
Females	
Easy	Difficult
Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents	Dysmenorrhea/menstrual pain Stressful experiences Pimples Work/study stress Discrimination Pressure to help with domestic duties

- Arrange participants into three groups and allocate each group an age: 4, 14 and 24.
- Ask each group to brainstorm common differences in lifestyle, dress, behaviour, activity, interests, work or family duties for girls/women and boys/men at that age. Give each group a piece of chart paper and a marker to take notes with.
- After about 10 minutes, invite each group to report back. As they report back, comment on the main differences noted between expectations on girls, boys, men and women.

? Discussion questions:

- What are the effects these differences might have in the lives of real people?
 - Do you think these effects are primarily positive or negative?
- Make the point that whilst we may not always notice these gender-based expectations, or think that they cause any harm, there are times when we need to question them, particularly when norms and expectations:
 - Lead to inequality, harm or to forms of gender-based injustice (e.g. prevent girls from getting a good education)
 - Close down options for people (e.g. lead to the expectation that only girls can do some jobs and only boys can do others)
 - Are used to judge and categorise people or to make them feel there is something wrong with them

? Discussion questions:

- How often do you think gender-based expectations typically cause harm or not?
- Do you have anyone in your life who you can talk with about these topics? How can talking about this issue be useful?
- What are some actions we can take to change/challenge harmful gender norms?

Activity 4: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Thank everyone for their participation.

Session 3: Responsibility, choices and consent

Learning Objectives

By the end of this session, participants will be able to:

- Identify unwanted and unwelcome sexual advances
- Discuss the importance of consent and respect for other people's decisions
- Identify when consent has or has not been given
- Discuss the negative effects of pornography

Key Messages

- Sex should never happen if either of the two people is not ready for it
- People need to talk about their decisions regarding sex and others must respect those decisions
- Pornography often displays violent, unrealistic sexual activities and should never be used to learn how to have sex

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The importance of consent* (25 minutes)
- Activity 3: Is it consent?* (15 minutes)
- Activity 4: Pornography* (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart paper or blackboard
- Is it consent?

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the importance of making up your mind about sex, communicating your decisions, and respecting other people's decisions.

Activity 2: The importance of consent (25 minutes)

1. Explain that when deciding to participate in sexual activity people may consent to some activities and not to others. This is individual choice, and everyone has the right to say no to sexual activities. This means that both people must feel comfortable with and excited about the activities they participate in, and both must consent or agree to each activity.
2. Ask participants the following questions. In a romantic relationship...
 - Do you need consent to hold someone's hand? **YES!**
 - Do you need consent to kiss someone on the lips? **YES!**
 - Do you need consent to touch someone on a sexual part of their body? **YES!**
 - Do you need consent to have sex with someone? **YES!**
3. Point out that all of these activities involve touch and therefore require consent from both people involved. To force any of these kinds of sexual contact is either sexual assault or rape. These are all crimes. A good rule to remember is that you must have permission from the other person to have any form of sexual contact with them. The permission must be freely given, rather than forced or assumed to be there when someone is asleep or unconscious. The more sexual the act, the more there is need for extra-careful checking about consent. If the person is not old enough to give permission, no one should have any sexual contact with them. Children must not be forced or tricked into giving consent.
4. Remind the group that it is a person's right (regardless if they are male or female) to choose not to have sexual activity of any kind, even in a marriage relationship.
5. One of the best ways to determine if someone is uncomfortable with a situation, especially in a sexual one, is to simply ask. Ask participants to work in pairs or groups of three and brainstorm some questions that could be used in this situation.
6. Ask a few pairs to report back to the group, making a list of the questions on a flipchart. If they do not arise from the brainstorm, add the following:
 - How far do you want to go?
 - Are you happy with this?
 - Do you want to stop?
 - Do you want to go any further?
 - Are we protected?
 - Is this right for both of us?
 - Could we conceive a child and is this what we want right now?
 - Could either of us pass on an infection?
 - Might either of us regret this later?

* Adapted from *Creating Connections*

If you get a negative or non-committal answer to any of these questions then you should stop what you are doing and talk to them about it. They may be too afraid to speak to tell you that this is not acceptable to them. We must also remember that just because someone consents to a particular activity at one time, it doesn't mean that they will continue to say yes. They may say no at another time.

Discussion questions:

- Was there any information you learned in this activity that surprised you?
- Why do you think it is important for people who are married to still consent to all sexual activity?
- Do you think you could start a conversation about sexual activity with someone you were interested in? Why or why not?

Activity 3: Is it consent?

(15 minutes)

1. Remind the group that if people are to have happy relationships, it is important that both people are agreeing to any activity that happens in that relationship. At this time it is important to remember that you should never touch a person sexually without their permission. People have to learn to control sexual desire so it does not lead them to hurt someone else or violate another's rights.
2. Read as many of the **Is it consent?** scenarios as you have time for. As you read, ask the participants to go to one side of the room if they think the character has done the right thing in that he has shown respect for the other person by checking for consent. They go to the other side if they think the person has done the wrong thing and has not respected the other person and has not checked for consent. If they are not sure they can stand somewhere in the middle. If participants are not sure or get the wrong answer make sure to explain which is the correct position and what the reason is for this.

Discussion questions:

- How did it feel to think about specific situations and whether there was consent in the sexual contact?
- Do you think that the people in the situations without consent felt differently than the people in the situations with consent? How might they have felt differently? And why?

Activity 4: Pornography

(10 minutes)

1. Point out that sometimes people turn to the internet to find information about sex. It is natural to be curious about sex and to want to learn about it. However, often on the internet people find pornography rather than information. Pornographic sex often shows the exploitation of women, in which they are treated as sex objects or are treated in a violent way. This material gives unrealistic ideas about what sex should be like. It is important that we seek our information from reliable sources. Also, pornography commonly also shows violence against women. This can have the effect of suggesting that forced or violent sex is normal and acceptable, which it is not.
2. Suggest that just like anything else in life, the following questions can help you to work out if something is right or wrong for you in relation to looking at sexual images or pictures:
 - Is it violent?
 - Does it cause harm or hurt?
 - Does it encourage acceptance of violence?
 - Does one person force the other rather than seek their consent?
 - Does it encourage harmful or disrespectful behaviour?
 - Does one person gain pleasure out of another person's pain or shame?
 - If the answer is yes, ask: Is it right for me to watch this?
3. Point out that in some countries pornography is illegal. Often the kind of sex shown in pornography includes violence or fails to show consent or respect to the woman. Watching pornography can negatively influence people's behaviour and beliefs about what is normal and acceptable.

Discussion questions:

- Do young people your age watch pornography for fun or because it makes them feel good? What is one thing you would like them to know about pornography?

Activity 6: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact sheet: *Is it consent?*

Rodney likes Stella. He follows her home from school one day and when they are in a quiet place on the path he catches her and touches her breasts. She says no, but he keeps doing this until she runs away.

Did Rodney do a right or a wrong thing?

Answer: This is wrong because it is forced. This is called sexual assault.

A group of boys start crowding the girls outside the schoolroom so they can stare at the girls and try to touch them when they come out.

Did they do a right or a wrong thing?

Answer: This is wrong because it is forced. This is called sexual harassment.

Henry likes Tina and Tina likes Henry. Henry asks if he can kiss Tina. She says yes.

Did he show respect for Raakhi's rights?

Answer: This is respectful of rights because the other person freely agrees. We call this 'consenting'.

Jeffry and Eveline plan to marry and have the permission of their parents. Jeffry says that now that the marriage will happen they can have sex. Eveline says no, she wants to wait until the wedding night. Jeffry says she must have sex with him now to show her love.

Did Jeffry do a right or a wrong thing?

Answer: This is wrong because it is forced. This is called sexual harassment.

Derrick is married to Tafadzwa. One day he wants to have sex, but she does not. She says no. He forces her to have sexual intercourse.

Did he show respect for the rights of his wife?

Answer: No. This is wrong because it is forced. This is called rape. Even in marriage there should be agreement.

A group of school boys call out sexual comments to girls who walk past them on the way home from school. Sometimes they follow them for a while, calling out more comments.

Did they show respect for the girls' rights?

Answer: No. This is sexual harassment. It makes girls feel unsafe. Girls have the same right to walk the streets free from harassment as do boys.

Patrick has seen a pornographic video on his phone. He wants to try some of the things he has seen with his girlfriend. He shows her on his phone, then asks her to have sex like the video. She says she does not want to and so he says OK, and does not try to make her.

Did Patrick show respect for his girlfriend's rights?

Answer: Yes. He is respecting her rights because he asks her but, when she says no he accepts it and does not try to force her.

Julius wants to kiss Lindiwe. She is not interested, but he keeps asking her, hoping that she will give into the pressure.

Did Julius respect Lindiwe's rights?

Answer: No, because he continued asking her even though she said no. This is sexual harassment.

Session 4: Decision-making in relationships

Learning Objectives

By the end of this session, participants will be able to:

- Describe one approach to making a decision
- Define at least two communication methods
- Discuss why a relationship is a decision for both people to make together

Key Messages

- It's important to figure out what you want in a relationship
- Talking with a partner about what you need and hearing what they need is the best way to support both of you
- When people don't talk with each other about what they need, and listen to the other person's needs, sexual assault can be the result

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Decision-making* (15 minutes)
- Activity 3: Communication* (15 minutes)
- Activity 4: Sex: A decision for two** (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- **Handout:** *Decision-making*
- **Handout:** *Sex: A decision for two - the scenario*
- **Handout:** *Sex: A decision for two - the analysis*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about...

Activity 2: Decision-making (15 minutes)

1. Tell participants that you are going to start today by talking about decision-making. Ask participants to share examples of times that they had to make a decision that was difficult.
2. After a few people have shared, ask them what about the decision that made it difficult. If the volunteers do not include these details, say that decisions are sometimes hard because:
 - you don't know what you want
 - other people want you to do something you don't want to do
 - none of the available options feel like good options
3. Tell participants that without decision-making, relationships are rarely healthy. The first step to a good relationship is knowing what you want from the relationship. If you don't know what you want – you're not ready to be in a relationship.
4. Pass out **Handout: Decision-making**. Either ask for volunteers to read the handout or, if you have low literacy levels in the group, read it aloud yourself.

Discussion questions:

- Why do you think it is important to make a decision about relationships without taking other people's opinions into account?
- Why do you think it is important to ask your partner and find out what their thoughts on sex are?
- Tell participants that many people wait to have sexual until they are old enough or until they are married. What are reasons some people might choose to wait?
- Do you think boys or girls choose to wait more often? Why?
- Do the reasons some people choose to wait impact girls or boys more? Do you think this is as it should be?

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

Activity 3: Communication

(15 minutes)

1. After making a decision about your sexual activities, the next step is to communicate that decision with a partner. This short activity outlines the differences between aggressive, assertive, and passive communication styles.
2. In the first activity, you will ask three different participants for something in different ways. What you ask for is dependent on the context of your environment, and can include that the participants move to another seat or to give you their cell phone or a pencil or something else entirely. Decide what you are going to ask of them ahead of time. You should make the same request all three times so that it's easier for participants to compare the communication styles. It might be helpful for you to rehearse this part of the lesson with a friend or colleague before the lesson starts.
3. Tell participants that you are going to demonstrate three different ways of asking for something.

Do this in the following ways:

- State your request as a demand from the first participant. You should be loud and commanding. While not out-right mean, your request should leave no room for argument. (This is the aggressive approach.)
 - Turning to the second participant, state your request as much like a question as possible. You should be soft-spoken and include many caveats, like noting that the participant doesn't have to comply with your request if they don't want to. It's best if it is actually unclear what you are even asking for. (This is the passive approach.)
 - Turning to the third participant, ask for what you want of them in clearly defined and spoken terms. Do not apologise. Do not demand. Clearly state what it is you need them to do. (This is the assertive approach.)
4. The participants will likely be taken aback by your three approaches, especially if you made them different enough from each other. If they start talking about it, let them talk for a few minutes. Be sure that the following points are talked about:

? Discussion questions:

- What was different about the three approaches?
- How did the different approaches feel to the participants?
- Did the participants know what you wanted?
- Did the participants want to do what you asked?

5. Put names to the three approaches that you used:

- The first was an aggressive approach, which involves demanding that your needs are tended to and not caring about the other person's needs. This approach often makes people want to argue with you or leave because they don't want to be around you.
- The second was a passive approach, which involves not being clear about your needs and putting the other person's needs first all the time. This approach often confuses people because they can't figure out what you want.
- The third approach was assertive, which involves clearly stating what you need and also caring about what the other person needs. People are more likely to happily provide what you need when you approach them in this way.

6. Ask participants to raise their hands if they have ever been approached by a friend in an aggressive way. Ask them how they felt. Repeat the two questions with passive and assertive.

7. Arrange participants in pairs (if you have an odd number of participants, you can have one group of three). Tell participants that they are going to practise communication in the three different forms (aggressive, passive and assertive) so that they can experience what they feel like. Each person should practise each kind of request, or asking for something, and their partner should continue the conversation for a few exchanges to get the feel for the conversation. Point out that this could be how someone asks a partner to use a condom during sex, but that they can role play any request they feel comfortable with. The person who is not role-playing a particular kind of communication should respond as themselves. Tell the partners to begin with the aggressive request.

8. After both partners have had a chance to be the aggressive communicator, tell the pairs to move on to role-playing passive communication. After the passive communication role-plays have finished, move on to the assertive communication role-plays. You may find that the participants benefit from hearing the descriptions of the different communication styles as you instruct them to begin their role-plays.

- **Aggressive request example:** "I'm cold – give me your sweater to wear!"
- **Passive request:** "It's really cold in here. I think that your sweater looks really warm and lovely and you're not even wearing it."
- **Assertive request:** "May I wear your sweater since I'm cold?"

? Discussion questions:

- What did it feel like when you were communicating in: an aggressive way? a passive way? an assertive way?
- How do you think that these different communication styles would work if you were talking about sex?
- What would be the upsides and the downsides of each communication style?

Activity 4: Sex: A decision for two

(20 minutes)

1. Explain that this activity explores why the idea that “sex is a decision for two” is often not realized in real life.
2. Distribute the **Handout: Sex A Decision for Two — the Scenario**. You may read it yourself, or get two participants to read it aloud as the group reads along.
3. Divide participants into small groups of four or five each. Give each group a copy of **Handout: Sex A Decision for Two — the Analysis** and have groups complete it.
4. After the groups have completed the handout, bring them together as a whole group. Discuss the Analysis briefly.
5. Then ask all of the participants to brainstorm all the ways they can help prevent date rape.



Discussion questions:

- Do you think that understanding how date rape happens will help prevent it? Why or why not?
- What skills would females need to express themselves more clearly in sexual situations?
- What skills would males need to be more aware of their partners’ real feelings?
- What issues does a couple need to deal with in order to avoid getting into risky situations?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: Decision-making

There are three things that are most important to consider about sexual contact:

1. **What level of physical contact would feel good to you, without taking anyone else’s opinions into account?** (This includes your parents/guardians, your friends, and your partner. Your answers can change on different days!)
2. **What level of physical contact would feel good to your partner?** (This is not something you can guess at – you have to communicate with your partner because otherwise you can’t know what they want. Their answers can change on different days!)
3. **What are the physical risks associated with the sexual contact that both you and your partner want to have?** (Do you have the appropriate tools like knowledge, decision-making skills, contraceptives, ability to communicate with your partner etc) at hand to reduce sexual risks? If you do not have a condom, then you are not ready.



Handout:
Sex: A decision for two - the analysis

1. Identify three times during the scenario when Craig did not respect Nyasha's feelings.

- a. _____
- b. _____
- c. _____

2. Identify three times during the scenario when Nyasha could have made safer decisions.

- a. _____
- b. _____
- c. _____

3. If Craig were sensitive to his partner, what signals would have told him that Nyasha did not want to continue?

- a. _____
- b. _____
- c. _____

4. If Nyasha had been assertive, what things could she have said to make her real feelings clear to Craig?

- a. _____
- b. _____
- c. _____

5. Date rape often proceeds through three stages; identify behaviours in the scenario at each stage.

- a. Someone enters another's personal space in a public place (kissing, hand on breast or thigh, etc.).

- b. The partner does not assertively stop this intrusion and the aggressor assumes it's okay.

- c. The aggressor gets the couple to a secluded place where the rape takes place.

Session 5: Gender and human rights

Learning Objectives

By the end of this session, participants will be able to:

- Discuss why human rights are important
- Use 'rights-based' language and arguments to support gender equality
- Identify situations in which a person may need to protect their rights relating to sex and relationships

Key Messages

- Human rights belong to everyone
- It's important to understand what human rights are and where to go if you feel like your rights or someone else's rights are being violated. It's okay not to speak out if you are worried that it would be unsafe to do so
- Culture is hard to change, because we often follow the general patterns of how things are done. But it is possible, with courage and when it is safe, to make change happen

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Knowing rights (15 minutes)
- Activity 3: Protecting rights* (10 minutes)
- Activity 4: Rights dilemmas* (20 minutes)
- Activity 5: Who is leading? (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Blackboard and chalk (optional)
- Rights dilemmas cards

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about gender and human rights.

Activity 2: Knowing rights (15 minutes)

1. Ask participants if they have heard the words 'human rights' before. If they have, encourage them to define it for the group. After volunteered, read aloud this statement from the United Nations about human rights:

"Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination."

2. Tell participants that it is important to acknowledge that sometimes, even though most countries have signed an agreement with the United Nations to say that they will ensure people's rights are protected, ensuring protection of everyone's rights is not easy. Some people have less access to their human rights than others and we have to work together to try to change that.

? Discussion questions:

- Who, or what kinds, of people might have less access to their human rights?
 - Why do you think these people might have less access to human rights?
 - Why is it important that these people have access to human rights? (**Answer:** Because human rights belong to everyone regardless of anything about who they are.)
 - What actions can we take to try to increase access to human rights for these groups?
3. Tell participants that you are going to mostly talk about human rights and gender because it is an important aspect of understanding sexuality.
 4. Break participants up into groups of 3 - 4 participants. Invite each group to make a list of the ways that girls' human rights are sometimes violated because they are girls. After the groups have had 5 minutes to talk about this, invite each group to share some ideas that they came up with. Some human rights violations that the facilitator can add to the conversation if no group says them are: being forced to marry, not being allowed to go to school, being touched without their consent or raped, being made to do more than their share of work, and more.
 5. Ask participants to raise their hands (but not to call out names) if they know someone who thinks that it is right that girls not be allowed access to the same human rights as boys.

? Discussion questions:

- If someone is unaware of their human rights, how might they react if their rights are violated?
- If someone does know about their human rights, how might they react if their rights are violated?

Activity 3: Protecting rights (10 minutes)

Note: It is important to be aware that in some countries or regions, it is socially or legally unacceptable for some groups (for example, women) to assert some rights. They may even come to harm if they protest a violation of their rights. If this is so in your country context, do not include this activity.

* Adapted from *Creating Connections*

1. Tell participants that we need to work together to try and make the situation better and generate an understanding that everyone is equal and deserves to have an education, to be safe, to be healthy, and to speak their mind.
2. Ask participants to talk in pairs with someone sitting next to them about what it would be like if all people in your community had their rights. What would be different?
3. After pairs have talked for five minutes, gather the large group together again. Ask some pairs to share their thoughts with the group.

Discussion questions:

- What could a person do if their rights were violated? Where could they get help?
- What could a person do if a friend's rights were violated? Where could they get help?

Activity 4: Rights dilemmas

(20 minutes)

1. Explain that the next activity will look at some scenarios in which people must think about their own or others' rights in situations involving gender roles.
2. Divide participants up into new groups of 3 - 4. Give each group one gender rights situation to discuss and then report back to the group.
3. If there are low literacy levels in the group, read each scenario aloud. Assign one scenario to each group as you read them. After the scenarios are assigned, read the discussion questions aloud as well.
4. After the groups have had 5 - 10 minutes to read and discuss their scenarios gather the large group back together again. Ask the small groups to read their scenarios aloud to the whole group, and describe whose rights they think were abused and what should change.
5. Tell participants that when girls and boys are treated differently because of their gender, that is called 'gender inequality'. Highlight that naming the wrongful behaviour can be a first step in identifying the need for change in relation to protecting people's rights.

Discussion questions:

- Have you seen someone stand up against gender inequality in your life? If so, how did it feel to see that happen?
- Do you think you could stand up against gender inequality? If so, how would you do it?

Activity 5: Who is leading?

(10 minutes)

1. Tell participants that you are doing play a game. Ask participants to sit in a circle. Ask for one volunteer to be the detective. That person will leave the room when the game starts.
2. Explain the rules of the game: After the detective leaves the room, one participant will volunteer to lead the group. This person will begin with slow movements (such as waving or tapping) which all other participants must mirror. The aim is to disguise who is leading the motion as it will appear that all players are moving as one. However, the leader must slowly change the movements so that the one pattern of movement is not repeated for too long. The detective will try to guess who is leading the motion. They will only have one minute to make a guess. If they are correct, they will appoint the next detective, and the game will be repeated with a new leader and new detective. If they are incorrect they must leave the room again, this time with an assistant detective. While they are gone, a new leader is appointed and the game repeats.
3. Begin the game by sending the first detective out of the room and ask for a leader volunteer.
4. Play several rounds of the game.
5. Tell participants that in society, like in the game, things tend to stay the same in relation to gender norms and gender inequality, because we often mirror what other people do. For change to happen, people have to take steps to change practices. This means that they have to draw attention to the problems. Even when these steps are small, they may take courage.

Discussion questions:

- How did it feel to be part of the group, doing the same thing as everyone else?
- How might it feel to do something different than the whole group, when everyone else is doing the same thing?
- How could someone get the courage to do something different and speak out about violations of human rights?

Activity 6: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

RIGHTS DILEMMAS CARDS

When Jane walks to school in the mornings, a group of older boys on the street shout out to her and make remarks about her body and how she looks.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Mina sometimes hears her parents arguing loudly. When her father returns from work and the evening meal is not ready, he hits her mother on the face and arms.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Jacob is 16. He does not have to do any chores at home. After school he can spend time with friends or play soccer and he still has plenty of time to do his homework. His sister Suna is 15. She is not allowed to visit with friends after school. She has to do a lot of chores, and it is not until late at night that she can get to her homework.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

RIGHTS DILEMMAS CARDS

Trisha walks to school every morning. One morning when she is running late her neighbour offers her a lift on the back of his motorbike. When she gets on the bike, he reaches back and touches her legs. She is too scared to say anything. The next day he is waiting at her house and offers her a lift again.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Sixteen year-old Anna's guardians have chosen a husband for her and are making arrangements with his family for the marriage. Anna has met the man once and knows that he is much older. She does not want to marry him and she does not want to have to leave school yet. Her guardian says the wedding must be soon as the man does not want to wait any longer to start his family.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Daniel is part of a group of boys who say they are all sexually active. They expect him to have a girlfriend and put pressure on him to sleep with the sister of one of their girlfriends. He feels like he has to go through with it.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Session 6: Conception and contraception

Learning Objectives

By the end of this session, participants will be able to:

- Describe how conception happens
- Describe what contraception is
- Identify at least two forms of contraception

Key Messages

- Knowing how pregnancy occurs is an important part of being an adolescent
- Knowing how to prevent pregnancy is also important for people because many of them will become sexually active at some point

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The truth about conception (15 minutes)
- Activity 3: Myths about conception* (10 minutes)
- Activity 4: The truth about contraception
- Activity 5: Myths about contraception
- Activity 6: Things to remember (5 minutes)

Materials

- **Handout:** *Fact sheet: Conception**
- **Handout:** *Fact sheet: Contraception*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the process by which a person gets pregnant and how they can choose to stop a pregnancy from happening. This is important information for adolescents because many of them will become sexually active at some point. Understanding how conception occurs is necessary so that unplanned pregnancy can be prevented and so that when people start a family they can plan spacing between babies which is important for health.

Activity 2: The truth about conception (15 minutes)

1. Tell participants that you are going to go over the steps involved in conception. The word 'conception' means beginning, and is used to refer to when a person gets pregnant.
2. Pass out a copy of **Handout: Fact sheet: Conception** to each participant. Assign each participant one of the sections listed below for them to read silently (alternatively you can read it aloud to the group):
 - Conception?
 - Male or female?
 - Infertility
 - Miscarriage
 - Abortion
 - Changes in the mother
 - Birth
 - Recommended minimum age for first birth
 - Recommendations for birth spacing
3. After a few minutes, invite participants to share one thing that they learned or thought was important from the section they read.
4. Invite participants to bring any questions they may have about conception. Answer the questions you are clear about the answers to, using the handout as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 3: Myths about conception (10 minutes)

1. Organise people into groups of 4 or 5.
2. Ask them to take a few minutes to tell each other any myths or inaccurate stories that are told to children who ask where babies come from. Ask them also to tell each other whether they remember asking questions about this as a child and what they were told (if they were told anything).
3. After around five minutes, ask some volunteers to share one or two of their stories.
4. Point out that in every community there are myths and stories about where babies come from. Often people tell these stories to children when they ask questions. However, it is important that children and young people are given accurate information about how babies are made.

* Adapted from *Creating Connections*

Discussion questions:

- Why do you think people sometimes tell children myths or stories about how babies are made and born?

Activity 4: The truth about contraception (15 minutes)

1. Tell participants that you are going to talk about contraception. The word 'contraception' means being against (contra) the beginning (conception), or stopping a pregnancy before it begins. Often people say 'birth control' to mean the same thing as contraceptives.
2. Pass out a copy of **Handout: Fact sheet: Contraception** to each participant. Talk about each of the following points with the participants, answering their questions as you go along or telling them you will find out the answer and let them know during the next session: Assign each pair one of the sections listed below for them to read silently:
 - There are four different color columns on this handout, and each is for a different kind of contraceptive.
 - The yellow columns are behavior methods. These are ways that people change their behavior to reduce the chance of pregnancy. Abstinence, which is the first column, means not having sex. It is the only contraceptive that is 100% effective when used correctly.
 - The green columns are barrier methods. These are items that are in between the egg and the sperm, preventing them from meeting. The most commonly used barrier method is the condom. It is highly effective and usually easily available.
 - The purple columns are hormonal methods. These are taken by a person with ovaries to prevent the ovaries from releasing an egg. These include options like a daily pill, a shot every three months, an implant in the arm, and more.
 - The blue columns are surgical. These are medical interventions that changes a person's ability to reproduce. For people with testes and a penis, the surgery is called a vasectomy and is reversible. For people with ovaries and a uterus, the surgery is called a tubal ligation and is permanent.

Discussion questions:

- Did you learn anything new from the handout or the information that the facilitator shared?

Activity 5: Myths about contraception (10 minutes)

1. Organise people into new groups of 4 or 5.
2. Ask them to take a few minutes to tell each other any myths or inaccurate stories that some people tell about contraception.
3. After around five minutes, ask some volunteers to share one or two their stories to the large group.
4. Point out that in every community there are myths and stories about how to prevent pregnancies. Often people tell these stories to adolescents when they ask questions. However, it is important that adolescents are given accurate information about how to prevent pregnancy. The same is true of information about preventing sexually transmitted infections.

Discussion questions:

- Why do people sometimes tell adolescents myths or stories about how to prevent pregnancy or STIs?
- What harm could be done if young people are given inaccurate information about pregnancy or STI prevention?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their peers or families that they talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact sheet: *How are babies made?*

Conception

Most people have one of two kinds of gametes: sperm and eggs. People with penises create sperm and people with ovaries create eggs. Some people create neither and are not able to reproduce. Sperm are created in the testicles beginning at puberty. The testicles produce millions of sperm each day. Sperm have round heads and long tails, but they are so small that you need a microscope to see them.

Eggs are created in the ovaries before a person is even born! Each ovary contains thousands of eggs. Beginning at puberty, one egg develops and is released during each menstrual cycle.

Eggs are much larger than sperm, but they are still too small to see without a microscope.

For a pregnancy to occur, both sperm and an egg are necessary. A sperm and an egg usually meet after sexual intercourse, which is when an erect penis (which means it is bigger and hard) and slides in and out of a vagina (usually when it is wet and slippery) until the penis ejaculates during an orgasm. An orgasm usually feels very good.

When a penis ejaculates, semen (containing sperm) moves through the penis and comes out of the tip. Each ejaculation has a small amount of semen, but that small amount includes between two and five million sperm! During sexual intercourse (without a barrier method of contraception), the sperm swim through the cervix, into the uterus and into the two fallopian tubes. They will wait in the fallopian for up to a week for an egg to be released during ovulation. If an egg is released when there are sperm in the fallopian tube, a sperm will usually go into the egg making one complete cell. This is called fertilization.

The cell will split into two cells and then four and eight as it travels down the fallopian tube. After about a week, the zygote will reach the uterus, where it may land against the wall of the uterus and implant. These cells may develop into a pregnancy where a birth and a baby are the result. However, it is estimated that 40% - 60% of all fertilized egg cells will either fail to implant or will miscarry before birth.

There are a few other ways that someone can become pregnant through medical interventions by a doctor or midwife.

Male or female?

The biological sex of the child begins to be determined at fertilization - when the sperm and the egg meet. This is when the 'sex chromosomes' are decided based on the egg (which provides an X chromosome) and the sperm (which can provide either an X or a Y). Generally people with two X chromosomes are identified as females and people with one X and one Y are identified as male. However, some people have three chromosomes (XXY) and some people only have one. Adding to the confusion, some people with XY chromosomes look, act, and identify as girls and women.

The other factors associated with sex and gender are also more complex than just the chromosomes. For example, often people think about androgens as "male" hormones and estrogen as a "female" hormone. But the fact is that all people have both androgens and estrogen in their bodies - but which they have more of impacts many things about their bodies. Other physical traits usually associated with male or female are also not always as clear as people think of them as being, like how tall someone is, what kinds of things they enjoy doing, and even how they feel about their gender.

Infertility

It is important to know that some people are never able to reproduce biological children. This means that a couple may have sexual intercourse, but never actually make a baby. They are described as 'infertile.' Usually, this is to do with the reproductive organs of one or both of the people in the couple not creating gametes (eggs or sperm) as they would expect themselves to. Doctors can sometimes help couples who are infertile find ways to reproduce biologically.

Couples who are infertile are often able to find other ways to parent through adoption, being an important aunt and uncle, etc. Some people chose not to parent or reproduce because it is not part of what they want in life.

Miscarriage

In the early stages of pregnancy, some people have what seems like very heavy and painful menstruation. This is usually a sign that the body is getting rid of the zygote or embryo (depending on how far along the pregnancy is) and the lining of the uterus. It is called a 'miscarriage.' Many people who miscarry have a healthy baby next time they are pregnant.

While the causes of miscarriage are usually not known, it is best for a pregnant person to avoid smoking, alcohol and other drugs. It is also important to visit the clinic or doctor to have regular prenatal check-ups.

Abortion

Unfortunately, because some couples do not always have good information about how to prevent pregnancy and even modern contraceptives fail occasionally, a couple may end up with an unplanned pregnancy. Sometimes, this leads them to seek an abortion. In some countries, abortion is legal under some conditions, in other countries, abortion is illegal (with some exceptions such as if the mother's life is at risk).

During an abortion, the foetus is removed. If abortion is not done by skilled staff under sterile conditions, then the pregnant person is at risk of injury or infection which this can lead to death. Receiving an illegal abortion from someone who is not suitably qualified with the proper medical technology has led to people becoming seriously ill or dying. Sometimes people try to induce abortion themselves by a variety of methods. This can be risky. It is important that all people are aware of the dangers of unsafe abortion.

The best thing to do is to avoid an unplanned pregnancy. This is why it is important that people have good information about contraception. To avoid unplanned pregnancy, couples need to practice abstinence or use a modern method of contraception. When an accidental pregnancy occurs, the couple should find skilled medical support for either an abortion or prenatal care.

Changes in the mother

Many changes happen to a person's body when they are pregnant. Menstruation usually stops. Breast may grow bigger and feel a little uncomfortable. This is because they are preparing to make milk. The person may also feel tired and sick, especially in the first few months of pregnancy. Other unexpected changes may include differences in sexual arousal, specific interests or revulsions about food, changes in what the person is allergic to, and even more!

Birth

Most babies are ready to be born around 40 weeks (around nine and a half months) from the beginning of the last period. By this time, many of babies will have turned upside down, their heads pointing towards the cervix (the opening at the bottom of the uterus). The uterus begins to tighten and squeeze its muscles. This squeezing action is called a contraction and it is what pushes the baby out of the uterus body. Contractions get stronger and come closer together. They can be quite painful. They push the baby's head from the uterus into the cervix. The cervix opens wider to let the head enter the vagina. The vagina stretches to let the baby out. When the baby is born, it is still attached to the placenta by an umbilical cord that connects to the baby's belly button. The umbilical cord is cut (this does not cause any pain to the baby or the parent). Finally, the parent pushes out the placenta and umbilical cord.

Recommendations about pregnancy and birth

Childbearing at an early age is associated with greater health risks for the parent and the child. This means that it is important that a person's body is fully developed before they are pregnant. International guidelines recommend delaying the age of first childbearing until at least age 20.

Having children too close together also has health risks for the parent and the child. After a pregnancy and birth, a person's body needs to recover before becoming pregnant again.

International guidelines recommend that after giving birth, a couple should wait for two years before attempting the next pregnancy. This is to reduce health risks associated with pregnancy and birth. This is called 'birth spacing' and a couple can use family planning methods such as modern methods of contraception to prevent pregnancy in this time.





Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
THE IMPLANT	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 3 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
PROGESTIN IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
COPPER IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
INJECTABLE CONTRACEPTIVES	94–99%	Get shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
THE PILL	91–99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
PROGESTIN (ONLY PILLS)	91–99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
THE PATCH	91–99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1–2 months Does not protect against HIV or other STIs
THE RING	91–99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1–2 months of use Does not protect against HIV or other STIs
MALE/EXTERNAL CONDOM	82–98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off



Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
FEMALE/INTERNAL CONDOM	91–99%	Must take the pill daily	<ul style="list-style-type: none"> Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills 	<ul style="list-style-type: none"> May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
FEMALE/INTERNAL CONDOM	79–95%	<ul style="list-style-type: none"> Use a new condom each time you have sex Use extra lubrication as needed 	<ul style="list-style-type: none"> Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding 	<ul style="list-style-type: none"> Can decrease sensation May be noisy May be hard to insert May slip out of place during sex
WITHDRAWAL (Pull–out)	78–96%	Pull penis out of vagina before ejaculation (that is, before coming)	<ul style="list-style-type: none"> Costs nothing Can be used while breastfeeding 	<ul style="list-style-type: none"> Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
DIAPHRAGM	88–94%	<ul style="list-style-type: none"> Must be used each time you have sex Must be used with spermicide A health care provider will fit you and show you how to use it 	<ul style="list-style-type: none"> Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding 	<ul style="list-style-type: none"> Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
RHYTHM (Natural Family Planning, Fertility Awareness)	76–99%	<ul style="list-style-type: none"> Predict fertile days by— taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/ spermicide during fertile days 	<ul style="list-style-type: none"> Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant 	<ul style="list-style-type: none"> Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
SPERMICIDE (Cream, gel, sponge, foam, inserts, film)	72–82%	Insert more spermicide each time you have sex	<ul style="list-style-type: none"> Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms— cream, gel, sponge, foam, inserts, film Can be used while breastfeeding 	<ul style="list-style-type: none"> May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
EMERGENCY CONTRACEPTION PILLS (Progestin EC)	58–94%	<ul style="list-style-type: none"> Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together You should start a birth control method right after using EC to avoid pregnancy 	<ul style="list-style-type: none"> Can be used while breastfeeding Available at pharmacies, health centers, or health care providers—call ahead to see if they have it Women and men of any age can get some brands without a prescription 	<ul style="list-style-type: none"> May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Women under age 17 need a prescription for some brands Ulipristal requires a prescription May cost a lot

Session 7: Early and unintended pregnancy

Learning Objectives

By the end of this session, participants will be able to:

- Identify at least two issues associated with early and unintended pregnancy
- State a message of the importance of delaying pregnancy until age twenty

Key Messages

- Early or unintended pregnancy is stressful for everyone involved and many people's options are very limited in these circumstances. Knowing how to prevent pregnancy is critical for anyone who wants to be sexually intimate with a partner. But even so, pregnancy prevention methods do not always work
- People under twenty have fewer resources to parent a baby and child than people over twenty, but that does not necessarily mean that they will be bad parents. However, there are health risks that come with early pregnancy

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Unintended pregnancy* (15 minutes)
- Activity 3: Early pregnancy* (10 minutes)
- Activity 4: Delaying pregnancy, supporting parents (25 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Paper
- Crayons or colored pencils
- Local/regional statistics on teen pregnancy rates

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about adolescent pregnancy.

Activity 2: Unintended pregnancy (15 minutes)

1. Ask the group to recap what they remember from the last session on under what circumstances pregnancy can occur. (**Answer:** *When a sperm and an egg meet, which most commonly happens during vaginal sexual intercourse.*)
2. Tell participants that the following symptoms might indicate that a pregnancy has taken place: A missed period (this is the most obvious sign, but does not always mean a person is pregnant and very occasionally people continue to menstruate through pregnancy), nausea and vomiting, sore breasts, increased urination and tiredness.
3. Ask participants to name feelings that someone might have if they experience these physical symptoms. Make sure that participants include that some people might be happy, because they want to be pregnant. Other people might be worried, angry, or anxious because they do not want to be pregnant.
4. Tell participants that after a person experiences one or more of these symptoms, their next step is usually to buy a home pregnancy test from a pharmacy. These tests figure out whether a person is pregnant by measuring the chemicals in the urine. In some places, local health clinics can also provide a pregnancy test. At a clinic, a nurse or doctor will do a blood or urine test to see whether the person is pregnant. If they are pregnant, they should seek advice from a health professional about prenatal care.
5. Point out that sometimes people become pregnant without planning to. Ask participants why it might be that a person would be pregnant without planning to be. (It is important that they do not shame others for becoming pregnancy without planning to. Be sure to remind the group not to tell stories that identify or shame people). Here are some examples that should be included in the conversation:
 - Lack of knowledge about pregnancy prevention
 - Misinformation about pregnancy prevention
 - There was no contraception available
 - The couple chose not to access or use available contraception
 - The couple used contraception, but it did not work
 - One person did not want to use contraception and convinced the other person not to
 - One person forced another person to have sex without contraception
6. Point out to participants that even if a couple acted irresponsibly and chose not to use contraception, an unintended pregnancy can be a painful experience and the couple should be supported as they decide what to do next.
7. Discuss with the group, what might be some implications of unintended pregnancy?

* Adapted from *Creating Connections*

Ideas might include:

- Having to tell family and friends
 - Having to leave school early to have the baby
 - Stigma from the community (particularly if the couple is not married)
 - Having to find out how to look after herself and her baby during pregnancy
 - Having health implications (particularly if she is younger than 20, which is the recommended minimum age for first pregnancy)
 - Trying to access an abortion (ideally a legal abortion, done by trained medical professionals, although many people do not have access to these services)
8. Lead participants in a large group discussion.

? Discussion questions:

- Which of the things a person who is unexpectedly pregnant might need to do would be the most difficult? Is it different if the pregnant person is a teenager or an adult? How would it be different?
- What do you think a teenager would hope for when telling a parent/guardian about an unintended pregnancy? Do you think you would be able to provide that kind of support to your teenager? Why or why not?

Activity 3: Early pregnancy (10 minutes)

1. Tell participants that 'early pregnancy' refers to anyone who is pregnant under the age of 20. Point out that some early pregnancies are planned and some are unintended.
2. Referring back to the previous session, ask if anyone remembers the recommended age to begin planning to get pregnant and have babies. (**Answer:** *The recommended age is 20.*) Next ask if anyone remembers the recommendation for how long people should wait between children. (**Answer:** *The recommended spacing between babies is two years.*)
3. Tell participants that adolescents who have early pregnancies have increased physical health risks like pregnancy loss, higher blood pressure, premature birth, and low birth weight babies. All of these issues are readily addressed when a family is supportive, when prenatal care is accessed, and when the pregnant adolescent makes wise decisions about their body. There are other potential negative outcomes when teenagers become pregnant like dropping out of school, losing friends, etc. It is important to also know that while early pregnancy is not recommended, sometimes people do become pregnant before they are 20. This does not mean that they are bad people or bad parents. Many people under 20 are very good parents, particularly if they are supported by their family and community.

? Discussion questions:

- Is early and unintended pregnancy common in your community?
- How can young people be better informed so that they can avoid early and unintended pregnancy?

Activity 4: Role-play: Advising a friend (20 minutes)

1. Assign groups of three.
2. Give each group the following scenario:

A friend has a secret boyfriend who she hopes to marry one day. She is 16, her boyfriend is 19. She tells you that she and her boyfriend have started having sex. You do not think she knows anything about conception or contraception and want to give her some advice.

3. Assign one person in the group to be the girl. The other people are her friends. It is the friends' job to give the woman advice. Ask them to think of at least three pieces of advice.
4. First, ask the group to think about what they can say, then ask them to role-play the scenario to practice what it is like to give advice to the friend.
5. Watch the role-plays and discuss: Are the friends giving good advice? Provide coaching.
6. Remind the group that it is important that we have good information so that we can help our friends in challenging situations.

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 8: Sexual health, STIs and HIV

Learning Objectives

By the end of this session, participants will be able to:

- Describe sexual health
- Identify how STIs, including HIV, are transmitted, tested for, and treated
- Demonstrate how to put on a condom

Key Messages

- Sexual health is an important part of people's lives, including young people
- It is important to have good information about how to keep our body sexually healthy so that we can prevent problems in the future
- Condoms are a critical way to maintain many aspects of physical sexual health. Knowing how and when to use them is very important

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What is sexual health? (10 mins)
- Activity 3: Information about STIs (10 minutes)
- Activity 4: Information about HIV (15 minutes)
- Activity 5: Condom demonstration* (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Three different balls or other items that can be thrown
- Statistics for how many people in your country or region are HIV positive
- Condoms (at least one per person)
- Several models to demonstrate condoms with (although a penis model is the first choice, not everyone has access to one, in which case a cucumber or a banana will work)
- **Handout:** Fact sheet: Sexually Transmitted Infections (STIs)*
- **Handout:** Fact sheet: HIV and AIDS*
- **Handout:** Condoms for fact's sake!

Activity 1: Welcome back

(5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about sexual health, with a focus on STIs and HIV.

Activity 2: What is sexual health?

(15 minutes)

1. Tell participants that it is not always clear what the term 'sexual health' means. Ask for a few people to call out their ideas of what it might include.
2. Support participants' answers as important to the overall meaning of the term. Tell participants that you are going to read the definition of sexual health from the World Health Organization:

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

? Discussion questions:

- How similar was our group's ideas of sexual health to the World Health Organization's definition? What were the similarities? What were the differences?
 - Do you think sexual health should be thought about in such broad terms? Why or why not?
3. Tell participants that today, you will be talking mostly about the part of sexual health related to the physical body with a focus on STIs and HIV.

Activity 3: Information about STIs

(10 minutes)

1. Explain that STIs are infections spread through sexual contact. You are going to play a game to remind them that STIs can be spread easily if people do not take appropriate measures to prevent them.
2. Organise players into a circle. Explain that three toys (or balls) will be tossed around the circle. They should try to keep the turns evenly spread between people.
3. Hold up one toy that is easy to remember. Ask them to remember if they get a turn of this toy. Restart the game and let it continue for one or two minutes.
4. At the end of this time, ask all those who have caught the special toy to step forward. Explain that if this person-to-person throw was to represent the person-to-person contact of penetrative sex without a condom, then if the first person had HIV or an STI, it could have been passed from person to person and very quickly spread to all those others. Explain that there are many different STIs. HIV (Human Immunodeficiency Virus) is one STI they may have heard of. This information reminds us about the importance of protecting ourselves and our partners by being faithful to our partner or by using protective contraception (condoms) every time we have sex.

- The most effective way to make sure you do not get infected with, or transmit, an STI is to not to have sexual intercourse or to have sexual intercourse only within a long-term relationship with an uninfected partner who only has sex with you and with no one else. Male condoms, when used correctly, are highly effective in reducing the transmission of HIV and many other STIs.
- If a person gets an STI, they need to go to a clinic to get medicine. Most STIs can be cured with medicines. The doctor or nurse will test to check if there is an infection. If a person has unprotected sex they should get tested. If the test is positive, it can usually be treated. HIV can not be cured, but it can be treated. The treatments available allow people to continue living a normal life.
- Go over the meeting from the fact sheet provided (you can either read the handout aloud or ask participants to read it).
- Invite participants to ask any questions they may have about STIs. Answer the questions you are clear about the answers to, using the fact sheet as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 4: Information about HIV (15 minutes)

- Tell participants that you are going to talk about one STI in more detail: the Human Immunodeficiency Virus, which is also called HIV.
- Ask participants to guess what percentage of people in their country or region they think are HIV positive. Tell them the correct answer (find this information ahead of time).
- Tell participants that the way HIV works is by going into the part of the body that keeps it healthy, which is called the immune system. HIV takes over the immune cells and makes them produce more HIV cells rather than more immune cells. Eventually all of the immune cells in the body either die off or are producing HIV cells. This means that there are no more cells to help the body get healthy when other infections make it sick. Ask if participants have questions. Answer the questions you are clear about the answers to, using the fact sheet as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.
- Pass out a copy of the handout to each participant. Give them a few minutes to read it and then ask them to make small groups of two or three people and talk about what they learned from reading it.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 5: Condom demonstration (15 minutes)

- Remind participants that the most effective ways to prevent STIs, including HIV, and unplanned pregnancy are abstinence (abstaining from sexual intercourse) or condoms. Condoms, when used correctly and consistently during vaginal or anal sex, are a reliable method to prevent transmission of STIs and unplanned pregnancy. They are needed by couples where one or both of the people have penis and who choose to engage in anal or vaginal intercourse.
- Explain that in this activity, participants will work in pairs to practice the correct use of a condom.
- Demonstrate the correct use of a condom using a penis model or a cucumber or banana.
- Make sure that the condom demonstration includes all of the steps included in **Handout: Condoms for fact's sake!**
- Ask participants to arrange themselves into pairs and give each pair a copy of **Handout: Condoms for fact's sake!**, two condoms and, if there are enough, a model on which to practice putting on a condom. Each person in the pair should demonstrate the correct use of the condom. They should assume that they are providing this demonstration to someone who has never seen a condom before.
- Point out that many packets have the instructions on the inside.

Discussion questions:

- Do young people know about condoms?
- Where can young people buy condoms or access them for free?

Activity 6: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their peers or families that you talked about together today. Take several responses.
- Thank everyone for their participation.



Fact sheet: *Sexually Transmitted Infections (STIs)*

What are STIs?

Sexually Transmitted Infections (STIs) is a name given to a number of infections which can be transmitted by sexual intercourse and other forms of sexual activity. They used to be called STDs (sexually transmitted diseases). These two terms mean the same thing, but STI is more medically accurate.

STIs are passed between people in their blood, semen, vaginal fluids and other body fluids during sexual activity. Some types of STIs can also be passed by skin-to-skin contact with an infected area.

There are more than 30 different kinds of STIs. All of them fall into three different categories:

- Viral
- Bacterial
- Parasitic

Viral STIs are treatable, but are not curable.

This means that the symptoms and problems associated with viral STIs can be medicated and reduced, but the body cannot ever be rid of it entirely. Some kinds of viral STIs cause only small irritating symptoms like warts. Other kinds of viral STIs can threaten a person's life, like HIV (Human Immunodeficiency Virus). Many viral STIs do not have symptoms until after a person has been infected for a long time.

Bacterial STIs are completely curable.

This means that the infection itself can be completely removed from the body. Bacterial STIs all start by causing small problems in the body, although people often don't notice them for a while. Eventually, if the person does not take medication to cure them, bacterial STIs can harm a person's reproductive system so that they are infertile (not able to get pregnant or get someone else pregnant). Some bacterial STIs can also cause other long term problems in other parts of the body.

Parasitic STIs are also completely curable.

People often notice parasitic STIs quickly because they cause itchiness or odd smells. They do not cause any problems if left untreated other than being annoying and passing on to other people.

Prevention

The most effective way for a person to make sure they do not get infected with, or transmit, an STI is to not have sexual intercourse (practice abstinence) or to have sexual intercourse only within a long-term relationship with a partner who has been tested for STIs and is not infected.

The second most effective way for a person to make sure they do not get infect with, or transmit, an STI is to use a condom during all sexual contact and to not have sexual contact when there are rashes or infected areas on the skin.

There are two types of condoms: internal (which are placed inside the vagina or anus) and external (which are placed over the penis).

Common signs and symptoms

STIs can cause pain, discomfort and period problems.

There are many different STIs and it is not necessary to know exactly what each one is (this is the job of a nurse or doctor).

However, some common signs of an STI include:

- Itching
- Pain
- Rashes
- Leaking/discharge from the vagina or penis
- Burning when you urinate
- Sores

If a person has engaged in sexual activity and has any of these symptoms, they should get an STI test.

However, most STIs do not show symptoms, but the infection is still harming the body and can still be passed on to another person if it is not treated. This means that if a person is having sex of any kind (including oral, anal and vaginal sex), they should have regular sexual health checks.

Diagnosis and treatment

Many STIs can be cured with medicines.

A doctor or nurse can check whether a person has an STI. This is called testing. A person who has sex of any kind should get tested. This is especially important to do if they are about to have sex with a new partner. In the best of circumstances the couple will go together to get tested before they have sex and then wait for the results of not being infected with an STI to have sex. If they have no STI, they will be happy and can have sex with a condom. If they do have an STI, they will get the right medicine and can have sex with a condom after the STI has been addressed. They will also get advice about how to make sure they do not pass an STI to someone else.



Fact sheet: *HIV and AIDS*

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system. A person infected with HIV is said to be HIV positive or that they are a Person Living With HIV/AIDS (PLWHA). When an HIV infection has weakened the immune system enough, a doctor will diagnose someone with Acquired Immunodeficiency Syndrome (AIDS). A person is diagnosed with AIDS in the late stages of HIV infection and means that the person's immune system is gone and very common infections like a cold may kill them. People who are HIV positive will develop AIDS if left untreated. However, with treatment, people living with HIV can live long and healthy lives without developing AIDS.

Transmission

The HIV virus lives in four bodily fluids: blood, semen, vaginal discharge and breast milk. HIV can ONLY be transmitted through one of these four bodily fluids from a HIV positive person into another person's body for them to get infected. Transmission can occur, in order of most to least frequent, by the following methods:

- Unprotected anal, vaginal and – occasionally – oral sex with someone infected with HIV.
- Sharing of needles and injecting equipment with someone infected with HIV.
- Transmission from an infected mother to her baby during pregnancy, birth or breastfeeding.
- Exposure to infected blood i.e. through blood transfusions (although blood safety measures have largely reduced this risk in most settings).

HIV is not an airborne virus. This means that you cannot get infected by talking to, sitting near, hugging or shaking hands with someone with HIV. HIV cannot be transmitted through the bite of a mosquito or other insects.

Prevention

Because the HIV is transmitted through bodily fluids, prevention relies on avoiding contact with another person's bodily fluids. The likelihood of transmission of HIV can be reduced by:

- Abstinence (don't have sexual intercourse / don't inject drugs).
- Correct and consistent use of a condom (internal or external condom) and lubricant when having intercourse.
- Using sterile equipment if injecting drugs.
- Getting tested regularly, including testing and treatment for all STIs.
- Limiting yourself to one sexual partner who is also only having sex with you and is not already HIV positive.
- Taking pre-exposure prophylaxis (PrEP), which is daily medication that people who are at increased risk of HIV infection take daily to reduce or eliminate the possibility of contracting HIV. It does not prevent infection alone - it must be used in conjunction with condoms and ideally the HIV positive person taking anti-HIV medications).

- Taking post-exposure prophylaxis (PEP), which is a course of anti-HIV medication that can be prescribed to prevent HIV infection within 72 hours of potential exposure to HIV. It is taken for 28 days with the aim of reducing the chance of HIV infection.

Testing

Regular STI testing is important to ensure an early diagnosis. This will enable early treatment and care needed to stay well. Commonly used blood tests detect the presence of antibodies produced by the immune system in response to HIV infection. After a person suspects they may have been exposed to HIV, they should try and access and begin to be treated with PEP as soon as possible. Ideally within a few hours, but it must be started within 72 hours.

Regardless of whether PEP was used or not, it is recommended to wait 10 - 30 days after exposure for the first test. The newest HIV tests can detect infection even 10 days after exposure. However, it is generally recommended to be re-tested 45 or 90 days after the possible exposure. People are highly infectious and thus able to pass on HIV very easily during the first weeks and months after exposure and so extra care must be taken.

HIV tests are available in many healthcare settings such as a sexual health clinic, doctor's surgery, hospital or private clinic. In many countries, there are also places to get an HIV test in the local community.

Treatment

There is no cure for HIV infection. However, HIV positive people treated with antiretroviral drugs can live long and healthy lives. Antiretroviral drugs must be taken every day for the rest of the person's life. This treatment stops HIV from replicating and allows the immune system to strengthen and fight other infections more effectively. Many people who take antiretroviral drugs as prescribed find that the doctors are no longer able to find HIV in their blood or other bodily fluids. If the HIV positive person's partner is taking PrEP and the couple also uses condoms, research says that the HIV negative person will not contract HIV.

Community judgment

Some communities are judgmental about people living with HIV/AIDS (PLWHA). This judgment results in a stigma against PLWHA. The causes of the stigma are misunderstandings of the following beliefs:

- HIV and AIDS is the same thing as death.
- HIV infection is a result of personal irresponsibility or insufficient morality (like same sex sexual contact, drug use, sex work or infidelity) and deserves to be punished.
- HIV can be transmitted through hugs, sharing a brush or a toilet seat or other kinds of casual contact.

These and other incorrect information about HIV serves to keep people from getting tested and treated for HIV, which increases both the degree to which people get sick and how frequently they transmit it to others. Decreasing judgment and stigma around living with HIV will improve entire communities and their experiences around HIV in both the short and the long term.

Session 9: Talking online

Learning Objectives

By the end of this session, participants will be able to:

- Identify different ways to communicate
- Discuss ways that digital communication is different from face to face communication
- State which kinds of communication are best for which kinds of conversation

Key Messages

- The ways that people talk with each other are important, and you can and should make decisions about which ways you want to talk with other people
- Digital communication methods are not bad or wrong - they can be really fun! But it's important to make decisions about what you want to share digitally and under what circumstances

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Ways to communicate (10 minutes)
- Activity 3: What's different? (15 minutes)
- Activity 4: Role playing (15 minutes)
- Activity 5: Sorting conversations (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- 8.5x11 pieces of paper
- Markers (including at least one black and one red)
- Tape
- Pens or pencils
- Communication information (copied and cut into cards)
- **Handout:** Four facts about digital communication
- Conversations (copied and cut into cards)

Activity 1: Welcome back

(5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways that people can communicate with each other.

Activity 2: Ways to communicate

(10 minutes)

1. Tell participants that when they were young children, they probably had all of their conversations with people face-to-face. Ask participants to describe what that means. (**Answer:** Talking with someone in person.)

2. Write "Face to face" in black marker on a piece of paper and either tape at the front of the room or ask for a volunteer to stand at the front of the room holding the paper.
3. Ask participants for other ways that people talk with each other. As participants call out answers, accept all of them and encourage them to continue. Tell participants that all of their ideas and suggestions can fit into the following categories (after the first, write them each in black marker on individual pieces paper as you say them):
 - Face to face
 - Texting
 - Social media
 - Phone calls
 - Video calls
4. Either tape the additional papers at the front of the room next to the first one or invite additional volunteers to hold them.
5. Tell participants that there are four kinds of information that serve as communication: words/pictures, voice, vision, and touch.
6. Arrange the participants who are not holding papers at the front of the room into four groups. Give each group a stack of identical cards, a roll of tape and either Words/pictures, Voice, Vision, or Touch cards. Instruct the groups to tape their information cards to the types of communication that include that kind of information.

Note: If participants are confused, ask whether you can hear or read the words that someone is using to communicate if you are on the phone with them. Yes you can! Can you see them? No you can't. This is an example of which cards should be taped to the Phone call paper.

? Discussion questions:

- Which kind of communication has the largest amount of information? (**Answer:** Face-to-face, because it should have all four kinds of information attached to it.)
- Which kind of communication has the least amount of information? (**Answer:** texting and social media, because they only include words and pictures.)
- How could the amount of information impact how well someone understands what another person is saying to them?
- Why does this matter when it comes to dating, romantic, or sexual relationships?

Activity 3: What's different?

(15 minutes)

1. Tell participants that in addition to different amounts of information being transmitted through different kinds of communication, some kinds of communication are digital and some are not. Ask participants which of the kinds of communication on the pieces of paper are digital? (**Answer:** All of them except face-to-face.) Write DIGITAL in red marker at the top of the papers that are titled with digital forms of communication.

2. Ask participants to turn to their neighbor and discuss why it might matter whether a kind of communication is digital or not. After 3 - 5 minutes, bring the large group back together again and ask a few volunteers to share what they talked about with their neighbor.
3. Pass out pens or pencils and **Handout: Four facts about digital communication** and ask participants to turn back to their neighbor and fill out the handout together. (If your group has low literacy levels or you don't have access to a copy machine, you can read the statements aloud to the entire group and invite people to share their thoughts with everyone.)

Discussion questions:

- Have you ever heard of someone regretting a conversation they had by digital communication? Why did they regret it? (Be sure to keep the stories confidential by not mentioning anyone's name or identifying details!)
- Will thinking about digital communication in these ways change whether you talk about things digitally or not? Why?

Activity 4: Role playing (15 minutes)

1. Tell participants that you are going to role play a conversation with different kinds of communication. Divide the participants up into five groups and give each group one of the pieces of paper from Activity 2: Ways to communicate. That will be the way that they role play the conversation. (**Note:** *If you have fewer than 15 people in your group, you can hold back the Social media paper. If the groups are still smaller than three people per group, hold back additional papers as well so that each group has at least three people in it.*)
2. Each group should choose two people to role play the conversation and the other people will watch (or participate, as applicable!) and take note on how it goes. The groups should choose Person A and Person B.
3. Tell the participants that the role playing should be as realistic as possible in the following ways:
 - Face to face - This should happen with the participants facing each other and they are allowed to touch each other as is appropriate.
 - Texting - The participants should sit with their backs to each other and pass notes back and forth in complete silence. (Give this group paper and pens or pencils.)
 - Social media - The participants should write their responses to each other on papers and then tape those papers to the wall. Other people in the group can also have pens and write their opinions on the papers too. (Give this group paper, pens or pencils, and tape.)
 - Phone calls - Participants should sit facing away from each other, speaking loudly enough that they can hear each other.
 - Video calls - Participants should sit 2 yards away from each other where they can still see each other.
4. Tell participants that the conversation they will be having with each other is that Person A wants to ask Person B out on a date.

5. Give the groups about five minutes to do the role playing and then gather the large group back together again. Ask each group to report back on whether they felt that the amount of information exchanged (words/pictures, voice, vision, and/or touch) was appropriate given the conversation at hand.

Discussion questions:

- How important is it to consider the kind of information you will be able to share with someone when you are having a tough conversation?
- How might considering what kind of information you are able to share impact your decisions about future conversations with someone you want to date?

Activity 5: Sorting conversations (10 minutes)

1. Tell participants that you are going to spend some time talking about which types of communication are best for which kinds of conversations. Gather the papers from Activity 2: Ways to communicate up from the groups and hang them at the front of the room again.
2. Arrange participants into groups of 3. Give each group cards from Conversations, so that all groups have the same number of cards. Ask the groups to read their cards and decide together which of the different kinds of communication would be best for the conversation. One volunteer from each group should bring their cards to the front of the room and tape them to the associated papers.
3. After all of the groups have taped their cards at the front of the room, read over them aloud to the large group.

Discussion questions:

- Were there any conversation cards that were taped to one paper that you thought should be taped to another?
- Have you ever had a conversation through one kind of communication when you thought maybe it should have been done a different way? How do you think that impacted the outcome of the conversation?
- If a conversation comes up that you think should be held in a different way, with more information being exchanged, how could you tell that to the other person?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: *Ways to communicate*

Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
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Voice
Voice
Voice

Conversations

Your older sister is dating someone who you don't think is good for her, and you want to tell her so.

Your best friend hasn't been talking with you much, and you want to find out why.

You want to ask a friend of a different sex than yourself to hangout on Saturday evening.

You think someone at school likes you, but you aren't sure, and you want to ask your parent/guardian for advice.

You want to ask someone you have a crush on out on a date on Sunday afternoon.

You are throwing a party and want to invite both girls and boys.

Your older brother is getting married and you want to tell him congratulations.

Your parents/guardians have told you that you need to spend less time on social media.

Someone asked you out on a date and you told them that you had to think about it.



Handout: *Four facts about digital communication**

Digital communication is...

- **Searchable:** This means that it can be found through text or image searches.
- **Viewable:** This means that it can be easily seen anywhere in the world.
- **Shareable:** This means that it can easily be sent from one person to many, many people.
- **Durable:** This means that it is permanent, even if you think you've deleted it.

What are good things about digital communication being searchable?

What are bad things?

What are good things about digital communication being viewable?

What are bad things?

What are good things about digital communication being shareable?

What are bad things?

What are good things about digital communication being durable?

What are bad things?

Remember: If you don't want something to be searchable, viewable, shareable, and durable, you shouldn't talk about it digitally!

* This framework for digital media was created by Danah Boyd.

Session 10: Communication skills

Learning Objectives

By the end of this session, participants will be able to:

- Define passive, aggressive and assertive communication styles
- Engage in active listening
- Describe how a bully communicates and how to best respond

Key Messages

- Being assertive, or valuing both your own and other people's needs, is an important part of effective communication in all types of relationships
- Paying close attention to someone when you're listening to them makes a huge difference in how they feel
- Bullies use aggressive communication, and it's not always possible to be assertive back to them

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: How we say what we say* (20 minutes)
- Activity 3: Active listening and peer support* (20 minutes)
- Activity 4: What about a bully? (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- None

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about communication, including talking, listening and what to say to a bully.

Activity 2: How we say what we say (20 minutes)

1. Explain that we all need skills to be able to respectfully communicate our needs and rights in our relationships with friends, family, workers or bosses without being violent or aggressive.
2. Demonstrate four ways of communicating with other people by telling participants you are going to pretend to have the same conversation with someone in three different communication styles.
 - **Aggressive:** A person expresses their feelings and opinions in a punishing, threatening, demanding, or violent manner. The person stands up for their own rights, but the other person's rights do not matter. It sounds like: 'This is what I want. What you want is not important!'
 - **Assertive:** A person expresses their feelings, needs, legitimate rights or opinions without being punishing or threatening to others and without infringing upon their rights. It sounds like: 'I respect myself and I respect you too.'
 - **Passive:** A person fails to express their feelings, needs, opinions or preferences or they may be expressed in an indirect manner. It sounds like: 'What you want is important; but I am not, so don't worry about me.'
3. Invite participants to give examples of the four communication styles with this scenario: Arlene wants to go to watch TV but her friend wants to go for a walk.
 - An aggressive response might sound like: 'You never do what I want! You are so selfish! Why can't you just watch my favourite show with me!'
 - A passive response might sound like: 'Okay, I will skip my programme.'
 - An assertive response might sound like: 'It's my very favourite programme, so would you be willing for us to watch it first and then go for a walk?'

? Discussion questions:

- Which of the four communication styles is the most respectful one to use with friends? Why? (**Answer:** assertive communication)
- Which of the four communication styles is the most respectful one to use with family? Why? (**Answer:** assertive communication)
- What do you think is the most common communication style? Why do you think that is the most common?
- Are all of these answers the same for people who are in romantic or sexual relationships? Why or why not?

* Adapted from *Creating Connections*

Activity 3: Active listening and peer support (20 minutes)

1. Explain that 'active listening' is a very useful strategy to use when supporting our friends through challenges. It is an important part of assertive communication. Tell participants that you are going to discuss 'active listening', which is a technique for listening supportively to someone.
2. Tell participants that 'active listening' involves the listener paying attention to the person who is speaking, making eye contact, responding as appropriate, and putting what they have heard in a summary in their own words. This allows the speaker to correct them if they have misunderstood or shows the speaker that they were understood. It can also help the speaker to clarify what it is that they are thinking or trying to communicate. It is a technique designed to make the speaker feel respected and understood.

Discussion questions:

- How do you think it would feel to have a friend actively listen to you if you were worried about something?
 - How do you think it would feel to have a friend not actively listen to you?
3. Ask the group to work in pairs to try out the active listening technique. Person A will be the speaker, and Person B the active listener. Person A should think of something they want to pretend to discuss. This should be an emotional issue, but not something that is or has actually happened to them. Person B should ask them how they are, then Person A begins their complaint, and Person B tries out the active listening technique.
 4. After some time, ask pairs to role-swap, and try the exercise again.

Discussion questions:

- How did it feel to be actively listened to? To actively listen to someone else?
- How does this kind of listening show respect?
- Is it ever the case that assertive communication is not the best choice? (**Answer:** Yes, sometimes. For example, if someone else is being aggressive, it's not always possible to be assertive in response.)

Activity 4: What about a bully? (10 minutes)

1. Ask participants to describe elements of a bully. Be sure to include the following definition: "A bully is a person who habitually seeks to harm or intimidate those whom they perceive as vulnerable."
2. Ask participants what kind of communication method do you think bullies mostly use? (**Answer:** aggressive)
3. Ask two participants to volunteer for a roleplay. Bring them to the front of the group and assign the role of "bully" to one of them and "bullied" to the other. Ask the bully to pretend to be mean to the other person about their shirt not being cool or stylish enough. Invite the "bullied" participant to respond to the bully passively.
4. Repeat the roleplay with new volunteers, this time asking the "bullied" to respond to the bully assertively.

Discussion questions:

- Which communication style do you think was the most effective for the "bullied" to use? Do you think that would be true in real life as well as in roleplays? Why or why not?
- Do you think a bully deserves to be respected? Why or why not?
- How do you think a bully can learn to respect other people?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.





17-19 year olds

17-19 year olds

Session 1: Getting to know each other and getting to know yourself

Learning Objectives

By the end of this session, participants will be able to:

- List three aims of this programme
- Describe how they and the other participants will interact during this programme
- Identify their own personal space and ways that they can make active choices about it

Key Messages

- Learning and talking about sexuality doesn't have to be scary. It is useful and important!
- Your boundaries, both around your body and also about things to talk about, are important and valid and other people should respect them

Activities (60 minutes total)

- Activity 1: Welcoming participants (10 minutes)
- Activity 2: The name call game* (5 minutes)
- Activity 3: Agreements and expectations** (15 minutes)
- Activity 4: Finding similarities and differences* (10 minutes)
- Activity 5: Your space (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Chalkboard or other way to take brainstorming notes (optional)
- Bell

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants. Introduce the facilitators, providing your experience with facilitating this topic previously and appropriate personal information so the participants can get to know you.
2. Introduce the participants to the programme by telling them that the aims of the adolescent-only programme are to:
 - Build knowledge and skills that enable adolescents to make well-informed, healthy and respectful choices about sexuality and relationships.
 - Gain a deeper understanding of the role that gender plays in sexual and reproductive health and rights (SRHR).
 - Increase their communication skills related to gender, SRHR in their own romantic and sexual relationships
 - Promote social and emotional skills that can help them to make informed decisions, communicate effectively, look after their own safety and wellbeing, and provide support to peers.
3. Invite each participant to introduce themselves, saying their names and what they are most excited or nervous about participating in this programme.

Activity 2: The name call game (5 minutes)

1. Invite participants to stand in a circle. Go around the circle and ask everyone to say their name loudly. All others in the group repeat the name in an echo. Play again, this time adding an adjective that starts with the same letter e.g. Brilliant Brian, Powerful Pauline. As each person says their name (e.g. Brilliant Brian) the rest of the group echoes in one voice (BRILLIANT BRIAN!).
2. In a third round, ask each person to add a movement as they say their name (e.g. jump in the air and say Brilliant Brian!). As each person says their name and makes a corresponding movement, the group echoes the name and movement in unison.

Activity 3: Agreements and expectations (15 minutes)

1. Ask participants if they are nervous talking about sexuality. It is likely that most of your participants will say "Yes", some will remain silent, and a few might say "No."
2. Let the participants know that many people have difficulty talking about sexuality, and so if they are feeling that way, they are very normal. Tell the participants that if you all agree on a few things; everyone will have an easier time talking about sexuality.

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

3. Ask participants to share what they think would make talking about sexuality easier for them. If you have access to a way to write this list for all of the participants to see, like on a chalkboard, that is nice, but it is not required. Some things to be sure to include:
 - Be kind
 - Do not laugh at anyone
 - There are no bad or wrong questions
 - Someone may ask a question that is not about them
 - It is okay to disagree and it is important to try to understand other people's perspectives
4. It is important to include confidentiality in this list. This means that when someone shares a personal or a private story during discussions, no one will share that story outside the discussions.

Activity 4: Similarities and differences (10 minutes)

1. Arrange participants into pairs.
2. Ask them to spend one minute in which they find out two things that are similar about them and two things that are different. Explain that these things should not be obvious (e.g. we are both wearing blue or we both have short hair). They must be things that you can only find out by talking to each other.
3. Ask each pair to report back on one interesting similarity and one difference.

Discussion questions:

- What do you think talking about similarities and differences has to do with sexuality?
- Do you think it is better to date someone who you have more similarities with or differences from?

Activity 5: Your space (15 minutes)

1. Arrange participants in different pairs than they were in for Activity 4. Tell them to stand facing their partner, with their hands out in front of them so that their finger tips are just barely touching. Once they are all arranged, they can drop their hands to their sides.
2. Tell participants that you are going to give them instructions about what to do next. They should listen until you have explained everything and then begin.

3. When you ring the bell the first time, partners should look into each other's eyes and keep eye contact for the entire activity. Every time they hear you ring the bell, they should take one step closer to each other. If they get uncomfortable, they can cross their arms in front of their bodies. When someone crosses their arms in front of their body, it means the activity is over for that pair and they can stop making eye contact. When that happens, they should continue to stand where they are. They can watch the remaining pairs continue the activity.
4. Ring the bell. Ring it again every 10 - 15 seconds. Keep going until all of the partners are either touching or have ended the activity by one of them crossing their arms.
5. Notice aloud to all of the participants how far or close different pairs are. Ask participants whether they stopped the activity because of the eye contact or because of how close their bodies were or both.
6. Point out that there are many different ways that people have and need space around them. Sometimes it is physical, but sometimes even something like eye contact can feel like it is invading your personal space. Conversations that are too close or personal can feel the same way.

Discussion questions:

- What do you do when you want to be closer to someone? How do you ask that person to get closer? Body language? Eye contact? Words? Which approach do they think is best?
- What do you do when you want someone to leave or stay out of your physical space. How do they tell that person to move away? Body language? No eye contact? Words? Which approach do they think is best?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 2: Social and gender norms

Learning Objectives

By the end of this session, participants will be able to:

- Identify the differences between sex and gender
- Discuss how gender norms may impact a person as they are growing up
- Be open to discussing gender

Key Messages

- Sex is about biology. Gender is about culture and society
- There are good parts and bad parts about growing up for everyone, although girls and boys may have different good parts and bad parts

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The positives and challenges of growing up* (25 minutes)
- Activity 3: Gender expectations* (25 minutes)
- Activity 4: Things to remember (5 minutes)

Materials

- Chart papers
- Markers

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about...

Activity 2: The positives and challenges of growing up (25 minutes)

1. Explain that in this activity, we will talk about what is good and what can be challenging about growing up.
2. Organise participants into groups of 4 or 5 with mixed genders. Give each group a piece of chart paper and ask them to arrange it into three columns and then title the columns: Positive Things, Mixed Things, and Challenging Things. Ask half of the groups to brainstorm on behalf of females ages 17 - 19 and the other half on behalf of males ages 14 - 16.

3. After participants have had about 10 minutes to brainstorm, invite one group to read their positive list. Ask other groups with the same gender assignment to add their ideas. Repeat with groups with the other gender assignment. Repeat the process with the challenges.

? Discussion questions:

- What are items that were brainstormed both genders? What are items that are different between the two genders?
- What might have been different if you were brainstorming for people a few years younger than you? What about a few years older?

4. Point out that some of the items on the challenges list are to do with sex – they are biological differences. These are things that we are born with (examples might include ability to have a baby, menstrual pain). Point out that other challenges are to do with gender. They are affected by our culture and history and the way that we organise what people are expected to do (examples might include pressure to engage in risky behaviour, pressure to help with domestic duties etc.). We come to believe that things about gender are part of being male or female because this is how things commonly happen. However, things about gender things can be changed, and many of them do change over time.

? Discussion questions:

- For females, are there more positives or challenges that are related to sex? What about gender?
- For males, are there more positives or challenges that are related to sex? What about gender?

Activity 3: Gender expectations (25 minutes)

1. Ask the group to share something they have already learned about sex and gender.
2. Explain that from a very early age girls and boys often have different expectations placed on them and can be treated differently.
3. Remind participants that assumptions about gender (female vs. male) leads to certain expectations of what boys/men should and should not do and what girls/women should and should not do. Explain that people often refer to societal perceptions of gender roles (leading to expectations or 'rules' about how men and women should behave and be treated) as 'gender norms'.
4. Arrange participants into three groups and allocate each group an age: 4, 14 and 24.
5. Ask each group to brainstorm common differences in lifestyle, dress, behaviour, activity, interests, work or family duties for girls/women and boys/men at that age. Give each group a piece of chart paper and a marker to take notes with.

* Adapted from *Creating Connections*

Example output

There are no right or wrong answers in this activity. Some examples might include:

Males	
Easy	Difficult
<ul style="list-style-type: none"> Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents 	<ul style="list-style-type: none"> Peer pressure Pressure to take risks Pimples Stage of confusion Work/study stress Discrimination Pressure to earn income
Females	
Easy	Difficult
<ul style="list-style-type: none"> Independence Relationships Can have a baby Increased responsibility Freedom to express yourself Discovering new talents 	<ul style="list-style-type: none"> Dysmenorrhea/menstrual pain Stressful experiences Pimples Work/study stress Discrimination Pressure to help with domestic duties

6. After about 10 minutes, invite each group to report back. As they report back, comment on the main differences noted between expectations on girls, boys, men and women.

? Discussion questions:

- What are the effects these differences might have in the lives of real people?
- Do you think these effects are primarily positive or negative?

7. Make the point that whilst we may not always notice these gender-based expectations, or think that they cause any harm, there are times when we need to question them, particularly when norms and expectations:

- Lead to inequality, harm or to forms of gender-based injustice (e.g. prevent girls from getting a good education)
- Close down options for people (e.g. lead to the expectation that only girls can do some jobs and only boys can do others)
- Are used to judge and categorise people or to make them feel there is something wrong with them (e.g. mistreatment or bullying of males, females or transgender people who do not conform to these expectations).

? Discussion questions:

- How often do you think gender-based expectations typically cause harm or not?
- Do you have anyone in your life who you can talk with about these topics? How can talking about this issue be useful?

Activity 4: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 3: Responsibility, choices and consent

Learning Objectives

By the end of this session, participants will be able to:

- Identify things to consider when beginning sexual activities
- Discuss why consent is important during sexual activities
- List common issues with pornography

Key Messages

- Sexual activities cannot proceed unless both people approve of and are excited about participating in them
- You can, and should, talk with your partner before engaging in any sexual activity with them, from holding hands to having sex
- Pornography often displays violent, unrealistic sexual activities and should never be used to learn how to have sex

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Time, place, person and consequences* (15 minutes)
- Activity 3: The importance of consent* (25 minutes)
- Activity 4: Pornography* (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart paper or blackboard

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about people's responsibility to consider what might happen before, during, and after being sexually intimate with someone - even if it's just going out on a date together.

Activity 2: Time, place, person and consequences (15 minutes)

1. Explain that when a person makes an important decision, it is important to think about whether this is the right decision for them. A good formula to help with this is to think about the:

- a. TIMING
- b. PLACE
- c. PERSON
- d. CONSEQUENCES

This formula (write it up for everyone to see) can be helpful in a range of situations. Arrange participants in groups. Their task is to consider the following situation: *X and X are both 18 and have been dating for several months. They are happy in their relationship and trust each other. They know how conception happens but do not have access to contraception. Both of them live at home with their families. One evening they are at X's house alone. They are thinking about whether they should have sex. It would be the first time for both of them.*

Ask groups to put themselves in the shoes of the couple and consider the four elements of the formula. They may like to think about:

- **Time:** Is this the right time? Am I old enough? Should I wait until we are married? What timing might be better?
- **Place:** Is this the right place to do this? Do we have privacy? Can we do this in a safe and respectful way?
- **Person:** Is this the right person for me? Do I trust them? Do have they had other sexual partners? What will my family think?
- **Consequences:** What might happen if we have sex? Do I want to lose my virginity now? How does this fit with my religious beliefs?

2. After participants have had time to work together, ask one group to report back, asking others to add additional ideas they came up with.

? Discussion questions:

- Do you think adolescents often consider these kinds of issues when it comes to having sex?
- Do you think it's useful to think about time, place, person and consequences when considering having sex with someone?
- How might these considerations be the same or different if you were thinking about marrying someone?

Activity 3: The importance of consent (25 minutes)

1. Explain that when deciding to participate in sexual activity people may consent to some activities and not to others. This is individual choice, and everyone has the right to decide which sexual activities they will and won't be involved in. This means that both partners must feel comfortable with and excited about the activities they participate in, and both must consent or agree to each activity.
2. Ask participants the following questions. In a romantic relationship...
 - Do you need consent to hold someone's hand? YES!
 - Do you need consent to kiss someone on the mouth? YES!
 - Do you need consent to touch someone on a sexual part of their body? YES!
 - Do you need consent to have sexual intercourse with someone? YES!

* Adapted from *Creating Connections*

3. Point out that all of these activities involve touch and therefore require consent from both people involved. To force any of these kinds of sexual contact is either sexual assault or rape. These are all crimes. A good rule to remember is that you must have permission from the other person to have any form of sexual contact with them. The permission must be freely given, rather than forced or assumed to be there when someone is asleep or unconscious. The more sexual the act, the more there is need for extra-careful checking about consent. If the person is not old enough to give permission, no one should have any sexual contact with them. Children must not be forced or tricked into giving consent.
4. Remind the group that it is a person's right (regardless if they are male or female) to choose not to have sexual activity of any kind, even in a marriage relationship.
5. One of the best ways to determine if someone is uncomfortable with a situation, especially in a sexual one, is to simply ask. Ask participants to work in pairs or groups of three and brainstorm some questions that could be used in this situation.
6. Ask a few pairs to report back to the group, making a list of the questions on a flipchart. If they do not arise from the brainstorm, add the following:
 - How far do you want to go?
 - Are you happy with this?
 - Do you want to stop?
 - Do you want to go any further?
 - Are we protected?
 - Is this right for both of us?
 - Could we conceive a child and is this what we want right now?
 - Could either of us pass on an infection?
 - Might either of us regret this later?

If you get a negative or non-committal answer to any of these questions then you should stop what you are doing and talk to them about it. They may be too afraid to speak to tell you that this is not acceptable to them.

7. We must also remember that just because someone consents to a particular activity at one time, it doesn't mean that they will continue to say yes. They may say no at another time.

Discussion questions:

- Was there any information you learned in this activity that surprised you?
- Why do you think it is important for people who are married to still consent to all sexual activity?
- Do you think you could start a conversation about sexual activity with someone you were interested in? Why or why not?

Activity 4: Pornography (10 minutes)

1. Point out that sometimes people turn to the internet to find information about sex. It is natural to be curious about sex and to want to learn about it. However, often on the internet people find pornography rather than information. Pornographic sex often shows the exploitation of women, in which they are treated as sex objects or are treated in a violent way. This material gives unrealistic ideas about what sex should be like. It is important that we seek our information from reliable sources. Also, pornography commonly also shows violence against women. This can have the effect of suggesting that forced or violent sex is normal and acceptable, which it is not.
2. Suggest that just like anything else in life, the following questions can help you to work out if something is right or wrong for you in relation to looking at sexual images or pictures:
 - Is it violent?
 - Does it cause harm or hurt?
 - Does it encourage acceptance of violence?
 - Does one person force the other rather than seek their consent?
 - Does it encourage harmful or disrespectful behaviour?
 - Does one person gain pleasure out of another person's pain or shame?
 - If the answer is yes, ask: Is it right for me to watch this?
3. Point out that in some countries pornography is illegal. Often the kind of sex shown in pornography includes violence or fails to show consent or respect to the woman. Watching pornography can negatively influence people's behaviour and beliefs about what is normal and acceptable.

Discussion questions:

- Do young people your age watch pornography for fun or because it makes them feel good? What is one thing you would like them to know about pornography?
- What would you think about pornography that was not violent, did not cause harm or violence, and did include consent? What would you say to someone who watched this kind of pornography?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 4: Romantic relationships

Learning Objectives

By the end of this session, participants will be able to:

- Describe one approach to making a decision about romantic relationships
- Define at least two communication methods
- Discuss why sexual contact is a decision for both people to make together

Key Messages

- It's important to figure out what you want in a romantic relationship, both about the emotional connection and the sexual activities
- Talking with a partner about what you need and hearing what they need is the best way to support both of you
- Talking with a partner about the most important things, like HIV infection, is critical if a relationship is going to be strong

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Decision-making* (15 minutes)
- Activity 3: Communication* (20 minutes)
- Activity 4: Ayanda's story (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- **Handout:** *Decision-making*
- **Handout:** *Ayanda's story, part 1**
- **Handout:** *Ayanda's story, part 2**

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about...

Activity 2: Decision-making (15 minutes)

1. Tell participants that you are going to start today by talking about decision-making. Ask participants to share examples of times that they had to make a decision that was difficult.

2. After a few people have shared, ask them what about the decision that made it difficult. If the volunteers do not include these details, say that decisions are sometimes hard because:
 - you don't know what you want
 - other people want you to do something you don't want to do
 - none of the available options feel like good options
3. Tell participants that without decision-making, romantic relationships are rarely healthy. The first step to a romantic relationship is knowing what you want from the relationship. If you don't know what you want – you're not ready to be in a relationship. And just as importantly, if you don't know what kind of sexual activity you want or are ready for, you should wait to engage in sexual activity.
4. Pass out **Handout: Decision-making**. Either ask for volunteers to read the handout or, if you have low literacy levels in the group, read it aloud yourself.

Discussion questions:

- Why do you think it is important to make a decision about sexual activity without taking other people's opinions into account?
- Why do you think it is important to ask your partner and find out what kind(s) of sexual activities they want to have?
- Would you feel comfortable asking your partner what sexual activities they are interested in? Why or why not?
- Where could you get information about the potential risks that come with sexual activity?

Activity 3: Communication (15 minutes)

1. After making a decision about sexual contact, the next step is to communicate that decision with a partner. This short activity outlines the differences between aggressive, assertive, and passive communication styles.
2. In the first activity, you will ask three different participants for something in different ways. What you ask for is dependent on the context of your environment, and can include that the participants move to another seat or to give you their cell phone or a pencil or something else entirely. Decide what you are going to ask of them ahead of time. You should make the same request all three times so that it's easier for participants to compare the communication styles. It might be helpful for you to rehearse this part of the lesson with a friend or colleague before the lesson starts.
3. Tell participants that you are going to demonstrate three different ways of asking for something. Do this in the following ways:
 - State your request as a demand from the first participant. You should be loud and commanding. While not out-right mean, your request should leave no room for argument. (This is the aggressive approach.)

* Adapted from *Let's Chat*

- Turning to the second participant, state your request as much like a question as possible. You should be soft-spoken and include many caveats, like noting that the participant doesn't have to comply with your request if they don't want to. It's best if it is actually unclear what you are even asking for. (This is the passive approach.)
 - Turning to the third participant, ask for what you want of them in clearly defined and spoken terms. Do not apologise. Do not demand. Clearly state what it is you need them to do. (This is the assertive approach.)
4. The participants will likely be taken aback by your three approaches, especially if you made them different enough from each other. If they start talking about it, let them talk for a few minutes. Be sure that the following points are talked about:

? Discussion questions:

- What was different about the three approaches?
 - How did the different approaches feel to the participants?
 - Did the participants know what you wanted?
 - Did the participants want to do what you asked?
5. Put names to the three approaches that you used:
- The first was an aggressive approach, which involves demanding that your needs are tended to and not caring about the other person's needs. This approach often makes people want to argue with you or leave because they don't want to be around you.
 - The second was a passive approach, which involves not being clear about your needs and putting the other person's needs first all the time. This approach often confuses people because they can't figure out what you want.
 - The third approach was assertive, which involves clearly stating what you need and also caring about what the other person needs. People are more likely to happily provide what you need when you approach them in this way.
6. Ask participants to raise their hands if they have ever been approached by a friend in an aggressive way. Ask them how they felt. Repeat the two questions with passive and assertive.
7. Arrange participants in pairs (if you have an odd number of participants, you can have one group of three). Tell participants that they are going to practise communication in the three different forms (aggressive, passive and assertive) so that they can experience what they feel like. Each person should practise each kind of request, or asking for something, and their partner should continue the conversation for a few exchanges to get the feel for the conversation. Point out that this could be how someone asks a partner to use a condom during sex, but that they can role play any request they feel comfortable with. The person who is not role-playing a particular kind of communication should respond as themselves. Tell the partners to begin with the aggressive request.



8. After both partners have had a chance to be the aggressive communicator, tell the pairs to move on to role-playing passive communication. After the passive communication role-plays have finished, move on to the assertive communication role-plays. You may find that the participants benefit from hearing the descriptions of the different communication styles as you instruct them to begin their role-plays.

- Aggressive request example: "I'm cold – give me your sweater to wear!"
- Passive request: "It's really cold in here. I think that your sweater looks really warm and lovely and you're not even wearing it."
- Assertive request: "May I wear your sweater since I'm cold?"

Discussion questions:

- What did it feel like when you were communicating in:
 - an aggressive way?
 - a passive way?
 - an assertive way?
- How do you think that these different communication styles would work if you were talking about sex?
- What would be the upsides and the downsides of each communication style?

Activity 4: Ayanda's story

(15 minutes)

1. Break participants up into groups of 3 - 4 participants. Tell the groups that you are going to read about Ayanda and the situation that she is in and each group should decide what they think Ayanda should do and what communication style she should use. Give each group a copy of **Handout: Ayanda's story, part 1**.
2. After the groups have had a chance to read the story and decide on their answers, gather the large group back together again. Ask for the groups who think Ayanda should talk with Muzi to raise their hands. Then for the groups who think Ayanda should put off talking to Muzi until later to raise their hands. Then for the groups who think Ayanda should not talk with Muzi at all to raise their hands.
3. Invite groups to share how they think Ayanda should talk with Muzi, including the communication style and the specific language.

Discussion questions:

- After hearing the other groups, has anyone changed their minds about whether, when and how Ayanda should talk with Muzi?
- If you were in Muzi's place, would you want Ayanda to share with you? Why or why not?

4. Tell participants that now you're going to read aloud the remainder of Ayanda's story. Read **Handout: Ayanda's story, part 2** aloud.

Discussion questions:

- How likely do you think this outcome is? Why or why not?
- Do you think that this is the best possible outcome? What might have been a better one? How does hearing this possible ending make you feel about your advice to Ayanda? Do you feel like you recommended the right thing or would you want to change your advice?
- How do you think Ayanda and Muzi's relationship might have gone if Ayanda had waited to tell Muzi or just hadn't told him at all?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: *Decision-making*

There are three things that are most important to consider about sexual contact:

1. **What level of physical contact would feel good to you, without taking anyone else's opinions into account?** (This includes your parents/guardians, your friends, and your partner. Your answers can change on different days!)
2. **What level of physical contact would feel good to your partner?** (This is not something you can guess at – you have to communicate with your partner because otherwise you can't know what they want. Their answers can change on different days!)
3. **What are the physical risks associated with the sexual contact that both you and your partner want to have?** (Do you have the appropriate tools like knowledge, decision-making skills, contraceptives, ability to communicate with your partner etc) at hand to reduce sexual risks? If you do not have a condom, then you are not ready.





Handout: ***Ayanda's story, part 1***

Ayanda was born with HIV and started to take ART when she was 14 years old. When she was 19 years old, she met Muzi through her church and they began dating. She knew she needed to inform him of her HIV status but was afraid he would not want to continue their relationship if she did. She asked her school friends what she should do. They shared mixed opinions with her. Some said she should tell Muzi her status and that if he loves her, he will still love her and support her. Others said she should wait until they have known each other for longer and by that time, he will be less likely to leave her. Others said she must not tell him at all, in case he doesn't react well.



Discussion questions:

1. What do you think Ayanda should do?
2. If you think Ayanda should talk with Muzi, what communication style should she use? What words should she use?



Handout: ***Ayanda's story, part 2***

Ayanda then spoke with her counsellor who informed her of the different options and explained that only she could make the decision, but that she would be supported. Ayanda decided she wanted to tell Muzi and the counsellor taught her simple ways of explaining HIV and the ways HIV is transmitted. The counsellor reminded Ayanda of all the life skills she had learnt, drawing on resilience, coping skills, self worth and self esteem so that she was well prepared for the process and was able to respond to either a positive or negative outcome.

The counsellor arranged a follow up appointment for Ayanda so that she could provide post-disclosure counselling and support as soon as possible. She encouraged Ayanda to bring Muzi to the appointment if he wanted to join her so that she could follow up with additional information and counselling for the couple. The following week, Ayanda phoned the counsellor to inform her that she had disclosed to Muzi. She explained she had found it extremely difficult and had cried a lot whilst telling him. However, he had held her hand and told her he loved her for who she is and that her status did not change anything. She explained she was extremely relieved and happy and that they would come for counselling together the following week as they both had lots of questions. The counsellor congratulated Ayanda for her courage and confirmed she would see them both the following week.

Session 5: Gender and human rights

Learning Objectives

By the end of this session, participants will be able to:

- Discuss why human rights are important
- Use 'rights-based' language and arguments to support gender equality
- Identify situations in which a person may need to protect their rights relating to sex and relationships

Key Messages

- Human rights belong to everyone
- It's important to understand what human rights are and where to go if you feel like your rights or someone else's rights are being violated. It's okay not to speak out if you are worried that it would be unsafe to do so
- Culture is hard to change, because we often follow the general patterns of how things are done. But it is possible, with courage and when it is safe, to make change happen

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Knowing rights (15 minutes)
- Activity 3: Protecting rights* (10 minutes)
- Activity 4: Rights dilemmas * (20 minutes)
- Activity 5: Who is leading?* (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Blackboard and chalk (optional)
- Rights dilemmas cards

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about gender and rights.

* Adapted from *Creating Connections*





Activity 2: Knowing rights

(15 minutes)

1. Ask participants if they have heard the words 'human rights' before. If they have, encourage them to define it for the group. After volunteered, read aloud this statement from the United Nations about human rights:

"Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination."

2. Tell participants that it is important to acknowledge that sometimes, even though most countries have signed an agreement with the United Nations to say that they will ensure people's rights are protected, ensuring protection of everyone's rights is not easy. Some people have less access to their human rights than others and we have to work together to try to change that.

? Discussion questions:

- Who, or what kinds, of people might have less access to their human rights?
 - Why do you think these people might have less access to human rights?
 - Why is it important that these people have access to human rights?
3. Tell participants that you are going to mostly talk about human rights and gender because it is an important aspect of understanding sexuality.
 4. Break participants up into groups of 3 - 4 participants. Invite each group to make a list of the ways that girls' human rights are sometimes violated because they are girls. After the groups have had 5 minutes to talk about this, invite each group to share some ideas that they came up with. Some human rights violations that the facilitator can add to the conversation if no group says them are: being forced to marry, not being allowed to go to school, being touched without their consent or raped, being made to do more than their share of work, and more.
 5. Ask participants to raise their hands (but not to call out names) if they know someone who thinks that it is right that girls not be allowed access to the same human rights as boys.

? Discussion questions:

- If someone is unaware of their human rights, how might they react if their rights are violated?
- If someone does know about their human rights, how might they react if their rights are violated?

Activity 3: Protecting rights (10 minutes)

Note: It is important to be aware that in some countries or regions, it is socially or legally unacceptable for some groups (for example, women) to assert some rights. They may even come to harm if they protest a violation of their rights. If this is so in your country context, do not include this activity.

1. Tell participants that we need to work together to try and make the situation better and generate an understanding that everyone is equal and deserves to have an education, to be safe, to be healthy, and to speak their mind.
2. Ask participants to talk in pairs with someone sitting next to them about what it would be like if all people in your community had their rights. What would be different?
3. After pairs have talked for five minutes, gather the large group together again. Ask some pairs to share their thoughts with the group.



Discussion questions:

- What could a person do if their rights were violated? Where could they get help?
- What could a person do if a friend's rights were violated? Where could they get help?

Activity 4: Rights dilemmas (20 minutes)

1. Explain that the next activity will look at some scenarios in which people must think about their own or others' rights in situations involving gender roles.
2. Divide participants up into new groups of 3 - 4. Give each group one gender rights situation to discuss and then report back to the group.
3. If there are low literacy levels in the group, read each scenario aloud. Assign one scenario to each group as you read them. After the scenarios are assigned, read the discussion questions aloud as well.
4. After the groups have had 5 - 10 minutes to read and discuss their scenarios gather the large group back together again. Ask the small groups to read their scenarios aloud to the whole group, and describe whose rights they think were abused and what should change.
5. Tell participants that when girls and boys are treated differently because of their gender, that is called 'gender inequity'. Highlight that naming the wrongful behaviour can be a first step in identifying the need for change in relation to protecting people's rights.



Discussion questions:

- Have you seen someone stand up against gender inequality in your life? If so, how did it feel to see that happen?

- Do you think you could stand up against gender inequality? If so, how would you do it?

Activity 5: Who is leading? (10 minutes)

1. Tell participants that you are doing play a game. Ask participants to sit in a circle. Ask for one volunteer to be the detective. That person will leave the room when the game starts.
2. Explain the rules of the game: After the detective leaves the room, one participant will volunteer to lead the group. This person will begin with slow movements (such as waving or tapping) which all other participants must mirror. The aim is to disguise who is leading the motion as it will appear that all players are moving as one. However, the leader must slowly change the movements so that the one pattern of movement is not repeated for too long. The detective will try to guess who is leading the motion. They will only have one minute to make a guess. If they are correct, they will appoint the next detective, and the game will be repeated with a new leader and new detective. If they are incorrect they must leave the room again, this time with an assistant detective. While they are gone, a new leader is appointed and the game repeats.
3. Begin the game by sending the first detective out of the room and ask for a leader volunteer.
4. Play several rounds of the game.
5. Tell participants that in society, like in the game, things tend to stay the same in relation to gender norms and gender inequality, because we often mirror what other people do. For change to happen, people have to take steps to change practices. This means that they have to draw attention to the problems. Even when these steps are small, they may take courage.



Discussion questions:

- How did it feel to be part of the group, doing the same thing as everyone else?
- How might it feel to do something different than the whole group, when everyone else is doing the same thing?
- How could someone get the courage to do something different and speak out about violations of human rights?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

RIGHTS DILEMMAS CARDS

When Sumi walks to school in the mornings, a group of older boys on the street shout out to her and make remarks about her body and how she looks.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Mina sometimes hears her parents arguing loudly. When her father returns from work and the evening meal is not ready, he hits her mother on the face and arms.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Ali is 16. After school he does not have much work to do except assisting his father or engaging in paid work for himself. He does do household chores. Ali's sister is Sauna, aged 15. She is not allowed to visit and play with her friends after school. She has a lot of chores at home. By the time she finishes, she is always very tired and she cannot attend to her homework properly.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

RIGHTS DILEMMAS CARDS

Trisha walks to school every morning. One morning when she is running late her neighbour offers her a lift on the back of his motorbike. When she gets on the bike, he reaches back and touches her legs. The neighbor gives her some money and tells her not to tell anyone about it. She is too scared to say anything. The next day he is waiting at her house and offers her a lift again.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Sixteen year-old Sarah's parents have chosen a husband for her and are making arrangements with his family for the marriage. She met the man once but does not want to get married as she wants to complete her education first. Her mother tells her that she should get married to this man because he is rich and it will be a good source of income to the family.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Daniel is part of a group of boys who say they are all sexually active. They expect him to have a girlfriend and put pressure on him to sleep with the sister of one of their girlfriends. He feels like he has to go through with it.

Within your group, discuss the following questions:

- Is anyone being wrongly treated here?
- Whose rights are being abused?
- In what ways is this abuse happening?
- What should change here?
- What could she do? (name as many actions as possible)
- What could grandparents, law enforcement, teachers, religious leaders, or others do to help to make sure her rights are protected? (name as many actions as possible)

Session 6: Conception and contraception

Learning Objectives

By the end of this session, participants will be able to:

- Describe how conception happens
- Describe what contraception is
- Identify at least two forms of contraception

Key Messages

- Knowing how pregnancy occurs is an important part of being an adolescent
- Knowing how to prevent pregnancy is also important for people because many of them will become sexually active at some point

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The truth about conception (15 minutes)
- Activity 3: Myths about conception* (10 minutes)
- Activity 4: The truth about contraception
- Activity 5: Myths about contraception
- Activity 6: Things to remember (5 minutes)

Materials

- **Handout:** *Fact sheet: Conception**
- **Handout:** *Fact sheet: Contraception*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the process by which a person gets pregnant and how they can choose to stop a pregnancy from happening. This is important information for adolescents because many of them will become sexually active at some point. Understanding how conception occurs is necessary so that unplanned pregnancy can be prevented and so that when people start a family they can plan spacing between babies which is important for health.

Activity 2: The truth about conception (15 minutes)

1. Tell participants that you are going to go over the steps involved in conception. The word 'conception' means beginning, and is used to refer to when a person gets pregnant.
2. Pass out a copy of **Handout: Fact sheet: Conception** to each participant. Assign each participant one of the sections listed below for them to read silently (alternatively you can read it aloud to the group):
 - Conception?
 - Male or female?
 - Infertility
 - Miscarriage
 - Abortion
 - Changes in the mother
 - Birth
 - Recommended minimum age for first birth
 - Recommendations for birth spacing
3. After a few minutes, invite participants to share one thing that they learned or thought was important from the section they read.
4. Invite participants to bring any questions they may have about conception. Answer the questions you are clear about the answers to, using the handout as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 3: Myths about conception (10 minutes)

1. Organise people into groups of 4 or 5.
2. Ask them to take a few minutes to tell each other any myths or inaccurate stories that are told to children who ask where babies come from. Ask them also to tell each other whether they remember asking questions about this as a child and what they were told (if they were told anything).
3. After around five minutes, ask some volunteers to share one or two of their stories.
4. Point out that in every community there are myths and stories about where babies come from. Often people tell these stories to children when they ask questions. However, it is important that children and young people are given accurate information about how babies are made.

* Adapted from *Creating Connections*

Discussion questions:

- Why do you think people sometimes tell children myths or stories about how babies are made and born?

Activity 4: The truth about contraception (15 minutes)

1. Tell participants that you are going to talk about contraception. The word 'contraception' means being against (contra) the beginning (conception), or stopping a pregnancy before it begins. Often people say 'birth control' to mean the same thing as contraceptives.

2. Pass out a copy of **Handout: Fact sheet: Contraception** to each participant. Talk about each of the following points with the participants, answering their questions as you go along or telling them you will find out the answer and let them know during the next session: Assign each pair one of the sections listed below for them to read silently:

- There are four different color columns on this handout, and each is for a different kind of contraceptive.
- The yellow columns are behavior methods. These are ways that people change their behavior to reduce the chance of pregnancy. Abstinence, which is the first column, means not having sex. It is the only contraceptive that is 100% effective when used correctly.
- The green columns are barrier methods. These are items that are in between the egg and the sperm, preventing them from meeting. The most commonly used barrier method is the condom. It is highly effective and usually easily available.
- The purple columns are hormonal methods. These are taken by a person with ovaries to prevent the ovaries from releasing an egg. These include options like a daily pill, a shot every three months, an implant in the arm, and more.
- The blue columns are surgical. These are medical interventions that changes a person's ability to reproduce. For people with testes and a penis, the surgery is called a vasectomy and is reversible. For people with ovaries and a uterus, the surgery is called a tubal ligation and is permanent.

Discussion questions:

- Did you learn anything new from the handout or the information that the facilitator shared?

Activity 5: Myths about contraception (10 minutes)

1. Organise people into new groups of 4 or 5.
2. Ask them to take a few minutes to tell each other any myths or inaccurate stories that some people tell about contraception.
3. After around five minutes, ask some volunteers to share one or two their stories to the large group.
4. Point out that in every community there are myths and stories about how to prevent pregnancies. Often people tell these stories to adolescents when they ask questions. However, it is important that adolescents are given accurate information about how to prevent pregnancy. The same is true of information about preventing sexually transmitted infections.

Discussion questions:

- Why do people sometimes tell adolescents myths or stories about how to prevent pregnancy or STIs?
- What harm could be done if young people are given inaccurate information about pregnancy or STI prevention?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their peers or families that they talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact sheet: *How are babies made?*

Conception

Most people have one of two kinds of gametes: sperm and eggs. People with penises create sperm and people with ovaries create eggs. Some people create neither and are not able to reproduce. Sperm are created in the testicles beginning at puberty. The testicles produce millions of sperm each day. Sperm have round heads and long tails, but they are so small that you need a microscope to see them.

Eggs are created in the ovaries before a person is even born! Each ovary contains thousands of eggs. Beginning at puberty, one egg develops and is released during each menstrual cycle.

Eggs are much larger than sperm, but they are still too small to see without a microscope.

For a pregnancy to occur, both sperm and an egg are necessary. A sperm and an egg usually meet after sexual intercourse, which is when an erect penis (which means it is bigger and hard) and slides in and out of a vagina (usually when it is wet and slippery) until the penis ejaculates during an orgasm. An orgasm usually feels very good.

When a penis ejaculates, semen (containing sperm) moves through the penis and comes out of the tip. Each ejaculation has a small amount of semen, but that small amount includes between two and five million sperm! During sexual intercourse (without a barrier method of contraception), the sperm swim through the cervix, into the uterus and into the two fallopian tubes. They will wait in the fallopian for up to a week for an egg to be released during ovulation. If an egg is released when there are sperm in the fallopian tube, a sperm will usually go into the egg making one complete cell. This is called fertilization.

The cell will split into two cells and then four and eight as it travels down the fallopian tube. After about a week, the zygote will reach the uterus, where it may land against the wall of the uterus and implant. These cells may develop into a pregnancy where a birth and a baby are the result. However, it is estimated that 40% - 60% of all fertilized egg cells will either fail to implant or will miscarry before birth.

There are a few other ways that someone can become pregnant through medical interventions by a doctor or midwife.

Male or female?

The biological sex of the child begins to be determined at fertilization - when the sperm and the egg meet. This is when the 'sex chromosomes' are decided based on the egg (which provides an X chromosome) and the sperm (which can provide either an X or a Y). Generally people with two X chromosomes are identified as females and people with one X and one Y are identified as male. However, some people have three chromosomes (XXY) and some people only have one. Adding to the confusion, some people with XY chromosomes look, act, and identify as girls and women.

The other factors associated with sex and gender are also more complex than just the chromosomes. For example, often people think about androgens as "male" hormones and estrogen as a "female" hormone. But the fact is that all people have both androgens and estrogen in their bodies - but which they have more of impacts many things about their bodies. Other physical traits usually associated with male or female are also not always as clear as people think of them as being, like how tall someone is, what kinds of things they enjoy doing, and even how they feel about their gender.

Infertility

It is important to know that some people are never able to reproduce biological children. This means that a couple may have sexual intercourse, but never actually make a baby. They are described as 'infertile.' Usually, this is to do with the reproductive organs of one or both of the people in the couple not creating gametes (eggs or sperm) as they would expect themselves to. Doctors can sometimes help couples who are infertile find ways to reproduce biologically.

Couples who are infertile are often able to find other ways to parent through adoption, being an important aunt and uncle, etc. Some people chose not to parent or reproduce because it is not part of what they want in life.

Miscarriage

In the early stages of pregnancy, some people have what seems like very heavy and painful menstruation. This is usually a sign that the body is getting rid of the zygote or embryo (depending on how far along the pregnancy is) and the lining of the uterus. It is called a 'miscarriage.' Many people who miscarry have a healthy baby next time they are pregnant.

While the causes of miscarriage are usually not known, it is best for a pregnant person to avoid smoking, alcohol and other drugs. It is also important to visit the clinic or doctor to have regular prenatal check-ups.

Abortion

Unfortunately, because some couples do not always have good information about how to prevent pregnancy and even modern contraceptives fail occasionally, a couple may end up with an unplanned pregnancy. Sometimes, this leads them to seek an abortion. In some countries, abortion is legal under some conditions, in other countries, abortion is illegal (with some exceptions such as if the mother's life is at risk).

During an abortion, the foetus is removed. If abortion is not done by skilled staff under sterile conditions, then the pregnant person is at risk of injury or infection which this can lead to death. Receiving an illegal abortion from someone who is not suitably qualified with the proper medical technology has led to people becoming seriously ill or dying. Sometimes people try to induce abortion themselves by a variety of methods. This can be risky. It is important that all people are aware of the dangers of unsafe abortion.

The best thing to do is to avoid an unplanned pregnancy. This is why it is important that people have good information about contraception. To avoid unplanned pregnancy, couples need to practice abstinence or use a modern method of contraception. When an accidental pregnancy occurs, the couple should find skilled medical support for either an abortion or prenatal care.

Changes in the mother

Many changes happen to a person's body when they are pregnant. Menstruation usually stops. Breast may grow bigger and feel a little uncomfortable. This is because they are preparing to make milk. The person may also feel tired and sick, especially in the first few months of pregnancy. Other unexpected changes may include differences in sexual arousal, specific interests or revulsions about food, changes in what the person is allergic to, and even more!

Birth

Most babies are ready to be born around 40 weeks (around nine and a half months) from the beginning of the last period. By this time, many of babies will have turned upside down, their heads pointing towards the cervix (the opening at the bottom of the uterus). The uterus begins to tighten and squeeze its muscles. This squeezing action is called a contraction and it is what pushes the baby out of the uterus body. Contractions get stronger and come closer together. They can be quite painful. They push the baby's head from the uterus into the cervix. The cervix opens wider to let the head enter the vagina. The vagina stretches to let the baby out. When the baby is born, it is still attached to the placenta by an umbilical cord that connects to the baby's belly button. The umbilical cord is cut (this does not cause any pain to the baby or the parent). Finally, the parent pushes out the placenta and umbilical cord.

Recommendations about pregnancy and birth

Childbearing at an early age is associated with greater health risks for the parent and the child. This means that it is important that a person's body is fully developed before they are pregnant. International guidelines recommend delaying the age of first childbearing until at least age 20.

Having children too close together also has health risks for the parent and the child. After a pregnancy and birth, a person's body needs to recover before becoming pregnant again.

International guidelines recommend that after giving birth, a couple should wait for two years before attempting the next pregnancy. This is to reduce health risks associated with pregnancy and birth. This is called 'birth spacing' and a couple can use family planning methods such as modern methods of contraception to prevent pregnancy in this time.





Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
THE IMPLANT	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 3 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
PROGESTIN IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
COPPER IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
INJECTABLE CONTRACEPTIVES	94–99%	Get shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
THE PILL	91–99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
PROGESTIN (ONLY PILLS)	91–99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
THE PATCH	91–99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1–2 months Does not protect against HIV or other STIs
THE RING	91–99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1–2 months of use Does not protect against HIV or other STIs
MALE/EXTERNAL CONDOM	82–98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off



Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
FEMALE/INTERNAL CONDOM	91–99%	Must take the pill daily	<ul style="list-style-type: none"> Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills 	<ul style="list-style-type: none"> May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
FEMALE/INTERNAL CONDOM	79–95%	<ul style="list-style-type: none"> Use a new condom each time you have sex Use extra lubrication as needed 	<ul style="list-style-type: none"> Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding 	<ul style="list-style-type: none"> Can decrease sensation May be noisy May be hard to insert May slip out of place during sex
WITHDRAWAL (Pull–out)	78–96%	Pull penis out of vagina before ejaculation (that is, before coming)	<ul style="list-style-type: none"> Costs nothing Can be used while breastfeeding 	<ul style="list-style-type: none"> Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
DIAPHRAGM	88–94%	<ul style="list-style-type: none"> Must be used each time you have sex Must be used with spermicide A health care provider will fit you and show you how to use it 	<ul style="list-style-type: none"> Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding 	<ul style="list-style-type: none"> Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
RHYTHM (Natural Family Planning, Fertility Awareness)	76–99%	<ul style="list-style-type: none"> Predict fertile days by— taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/ spermicide during fertile days 	<ul style="list-style-type: none"> Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant 	<ul style="list-style-type: none"> Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
SPERMICIDE (Cream, gel, sponge, foam, inserts, film)	72–82%	Insert more spermicide each time you have sex	<ul style="list-style-type: none"> Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms— cream, gel, sponge, foam, inserts, film Can be used while breastfeeding 	<ul style="list-style-type: none"> May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
EMERGENCY CONTRACEPTION PILLS (Progestin EC)	58–94%	<ul style="list-style-type: none"> Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together You should start a birth control method right after using EC to avoid pregnancy 	<ul style="list-style-type: none"> Can be used while breastfeeding Available at pharmacies, health centers, or health care providers—call ahead to see if they have it Women and men of any age can get some brands without a prescription 	<ul style="list-style-type: none"> May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Women under age 17 need a prescription for some brands Ulipristal requires a prescription May cost a lot

Session 7: Early and unintended pregnancy

Learning Objectives

By the end of this session, participants will be able to:

- Identify at least two issues associated with early and unintended pregnancy
- State a message of the importance of delaying pregnancy until age twenty

Key Messages

- Early or unintended pregnancy is stressful for everyone involved and many people's options are very limited in these circumstances. Knowing how to prevent pregnancy is critical for anyone who wants to be sexually intimate with a partner. But even so, pregnancy prevention methods do not always work
- People under twenty have fewer resources to parent a baby and child than people over twenty, but that does not necessarily mean that they will be bad parents. However, there are health risks that come with early pregnancy

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Unintended pregnancy* (15 minutes)
- Activity 3: Early pregnancy* (10 minutes)
- Activity 4: Delaying pregnancy, supporting parents (25 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Paper
- Crayons or colored pencils
- Local/regional statistics on teen pregnancy rates

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about adolescent pregnancy.

Activity 2: The truth about conception (15 minutes)

1. Ask the group to recap what they remember from the last session on under what circumstances pregnancy can occur. (**Answer:** *When a sperm and an egg meet, which most commonly happens during vaginal sexual intercourse.*)
2. Tell participants that the following symptoms might indicate that a pregnancy has taken place: A missed period (this is the most obvious sign, but does not always mean a person is pregnant and very occasionally people continue to menstruate through pregnancy), nausea and vomiting, sore breasts, increased urination and tiredness.
3. Ask participants to name feelings that someone might have if they experience these physical symptoms. Make sure that participants include that some people might be happy, because they want to be pregnant. Other people might be worried, angry, or anxious because they do not want to be pregnant.
4. Tell participants that after a person experiences one or more of these symptoms, their next step is usually to buy a home pregnancy test from a pharmacy. These tests figure out whether a person is pregnant by measuring the chemicals in the urine. In some places, local health clinics can also provide a pregnancy test. At a clinic, a nurse or doctor will do a blood or urine test to see whether the person is pregnant. If they are pregnant, they should seek advice from a health professional about prenatal care.
5. Point out that sometimes people become pregnant without planning to. Ask participants why it might be that a person would be pregnant without planning to be. (It is important that they do not shame others for becoming pregnancy without planning to. Be sure to remind the group not to tell stories that identify or shame people). Here are some examples that should be included in the conversation:
 - Lack of knowledge about pregnancy prevention
 - Misinformation about pregnancy prevention
 - There was no contraception available
 - The couple chose not to access or use available contraception
 - The couple used contraception, but it did not work
 - One person did not want to use contraception and convinced the other person not to
 - One person forced another person to have sex without contraception
6. Point out to participants that even if a couple acted irresponsibly and chose not to use contraception, an unintended pregnancy can be a painful experience and the couple should be supported as they decide what to do next.

* Adapted from *Creating Connections*

7. Discuss with the group, what might be some implications of unintended pregnancy? Ideas might include:

- Having to tell family and friends
- Having to leave school early to have the baby
- Stigma from the community (particularly if the couple is not married)
- Having to find out how to look after herself and her baby during pregnancy
- Having health implications (particularly if she is younger than 20, which is the recommended minimum age for first pregnancy)
- Trying to access an abortion (ideally a legal abortion, done by trained medical professionals, although many people do not have access to these services)

8. Lead participants in a large group discussion.

Discussion questions:

- Which of the things a person who is unexpectedly pregnant might need to do would be the most difficult? Is it different if the pregnant person is a teenager or an adult? How would it be different?
- What do you think a teenager would hope for when telling a parent/guardian about an unintended pregnancy? Do you think you would be able to provide that kind of support to your teenager? Why or why not?

Activity 3: Early pregnancy (10 minutes)

1. Tell participants that 'early pregnancy' refers to anyone who is pregnant under the age of 20. Point out that some early pregnancies are planned and some are unintended.
2. Referring back to the previous session, ask if anyone remembers the recommended age to begin planning to get pregnant and have babies. (**Answer:** *The recommended age is 20.*) Next ask if anyone remembers the recommendation for how long people should wait between children. (**Answer:** *The recommended spacing between babies is two years.*)
3. Tell participants that adolescents who have early pregnancies have increased physical health risks like pregnancy loss, higher blood pressure, premature birth, and low birth weight babies. All of these issues are readily addressed when a family is supportive, when prenatal care is accessed, and when the pregnant adolescent makes wise decisions about their body. There are other potential negative outcomes when teenagers become pregnant like dropping out of school, losing friends, etc. It is important to also know that while early pregnancy is not recommended, sometimes people do become pregnant before they are 20. This does not mean that they are bad people or bad parents. Many people under 20 are very good parents, particularly if they are supported by their family and community.

Discussion questions:

- Is early and unintended pregnancy common in your community?
- How can young people be better informed so that they can avoid early and unintended pregnancy?

Activity 4: Role-play: Advising a friend (20 minutes)

1. Assign groups of three.
2. Give each group the following scenario:

A friend has a secret boyfriend who she hopes to marry one day. She is 16, her boyfriend is 19. She tells you that she and her boyfriend have started having sex. You do not think she knows anything about conception or contraception and want to give her some advice.

3. Assign one person in the group to be the girl. The other people are her friends. It is the friends' job to give the woman advice. Ask them to think of at least three pieces of advice.
4. First, ask the group to think about what they can say, then ask them to role-play the scenario to practice what it is like to give advice to the friend.
5. Watch the role-plays and discuss: Are the friends giving good advice? Provide coaching.
6. Remind the group that it is important that we have good information so that we can help our friends in challenging situations.

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 8: Sexual health, STIs and HIV

Learning Objectives

By the end of this session, participants will be able to:

- Describe sexual health
- Identify how STIs, including HIV, are transmitted, tested for, and treated
- Demonstrate how to put on a condom

Key Messages

- Sexual health is an important part of people's lives, including young people
- It is important to have good information about how to keep our body sexually healthy so that we can prevent problems in the future
- Condoms are a critical way to maintain many aspects of physical sexual health. Knowing how and when to use them is very important

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What is sexual health? (10 mins)
- Activity 3: Information about STIs (10 minutes)
- Activity 4: Information about HIV (15 minutes)
- Activity 5: Condom demonstration* (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Three different balls or other items that can be thrown
- Statistics for how many people in your country or region are HIV positive
- Condoms (at least one per person)
- Several models to demonstrate condoms with (although a penis model is the first choice, not everyone has access to one, in which case a cucumber or a banana will work)
- **Handout:** Fact sheet: Sexually Transmitted Infections (STIs)*
- **Handout:** Fact sheet: HIV and AIDS*
- **Handout:** Condoms for fact's sake!

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about sexual health, with a focus on STIs and HIV.

Activity 2: What is sexual health? (15 minutes)

1. Tell participants that it is not always clear what the term 'sexual health' means. Ask for a few people to call out their ideas of what it might include.
2. Support participants' answers as important to the overall meaning of the term. Tell participants that you are going to read the definition of sexual health from the World Health Organization:

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

? Discussion questions:

- How similar was our group's ideas of sexual health to the World Health Organization's definition? What were the similarities? What were the differences?
 - Do you think sexual health should be thought about in such broad terms? Why or why not?
3. Tell participants that today, you will be talking mostly about the part of sexual health related to the physical body with a focus on STIs and HIV.

Activity 3: Information about STIs (10 minutes)

1. Explain that STIs are infections spread through sexual contact. You are going to play a game to remind them that STIs can be spread easily if people do not take appropriate measures to prevent them.
2. Organise players into a circle. Explain that three toys (or balls) will be tossed around the circle. They should try to keep the turns evenly spread between people.
3. Hold up one toy that is easy to remember. Ask them to remember if they get a turn of this toy. Restart the game and let it continue for one or two minutes.
4. At the end of this time, ask all those who have caught the special toy to step forward. Explain that if this person-to-person throw was to represent the person-to-person contact of penetrative sex without a condom, then if the first person had HIV or an STI, it could have been passed from person to person and very quickly spread to all those others. Explain that there are many different STIs. HIV (Human Immunodeficiency Virus) is one STI they may have heard of. This information reminds us about the importance of protecting ourselves and our partners by being faithful to our partner or by using protective contraception (condoms) every time we have sex.

* Adapted from *Creating Connections*

- The most effective way to make sure you do not get infected with, or transmit, an STI is to not to have sexual intercourse or to have sexual intercourse only within a long-term relationship with an uninfected partner who only has sex with you and with no one else. Male condoms, when used correctly, are highly effective in reducing the transmission of HIV and many other STIs.
- If a person gets an STI, they need to go to a clinic to get medicine. Most STIs can be cured with medicines. The doctor or nurse will test to check if there is an infection. If a person has unprotected sex they should get tested. If the test is positive, it can usually be tested. HIV can not be cured, but it can be treated. The treatments available allow people to continue living a normal life.
- Go over the meeting from the fact sheet provided (you can either read the handout aloud or ask participants to read it).
- Invite participants to ask any questions they may have about STIs. Answer the questions you are clear about the answers to, using the fact sheet as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 4: Information about HIV (15 minutes)

- Tell participants that you are going to talk about one STI in more detail: the Human Immunodeficiency Virus, which is also called HIV.
- Ask participants to guess what percentage of people in their country or region they think are HIV positive. Tell them the correct answer (find this information ahead of time).
- Tell participants that the way HIV works is by going into the part of the body that keeps it healthy, which is called the immune system. HIV takes over the immune cells and makes them produce more HIV cells rather than more immune cells. Eventually all of the immune cells in the body either die off or are producing HIV cells. This means that there are no more cells to help the body get healthy when other infections make it sick. Ask if participants have questions. Answer the questions you are clear about the answers to, using the fact sheet as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.
- Pass out a copy of the handout to each participant. Give them a few minutes to read it and then ask them to make small groups of two or three people and talk about what they learned from reading it.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?

Activity 5: Condom demonstration (15 minutes)

- Remind participants that the most effective ways to prevent STIs, including HIV, and unplanned pregnancy are abstinence (abstaining from sexual intercourse) or condoms. Condoms, when used correctly and consistently during vaginal or anal sex, are a reliable method to prevent transmission of STIs and unplanned pregnancy. They are needed by couples where one or both of the people have penis and who choose to engage in anal or vaginal intercourse.
- Explain that in this activity, participants will work in pairs to practice the correct use of a condom.
- Demonstrate the correct use of a condom using a penis model or a cucumber or banana.
- Make sure that the condom demonstration includes all of the steps included in **Handout: Condoms for fact's sake!**
- Ask participants to arrange themselves into pairs and give each pair a copy of **Handout: Condoms for fact's sake!**, two condoms and, if there are enough, a model on which to practice putting on a condom. Each person in the pair should demonstrate the correct use of the condom. They should assume that they are providing this demonstration to someone who has never seen a condom before.
- Point out that many packets have the instructions on the inside.

Discussion questions:

- Do young people know about condoms? Where can young people buy condoms or access them for free?

Activity 6: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their peers or families that you talked about together today. Take several responses.
- Thank everyone for their participation.



Fact sheet: *Sexually Transmitted Infections (STIs)*

What are STIs?

Sexually Transmitted Infections (STIs) is a name given to a number of infections which can be transmitted by sexual intercourse and other forms of sexual activity. They used to be called STDs (sexually transmitted diseases). These two terms mean the same thing, but STI is more medically accurate.

STIs are passed between people in their blood, semen, vaginal fluids and other body fluids during sexual activity. Some types of STIs can also be passed by skin-to-skin contact with an infected area.

There are more than 30 different kinds of STIs. All of them fall into three different categories:

- Viral
- Bacterial
- Parasitic

Viral STIs are treatable, but are not curable.

This means that the symptoms and problems associated with viral STIs can be medicated and reduced, but the body cannot ever be rid of it entirely. Some kinds of viral STIs cause only small irritating symptoms like warts. Other kinds of viral STIs can threaten a person's life, like HIV (Human Immunodeficiency Virus). Many viral STIs do not have symptoms until after a person has been infected for a long time.

Bacterial STIs are completely curable.

This means that the infection itself can be completely removed from the body. Bacterial STIs all start by causing small problems in the body, although people often don't notice them for a while. Eventually, if the person does not take medication to cure them, bacterial STIs can harm a person's reproductive system so that they are infertile (not able to get pregnant or get someone else pregnant). Some bacterial STIs can also cause other long term problems in other parts of the body.

Parasitic STIs are also completely curable.

People often notice parasitic STIs quickly because they cause itchiness or odd smells. They do not cause any problems if left untreated other than being annoying and passing on to other people.

Prevention

The most effective way for a person to make sure they do not get infected with, or transmit, an STI is to not have sexual intercourse (practice abstinence) or to have sexual intercourse only within a long-term relationship with a partner who has been tested for STIs and is not infected.

The second most effective way for a person to make sure they do not get infect with, or transmit, an STI is to use a condom during all sexual contact and to not have sexual contact when there are rashes or infected areas on the skin.

There are two types of condoms: internal (which are placed inside the vagina or anus) and external (which are placed over the penis).

Common signs and symptoms

STIs can cause pain, discomfort and period problems.

There are many different STIs and it is not necessary to know exactly what each one is (this is the job of a nurse or doctor).

However, some common signs of an STI include:

- Itching
- Pain
- Rashes
- Leaking/discharge from the vagina or penis
- Burning when you urinate
- Sores

If a person has engaged in sexual activity and has any of these symptoms, they should get an STI test.

However, most STIs do not show symptoms, but the infection is still harming the body and can still be passed on to another person if it is not treated. This means that if a person is having sex of any kind (including oral, anal and vaginal sex), they should have regular sexual health checks.

Diagnosis and treatment

Many STIs can be cured with medicines.

A doctor or nurse can check whether a person has an STI. This is called testing. A person who has sex of any kind should get tested. This is especially important to do if they are about to have sex with a new partner. In the best of circumstances the couple will go together to get tested before they have sex and then wait for the results of not being infected with an STI to have sex. If they have no STI, they will be happy and can have sex with a condom. If they do have an STI, they will get the right medicine and can have sex with a condom after the STI has been addressed. They will also get advice about how to make sure they do not pass an STI to someone else.



Fact sheet: *HIV and AIDS*

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system. A person infected with HIV is said to be HIV positive or that they are a Person Living With HIV/AIDS (PLWHA). When an HIV infection has weakened the immune system enough, a doctor will diagnose someone with Acquired Immunodeficiency Syndrome (AIDS). A person is diagnosed with AIDS in the late stages of HIV infection and means that the person's immune system is gone and very common infections like a cold may kill them. People who are HIV positive will develop AIDS if left untreated. However, with treatment, people living with HIV can live long and healthy lives without developing AIDS.

Transmission

The HIV virus lives in four bodily fluids: blood, semen, vaginal discharge and breast milk. HIV can ONLY be transmitted through one of these four bodily fluids from a HIV positive person into another person's body for them to get infected. Transmission can occur, in order of most to least frequent, by the following methods:

- Unprotected anal, vaginal and – occasionally – oral sex with someone infected with HIV.
- Sharing of needles and injecting equipment with someone infected with HIV.
- Transmission from an infected mother to her baby during pregnancy, birth or breastfeeding.
- Exposure to infected blood i.e. through blood transfusions (although blood safety measures have largely reduced this risk in most settings).

HIV is not an airborne virus. This means that you cannot get infected by talking to, sitting near, hugging or shaking hands with someone with HIV. HIV cannot be transmitted through the bite of a mosquito or other insects.

Prevention

Because the HIV is transmitted through bodily fluids, prevention relies on avoiding contact with another person's bodily fluids. The likelihood of transmission of HIV can be reduced by:

- Abstinence (don't have sexual intercourse / don't inject drugs).
- Correct and consistent use of a condom (internal or external condom) and lubricant when having intercourse.
- Using sterile equipment if injecting drugs.
- Getting tested regularly, including testing and treatment for all STIs.
- Limiting yourself to one sexual partner who is also only having sex with you and is not already HIV positive.
- Taking pre-exposure prophylaxis (PrEP), which is daily medication that people who are at increased risk of HIV infection take daily to reduce or eliminate the possibility of contracting HIV. It does not prevent infection alone - it must be used in conjunction with condoms and ideally the HIV positive person taking anti-HIV medications).

- Taking post-exposure prophylaxis (PEP), which is a course of anti-HIV medication that can be prescribed to prevent HIV infection within 72 hours of potential exposure to HIV. It is taken for 28 days with the aim of reducing the chance of HIV infection.

Testing

Regular STI testing is important to ensure an early diagnosis. This will enable early treatment and care needed to stay well. Commonly used blood tests detect the presence of antibodies produced by the immune system in response to HIV infection. After a person suspects they may have been exposed to HIV, they should try and access and begin to be treated with PEP as soon as possible. Ideally within a few hours, but it must be started within 72 hours.

Regardless of whether PEP was used or not, it is recommended to wait 10 - 30 days after exposure for the first test. The newest HIV tests can detect infection even 10 days after exposure. However, it is generally recommended to be re-tested 45 or 90 days after the possible exposure. People are highly infectious and thus able to pass on HIV very easily during the first weeks and months after exposure and so extra care must be taken.

HIV tests are available in many healthcare settings such as a sexual health clinic, doctor's surgery, hospital or private clinic. In many countries, there are also places to get an HIV test in the local community.

Treatment

There is no cure for HIV infection. However, HIV positive people treated with antiretroviral drugs can live long and healthy lives. Antiretroviral drugs must be taken every day for the rest of the person's life. This treatment stops HIV from replicating and allows the immune system to strengthen and fight other infections more effectively. Many people who take antiretroviral drugs as prescribed find that the doctors are no longer able to find HIV in their blood or other bodily fluids. If the HIV positive person's partner is taking PrEP and the couple also uses condoms, research says that the HIV negative person will not contract HIV.

Community judgment

Some communities are judgmental about people living with HIV/AIDS (PLWHA). This judgment results in a stigma against PLWHA. The causes of the stigma are misunderstandings of the following beliefs:

- HIV and AIDS is the same thing as death.
- HIV infection is a result of personal irresponsibility or insufficient morality (like same sex sexual contact, drug use, sex work or infidelity) and deserves to be punished.
- HIV can be transmitted through hugs, sharing a brush or a toilet seat or other kinds of casual contact.

These and other incorrect information about HIV serves to keep people from getting tested and treated for HIV, which increases both the degree to which people get sick and how frequently they transmit it to others. Decreasing judgment and stigma around living with HIV will improve entire communities and their experiences around HIV in both the short and the long term.

Session 9: Talking online

Learning Objectives

By the end of this session, participants will be able to:

- Identify different ways to communicate
- Discuss ways that digital communication is different from face to face communication
- State which kinds of communication are best for which kinds of conversation

Key Messages

- The ways that people talk with each other are important, and you can and should make decisions about which ways you want to talk with other people
- Digital communication methods are not bad or wrong - they can be really fun! But it's important to make decisions about what you want to share digitally and under what circumstances

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Ways to communicate (10 minutes)
- Activity 3: What's different? (15 minutes)
- Activity 4: Role playing (15 minutes)
- Activity 5: Sorting conversations (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- 8.5x11 pieces of paper
- Markers (including at least one black and one red)
- Tape
- Pens or pencils
- Communication information (copied and cut into cards)
- **Handout:** Four facts about digital communication
- Conversations (copied and cut into cards)

Activity 1: Welcome back

(5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways that people can communicate with each other.

Activity 2: Ways to communicate

(10 minutes)

1. Tell participants that when they were young children, they probably had all of their conversations with people face-to-face. Ask participants to describe what that means. (**Answer:** Talking with someone in person.)

2. Write "Face to face" in black marker on a piece of paper and either tape at the front of the room or ask for a volunteer to stand at the front of the room holding the paper.
3. Ask participants for other ways that people talk with each other. As participants call out answers, accept all of them and encourage them to continue. Tell participants that all of their ideas and suggestions can fit into the following categories (after the first, write them each in black marker on individual pieces paper as you say them):
 - Face to face
 - Texting
 - Social media
 - Phone calls
 - Video calls
4. Either tape the additional papers at the front of the room next to the first one or invite additional volunteers to hold them.
5. Tell participants that there are four kinds of information that serve as communication: words/pictures, voice, vision, and touch.
6. Arrange the participants who are not holding papers at the front of the room into four groups. Give each group a stack of identical cards, a roll of tape and either Words/pictures, Voice, Vision, or Touch cards. Instruct the groups to tape their information cards to the types of communication that include that kind of information.

Note: If participants are confused, ask whether you can hear or read the words that someone is using to communicate if you are on the phone with them. Yes you can! Can you see them? No you can't. This is an example of which cards should be taped to the Phone call paper.

? Discussion questions:

- Which kind of communication has the largest amount of information? (**Answer:** Face-to-face, because it should have all four kinds of information attached to it.)
- Which kind of communication has the least amount of information? (**Answer:** texting and social media, because they only include words and pictures.)
- How could the amount of information impact how well someone understands what another person is saying to them?
- Why does this matter when it comes to dating, romantic, or sexual relationships?

Activity 3: What's different?

(15 minutes)

1. Tell participants that in addition to different amounts of information being transmitted through different kinds of communication, some kinds of communication are digital and some are not. Ask participants which of the kinds of communication on the pieces of paper are digital? (**Answer:** All of them except face-to-face.) Write DIGITAL in red marker at the top of the papers that are titled with digital forms of communication.

2. Ask participants to turn to their neighbor and discuss why it might matter whether a kind of communication is digital or not. After 3 - 5 minutes, bring the large group back together again and ask a few volunteers to share what they talked about with their neighbor.
3. Pass out pens or pencils and **Handout: Four facts about digital communication** and ask participants to turn back to their neighbor and fill out the handout together. (If your group has low literacy levels or you don't have access to a copy machine, you can read the statements aloud to the entire group and invite people to share their thoughts with everyone.)

? Discussion questions:

- Have you ever heard of someone regretting a conversation they had by digital communication? Why did they regret it? (Be sure to keep the stories confidential by not mentioning anyone's name or identifying details!)
- Will thinking about digital communication in these ways change whether you talk about things digitally or not? Why?

Activity 4: Role playing (15 minutes)

1. Tell participants that you are going to role play a conversation with different kinds of communication. Divide the participants up into five groups and give each group one of the pieces of paper from Activity 2: Ways to communicate. That will be the way that they role play the conversation. (**Note:** *If you have fewer than 15 people in your group, you can hold back the Social media paper. If the groups are still smaller than three people per group, hold back additional papers as well so that each group has at least three people in it.*)
2. Each group should choose two people to role play the conversation and the other people will watch (or participate, as applicable!) and take note on how it goes. The groups should choose Person A and Person B.
3. Tell the participants that the role playing should be as realistic as possible in the following ways:
 - Face to face - This should happen with the participants facing each other and they are allowed to touch each other as is appropriate.
 - Texting - The participants should sit with their backs to each other and pass notes back and forth in complete silence. (Give this group paper and pens or pencils.)
 - Social media - The participants should write their responses to each other on papers and then tape those papers to the wall. Other people in the group can also have pens and write their opinions on the papers too. (Give this group paper, pens or pencils, and tape.)
 - Phone calls - Participants should sit facing away from each other, speaking loudly enough that they can hear each other.
 - Video calls - Participants should sit 2 yards away from each other where they can still see each other.
4. Tell participants that the conversation they will be having with each other is that Person A wants to ask Person B out on a date.

5. Give the groups about five minutes to do the role playing and then gather the large group back together again. Ask each group to report back on whether they felt that the amount of information exchanged (words/pictures, voice, vision, and/or touch) was appropriate given the conversation at hand.

? Discussion questions:

- How important is it to consider the kind of information you will be able to share with someone when you are having a tough conversation?
- How might considering what kind of information you are able to share impact your decisions about future conversations with someone you want to date?

Activity 5: Sorting conversations (10 minutes)

1. Tell participants that you are going to spend some time talking about which types of communication are best for which kinds of conversations. Gather the papers from Activity 2: Ways to communicate up from the groups and hang them at the front of the room again.
2. Arrange participants into groups of 3. Give each group cards from Conversations, so that all groups have the same number of cards. Ask the groups to read their cards and decide together which of the different kinds of communication would be best for the conversation. One volunteer from each group should bring their cards to the front of the room and tape them to the associated papers.
3. After all of the groups have taped their cards at the front of the room, read over them aloud to the large group.

? Discussion questions:

- Were there any conversation cards that were taped to one paper that you thought should be taped to another?
- Have you ever had a conversation through one kind of communication when you thought maybe it should have been done a different way? How do you think that impacted the outcome of the conversation?
- If a conversation comes up that you think should be held in a different way, with more information being exchanged, how could you tell that to the other person?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: *Ways to communicate*

Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Conversations

Your younger sister is dating someone who you don't think is good for her, and you want to tell her so.

Your best friend hasn't been talking with you much, and you want to find out why.

You want to ask your mother about menstrual care.

You want to ask a friend to borrow something important to them (Their car? Their cell phone? A special item of clothing?) in order to help you get a job.

You want to ask someone you've been seeing for a while to marry you.

You are throwing a party and want to invite everyone you know.

Your mother and father haven't been talking with each other much recently and you want to ask one of them why not.

You want to start a conversation with a partner about STIs and HIV.

You've been seeing someone for a while and it's just not working out and you want to tell them you don't want to see them any more.

You got a job that you're really excited about, but it's far away, and you need to tell the person you've been dating that you're leaving.



Handout: *Four facts about digital communication**

Digital communication is...

- **Searchable:** This means that it can be found through text or image searches.
- **Viewable:** This means that it can be easily seen anywhere in the world.
- **Shareable:** This means that it can easily be sent from one person to many, many people.
- **Durable:** This means that it is permanent, even if you think you've deleted it.

What are good things about digital communication being searchable?

What are bad things?

What are good things about digital communication being viewable?

What are bad things?

What are good things about digital communication being shareable?

What are bad things?

What are good things about digital communication being durable?

What are bad things?

Remember: If you don't want something to be searchable, viewable, shareable, and durable, you shouldn't talk about it digitally!

* This framework for digital media was created by Danah Boyd.

Session 10: Communication skills

Learning Objectives

By the end of this session, participants will be able to:

- Define passive, aggressive and assertive communication styles
- Engage in active listening
- Describe how a bully communicates and how to best respond

Key Messages

- Being assertive, or valuing both your own and other people's needs, is an important part of effective communication in all types of relationships
- Paying close attention to someone when you're listening to them makes a huge difference in how they feel
- Bullies use aggressive communication, and it's not always possible to be assertive back to them

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: How we say what we say* (20 minutes)
- Activity 3: Active listening and peer support* (20 minutes)
- Activity 4: What about a bully? (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- None

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about communication, including talking, listening and what to say to a bully.

Activity 2: How we say what we say (20 minutes)

1. Explain that we all need skills to be able to respectfully communicate our needs and rights in our relationships with friends, family, workers or bosses without being violent or aggressive.
2. Demonstrate four ways of communicating with other people by telling participants you are going to pretend to have the same conversation with someone in three different communication styles.

- **Aggressive:** A person expresses their feelings and opinions in a punishing, threatening, demanding, or violent manner. The person stands up for their own rights, but the other person's rights do not matter. It sounds like: 'This is what I want. What you want is not important!'
 - **Assertive:** A person expresses their feelings, needs, legitimate rights or opinions without being punishing or threatening to others and without infringing upon their rights. It sounds like: 'I respect myself and I respect you too.'
 - **Passive:** A person fails to express their feelings, needs, opinions or preferences or they may be expressed in an indirect manner. It sounds like: 'What you want is important; but I am not, so don't worry about me.'
3. Invite participants to give examples of the four communication styles with this scenario: Arlene wants to go to watch TV but her friend wants to go for a walk.
 - An aggressive response might sound like: 'You never do what I want! You are so selfish! Why can't you just watch my favourite show with me!'
 - A passive response might sound like: 'Okay, I will skip my programme.'
 - An assertive response might sound like: 'It's my very favourite programme, so would you be willing for us to watch it first and then go for a walk?'

Discussion questions:

- Which of the four communication styles is the most respectful one to use with friends? Why? (**Answer:** *assertive communication.*)
- Which of the four communication styles is the most respectful one to use with family? Why? (**Answer:** *assertive communication.*)
- What do you think is the most common communication style? Why do you think that is the most common?
- Are all of these answers the same for people who are in romantic or sexual relationships? Why or why not?

* Adapted from *Creating Connections*

Activity 3: Active listening and peer support (20 minutes)

1. Explain that 'active listening' is a very useful strategy to use when supporting our friends through challenges. It is an important part of assertive communication. Tell participants that you are going to discuss 'active listening', which is a technique for listening supportively to someone.
2. Tell participants that 'active listening' involves the listener paying attention to the person who is speaking, making eye contact, responding as appropriate, and putting what they have heard in a summary in their own words. This allows the speaker to correct them if they have misunderstood or shows the speaker that they were understood. It can also help the speaker to clarify what it is that they are thinking or trying to communicate. It is a technique designed to make the speaker feel respected and understood.

Discussion questions:

- How do you think it would feel to have a friend actively listen to you if you were worried about something?
 - How do you think it would feel to have a friend not actively listen to you?
3. Ask the group to work in pairs to try out the active listening technique. Person A will be the speaker, and Person B the active listener. Person A should think of something they want to pretend to discuss. This should be an emotional issue, but not something that is or has actually happened to them. Person B should ask them how they are, then Person A begins their complaint, and Person B tries out the active listening technique.
 4. After some time, ask pairs to role-swap, and try the exercise again.

Discussion questions:

- How did it feel to be actively listened to? To actively listen to someone else?
- How does this kind of listening show respect?
- Is it ever the case that assertive communication is not the best choice? (**Answer:** Yes, sometimes. For example, if someone else is being aggressive, it's not always possible to be assertive in response.)

Activity 4: What about a bully? (10 minutes)

1. Ask participants to describe elements of a bully. Be sure to include the following definition: "A bully is a person who habitually seeks to harm or intimidate those whom they perceive as vulnerable."
2. Ask participants what kind of communication method do you think bullies mostly use? (**Answer:** aggressive)
3. Ask two participants to volunteer for a roleplay. Bring them to the front of the group and assign the role of "bully" to one of them and "bullied" to the other. Ask the bully to pretend to be mean to the other person about their shirt not being cool or stylish enough. Invite the "bullied" participant to respond to the bully passively.
4. Repeat the roleplay with new volunteers, this time asking the "bullied" to respond to the bully assertively.

Discussion questions:

- Which communication style do you think was the most effective for the "bullied" to use? Do you think that would be true in real life as well as in roleplays? Why or why not?
- Do you think a bully deserves to be respected? Why or why not?
- How do you think a bully can learn to respect other people?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.





Parents/Guardians

Parents/Guardians

Session 1: Getting to know each other and getting to know yourself

Learning Objectives

By the end of this session, participants will be able to:

- List three aims of this programme
- Describe how they and the other participants will interact during this programme
- Identify their own personal space and ways that they can make active choices about it

Key Messages

- Learning and talking about sexuality doesn't have to be scary. It is useful and important!
- Your boundaries, both around your body and also about things to talk about, are important and valid and other people should respect them.

Activities (60 minutes total)

- Activity 1: Welcoming participants (10 minutes)
- Activity 2: The name call game* (5 minutes)
- Activity 3: Agreements and expectation** (15 minutes)
- Activity 4: Finding similarities and differences* (10 minutes)
- Activity 5: Your space (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Chalkboard or other way to take brainstorming notes (optional)
- Pens or pencils
- **Handout:** *Circles (one copy for each participant)*

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants. Introduce the facilitators, providing your experience with facilitating this topic previously and appropriate personal information so the participants can get to know you.

2. Introduce the participants to the programme by telling them that the aims of the adolescent-only programme are to:
 - Build knowledge and skills that enable adolescents to make well-informed, healthy and respectful choices about sexuality and relationships.
 - Gain a deeper understanding of the role that gender plays in sexual and reproductive health and rights (SRHR).
 - Increase their communication skills related to gender, SRHR in their own romantic and sexual relationships.
 - Promote social and emotional skills that can help them to make informed decisions, communicate effectively, look after their own safety and wellbeing, and provide support to peers.
3. Invite each participant to introduce themselves, saying their names and what they are most excited or nervous about participating in this programme.

Activity 2: The name call game (5 minutes)

1. Invite participants to stand in a circle. Go around the circle and ask everyone to say their name loudly. All others in the group repeat the name in an echo. Play again, this time adding an adjective that starts with the same letter e.g. Brilliant Brian, Powerful Pauline. As each person says their name (e.g. Brilliant Brian) the rest of the group echoes in one voice (BRILLIANT BRIAN!).
2. In a third round, ask each person to add a movement as they say their name (e.g. jump in the air and say Brilliant Brian!). As each person says their name and makes a corresponding movement, the group echoes the name and movement in unison.

Activity 3: Agreements and expectations (15 minutes)

1. Ask participants if they are nervous about doing activities with different age groups (parents/guardians and children). It is likely that most of your participants will say "Yes", some will remain silent, and a few might say "No."
2. Let the participants know that many people have difficulty engaging freely, and so if they are feeling that way, they are very normal. Tell the participants that if you all agree on a few things, everyone will have an easier time participating
3. Ask participants to share what they think would make these sessions easier for them. If you have access to a way to write this list for all of the participants to see, like on a chalkboard, that is nice, but it is not required. Some things to be sure to include:

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

- Be kind
 - Do not laugh at anyone
 - There are no bad or wrong questions
 - Someone may ask a question that is not about them
 - It is okay to disagree and it is important to try to understand other people's perspectives
 - Have fun!
4. It is important to include confidentiality in this list. This means that when someone shares a personal or a private story during discussions, no one will share that story outside the discussions.

Activity 4: Similarities and differences (10 minutes)

1. Arrange participants into pairs.
2. Ask them to spend one minute in which they find out two things that are similar about them and two things that are different. Explain that these things should not be obvious (e.g. we are both wearing blue or we both have short hair). They must be things that you can only find out by talking to each other.
3. Ask each pair to report back on one interesting similarity and one difference.

Discussion questions:

- What do you think talking about similarities and differences has to do with sexuality?
- Do you think it is better to date someone who you have more similarities with or differences from?

Activity 5: Your space (15 minutes)

1. Tell participants that you are going to talk about how close people want to be to other people. Figuring out how close you want to be to someone and then telling that person is a really important part of understanding yourself and your relationships.
2. Pass out copies of **Handout: Circles** and a pen or a pencil to each participant. Point out that the middle circle is where the person themselves stand. Each slightly larger circle is where people who they know less well stands, all the way out to strangers.
3. Invite participants to write down the names of a few people in each of the two closest circles and descriptions of people in the outer two circles.

Discussion questions:

- What are some topics you would feel comfortable sharing with the circle of people just outside yourself but not with strangers?
 - What are kinds of touch you would want with the circle just outside yourself but not with strangers?
 - Are there different kinds of touch that you would feel comfortable sharing with people in the innermost circle but not other circles? (**Example answers:** A hug, holding hands, tickling etc.)
3. Point out that there are probably kinds of touch that a person would want from some of the people in their innermost circle, but not from all of them. The same thing is true of sharing personal conversations with some of those people but not all of them. So even though someone is very close to you, you can still want some kinds of privacy and boundaries.

Discussion questions:

- How could you tell someone in the stranger circle that you do not like the way(s) they were touching you? What about people you have met? People who you know? Close friends and family?
- How could you tell someone in the stranger circle that you do not want to talk with them about a personal topic? What about people you have met? People who you know? Close friends and family?

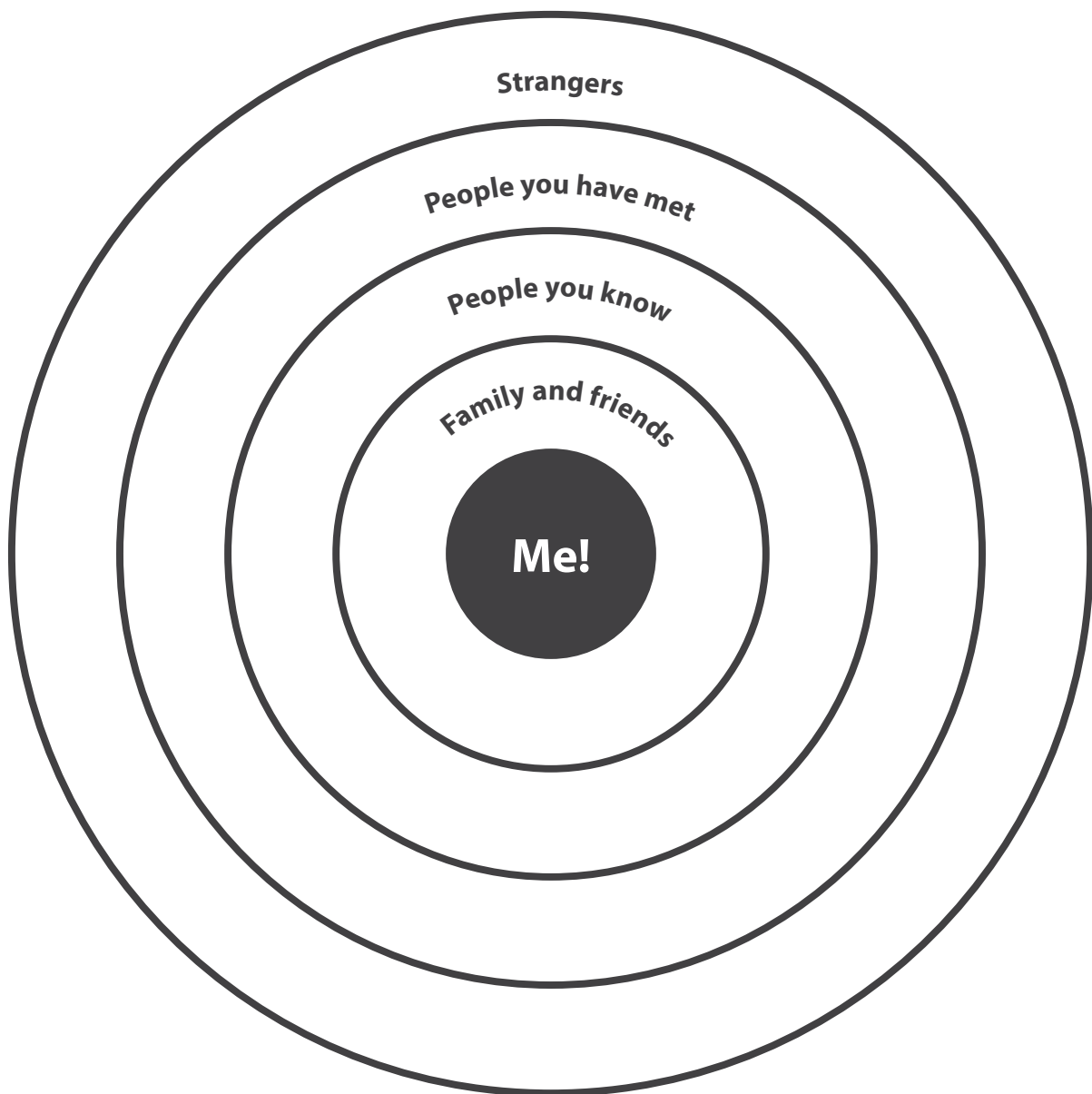
Tell participants that boundary setting is a healthy thing to do, especially as you are getting older. It can be hard sometimes, especially with people in the two innermost circles. But when you feel like someone is too close for you to be comfortable, you can tell them and expect them to give you space. Invite participants to share what they might do if someone ignored them when they said the other person was too close.

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout:
Circles



Session 2: Changes at puberty and sexual development

Learning Objectives

By the end of this session, participants will be able to:

- Name three changes that happen to the body during puberty
- Identify how risky a sexual activity is in relationship to contracting an STI
- Begin a conversation with their children or adolescents about puberty or sexual health

Key Messages

- There are lots of changes that happen during puberty and it's important for young people to know about them before they happen so that they aren't surprised or scared
- Sexual health is about protecting someone from some scary things (STIs, including HIV, and unplanned pregnancy), so it's important to talk about
- You can talk about puberty and sexual health at home, even if it feels awkward at first

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Changes at puberty (15 minutes)
- Activity 3: Sexual health** (15 minutes)
- Activity 4: Talking about puberty and sexual health* (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- **Handout:** *Fact Sheet: Changes at puberty**
- Questions

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about puberty, sexual health, and talking about these topics at home.

Activity 2: Changes at puberty (15 minutes)

1. Tell participants that you will start the day by talking about the physical changes that happen during puberty.
2. Read the following list of developmental changes and after each item, invite participants to share what they know about that particular change. Check what they say, especially about what ages different changes often occur, by referencing **Handout:** *Fact Sheet: Changes at puberty.*
 - Body odour
 - Body size and shape
 - Breast Development
 - Erections
 - Menstruation
 - Pubic hair
 - Reproductive organ changes
 - Vaginal discharge
 - Voice changes
 - Wet dreams
3. Give each participant a copy of **Handout:** *Fact sheet: Changes at puberty* for them to take home to reference in future conversations with their children or adolescents.

Discussion questions:

- Did you learn anything new about changes during puberty?
- How can you make sure that your adolescent knows how their body will change during puberty?

Activity 3: Sexual Health (15 minutes)

1. Tell the participants that when children become adolescents, they often start to develop sexual feelings. This is a normal and natural part of growing up. It is important for parents/guardians to be aware of this shift and, ideally for them to talk with their older children about it before they begin to have the experiences. In order to prepare the parents/guardians for these conversations, you are all going to have some conversations about sexual activities and sexual health.
2. To begin with, you are going to read a list of sexual activities. Tell participants that the activities range from no-risk to low- risk to high-risk. They should raise their hands according to the degree of risk for STI and HIV transmission they believe the activity has: high above their head for high-risk activities, about head height for low-risk, and down for no-risk.

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

- Kissing
- Kissing and touching over clothing
- Having sexual feelings
- Masturbation
- Touching genitals under clothing to orgasm
- Oral sex
- Vaginal/penile sex
- Anal sex

The first four activities are no-risk. Touching genitals under clothes to orgasm is low-risk for some STIs like herpes, and no-risk for others like HIV. Oral sex is low-risk for all STIs. Vaginal sex and anal sex are both high-risk for all STIs.

3. Ask participants which of the activities can result in pregnancy. *The answer is ONLY vaginal/penile sex can result in pregnancy.*
4. Ask participants to raise their hand if their adolescent's sexual health is one of the reasons that they decided to join these workshops.
5. For those who raised their hands, ask them to share in one sentence what aspects of sexual health were on their minds when they decided to join.
6. Ask participants to listen as you read the World Health Organization's definition of sexual health. They should consider whether they think they had a sexually healthy adolescence as they listen.

"Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." (World Health Organization, 2006)"
7. Participants may share their thoughts and reactions if they want to, but no one is required to.
8. Tell participants that many parents/guardians who believe they did not have a sexually unhealthy adolescence try to make sure that their adolescents do not repeat their choices. Parents/guardians who believe they did have a sexually healthy adolescence often try and get their adolescents to make the same choices. It is important for parents/guardians to understand their own history so they can understand what their impulse might be. However, it is critical for parents/guardians to remember that their adolescent's emerging sexual development is not about the parent, it is about the adolescent. As parents/guardians, it is their job to support their adolescent in having access to sexually healthy decisions, which includes having education, resources, and personal support.
9. Pass out **Handout: Sexual health resources**. Tell participants that they can take this handout home and use it as a resource for future conversations with their adolescents.

Discussion questions:

- What are good things that could come from being sexually healthy? What are bad things that could come from not being sexually healthy?
- What is one step you could make that would help your adolescent be more sexually healthy?

Activity 4: Talking about puberty and sexual health (20 minutes)

1. Ask if anyone in the group has had a child ask a question about puberty or sexual health. They may also remember asking a question when they were young. Invite participants to share those questions with the large group.
2. Point out that it is common for adolescents to have questions about puberty and sexual health but not to ask them, because they do not feel their parent/guardian will be comfortable enough with the subject to answer. This exercise is to practice talking about puberty so we can be more relaxed when we talk about sex. This can make it easier for our children to talk to us. We should also realise that we should not wait for their questions as they may never feel comfortable to ask, so we may need to bring the topic up.
3. Organise the players into pairs. Pick one of the examples of questions that were shared in the first step. If the group did not come up with many questions, **you may pick one from those provided in the resources**. Ask the pairs to come up with five ways that a parent/guardian could answer the question if their adolescent asked them.
4. Give the pairs five minutes to think of their five answers and then invite them to share one or two their ideas with the large group.
5. Repeat steps 3 and 4 with another question.
6. Tell participants that even if they feel awkward starting a conversation about puberty or sexual health with their adolescents, it is important that they do start those conversations. If they don't, it might be that no one ever will.

Discussion questions:

- Who do you think parents/guardians should teach children about puberty? Sexual health?
- At what age do you think children should be told about puberty? Sexual health?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact Sheet: *Changes at puberty*

Puberty is a time in the life-cycle that brings lots of growth and change both on the outside and inside of the body. It's part of the process of changing from a child into an adult. Puberty is a time when the body becomes sexually mature – that means a person's reproductive system starts to work, preparing them for the day (which will probably be many years in the future) that they might decide to have children of their own.

At the beginning of puberty, the body produces a range of 'hormones' (which are chemicals produced by the body). The hormones cause the physical changes in the body. Each body starts puberty in its own time. Some people will show changes as early as 9, others do not experience changes until they are a little older, 15 or 16. Usually people with a vulva and a vagina will start puberty earlier than people with a penis and testicles. If someone starts puberty a little later or earlier than their friends, it is nothing to worry about.

It is helpful to know about the changes that puberty causes before they happen. That way, people know what to expect. Changes that occur during puberty include:

Body odour: At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. This is normal; it just means that it is important to wash regularly (at least once a day). Using an antiperspirant (deodorant) can help to reduce sweating, and some also inhibit bacterial growth.

Body size and shape: During puberty, the body starts to grow rapidly and experiences many changes. Some examples of changes to the body include growing breasts, broadened shoulders, and increased fat and muscles layers.

Breast Development: At puberty, the breasts start to grow. As each body starts to grow in its own time, some people have flat breasts while people's breasts are already full. All people, regardless of their assigned sex, may experience slight swelling under the nipples. For people assigned male at birth, this is usually temporary.

Erections: An erection is when the penis and the clitoris hardens and lengthens, although it is more noticeable with a penis. An erection usually happens when a person has romantic or sexual thoughts, or as a result of physical stimulation. However, during puberty erections will be more frequent, sometimes without any stimulation at all. Unexpected erections can be quite embarrassing, but other people do not usually notice them. Unexpected erections are normal and are a sign that the body is maturing. They happen to all people during puberty, and with time they will become less frequent.

Menstruation: Menstruation (also referred to as a 'period') is a sign demonstrating that a person with a vagina and a uterus has started to ovulate and is able to conceive and have a baby (although they may not have a baby until many years later). When menstruation begins it may be irregular, but gradually should stabilise to approximately once a month. Menstruation normally lasts between 3 to 7 days. Some people release a lot of blood during menstruation while others release only a little. Menstruation starts at different times for different people. For some it may begin as early as the age of 9, for others, it may not start until they are 17. If a someone with a vagina and a uterus is 18 and has not experienced menstruation yet she should consider seeing a doctor to get checked.

Pubic hair: During puberty, the body starts to grow pubic hair. Hair grows first on the pubic bone and around the lower genital areas. Thicker hair also emerges on the legs, under the armpits, and for some people on the face.

Reproductive organ changes: Puberty is the time when the reproductive organs develop and change so that they no longer look like a child's body anymore. The inner and outer labia and the clitoris and the vagina grow and the colour of the vulva becomes darker. Inside the body, the vagina and the uterus also grow bigger. Two ovaries start to function by producing sexual hormones and releasing eggs (ovulation). The mucus membrane of the uterus starts to grow and shed periodically which causes menstruation. The scrotum grows bigger, darker, and both testicles also grow. The penis grows bigger in both breadth and length, and commonly becomes darker than before. Sometimes one testicle grows faster than the other, and it is natural for one to hang lower than the other. The internal parts of the reproductive system also increase in size during puberty.

Vaginal discharge: When a person with a vagina reaches puberty, they may notice that their reproductive organs are sometimes wet and there is sticky fluid in their underwear. This is a normal phenomenon. The fluid is usually clear, white or slightly yellow. If the discharge is another colour or causes discomfort, it is important to visit a doctor for a check-up.

Voice changes: During puberty the voice changes. As the larynx (or voice box) enlarges and the muscles or vocal cords grow, the voice may 'break' or 'crack.' This is something that people assigned male at birth experience most frequently. Eventually the voice will change to a more permanent deeper tone.

Wet dreams: At puberty, people with penises may start to experience 'wet dreams' while they are sleeping. These wet dreams are caused by an ejaculation that occurs during sleep. The 'wet' stuff is semen. Wet dreams are not something to be embarrassed about, they are natural and happen to lots of people. There is also no need to worry about not getting wet dreams as not everyone does.



Facilitator resource: *Questions*

I think I may have breast cancer - one breast is growing a lump but the other one is small.

One of the girls at school had to go home today because she had blood on her dress. Everyone was talking about it - they say it will happen to all of us. What happened to her?

There was a wet patch in my bed this morning. I don't know what happened.

The other girls are getting their figures. Why do I still look like a baby?

My voice is going all funny. People laugh when I answer the teacher in class. Why is this happening to me?

A friend at school has says she is itchy and it hurts between her legs. What do you think is wrong? What should she do?

How could someone know if they were pregnant? What if they have never had their period?

Session 3: Menstrual care

Learning Objectives

By the end of this session, participants will be able to:

- Describe the menstrual cycle
- Describe how at least two menstrual products work and how to access them
- Begin a conversation about menstruation with their adolescents

Key Messages

- Menstruation is a normal, natural part of having a body with a uterus. It is nothing to be ashamed of or to make other people ashamed of
- There are many ways a person can care for their body during their period. Picking which approach to take depends on what is available and what works best for the person's own body
- Talking as openly as possible about menstruation at home helps everyone feel more comfortable with a normal part of having a body

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What is menstruation?*(15 minutes)
- Activity 3: Menstrual care: Products, practices and absorbency*(20 minutes)
- Activity 4: Talking about menstruation (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Menstrual hygiene products, as many options as you can bring, including reusable cloths/pads, disposable sanitary pads, disposable tampons, period panties, menstrual cups etc.
- A container with 80 millilitres marked on it
- Water
- Myths and facts about menstruation
- **Handout:** Fact sheet: Menstruation

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.

3. Tell participants that today you will be talking about the menstrual cycle. Stress that this content is important for everyone to know, even if they do not have periods and their children and adolescents do not have periods because everyone knows someone who has a period!

Activity 2: What is menstruation? (15 minutes)

1. Ask participants to raise their hands if they talked about menstruation, or periods, in their families when they were children and teenagers. Say that, for some families, this conversation, is taboo, or something that they aren't willing to discuss. For others, they do talk about it. When children and adolescents live in families who DO talk about menstruation, they are more likely to be comfortable with managing the process of menstrual care.
2. Tell participants that you are going to read a list of statements about menstruation. After you read each statement, participants should raise their hand if they think it is a TRUE statement. They should leave their hand down if they think it is a FALSE statement.
3. Read each statement, one at a time, from the Menstruation factsheet. Give participants time to decide whether they think the statement is true (and raise their hand) or false (and keep their hand down). After everyone has shared what they think, tell participants whether the statement is true or false.
4. Pass out **Handout:** *Fact sheet: Menstruation* and encourage participants to take it home and read it thoroughly with their adolescents.

Discussion questions:

- Did you learn anything new about menstruation?
- How can you bring up the topic of menstruation with your adolescents? Do you think they will be excited to have the conversation with you?

Activity 3: Menstrual care: Products, practices, and absorbency (20 minutes)

1. Sit group in a circle. Hold up samples of menstrual products you were able to bring (may include: reusable cloths/pads, disposable sanitary pads, disposable tampons, period panties, menstrual cups, etc.) one at a time and explain what they are and how they are used before passing them around the circle.
2. Point out that if someone cannot access other products, they can make cloth pads using old material. It is essential that these are changed regularly and kept clean - details on using and cleaning cloth pads and other menstrual products are included in the fact sheet from the previous activity.

* Adapted from *Creating Connections*

3. Explain that many people think that a lot of blood is lost when menstruating but this is not so. The average amount of blood loss during menstruation is 35 millilitres with 10 to 80 millilitres considered normal. Some women have lighter and some have heavier periods.
4. Ask for a volunteer to measure out 80 millilitres of water to indicate how much this is.
5. Using your example menstrual products, pour 80 millilitres of water onto each product to show and discuss how they absorb the fluid.
6. Explain that the products allow people who are having their periods to engage in their normal day-to-day activities (although if they are reusable they should still be changed or washed regularly).

? Discussion questions:

- Are any of these menstrual product options new to you?
- What are some of the benefits that you see for each of the different products?

Activity 4: Talking about menstruation

(15 minutes)

1. Ask participants to brainstorm ways a parent/guardian could begin a conversation about menstruation with an adolescent who has not yet had their first period, but will have it in the next few years.
2. Next brainstorm ways a parent/guardian could begin a conversation with an adolescent who has had a period, but hasn't had an in-depth conversation with their parent/guardian about menstrual product options.
3. Finally brainstorm ways a parent/guardian could begin a conversation with a son who will not experience menstruation personally, but who may have friends, sisters or a wife who will experience menstruation.

? Discussion questions:

- Which of these three lists of conversation starters was the most difficult to come with? Why?
- Would it be possible to talk about menstruation easily within your family? What benefits could come from talking about menstruation easily?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.







Fact Sheet: *Menstruation*

What is menstruation?

When a person with a uterus starts to menstruate, it means that their body's reproductive system is developing and getting ready to be able to conceive a child. Menstruation comes after an ovary releases an egg that is not fertilized in the fallopian tubes. About once a month, one egg leaves the ovary (this is called ovulation) and travels down the fallopian tube towards the uterus. This starts to happen during puberty.

While the egg is developing, the uterus starts preparing for it by building up its lining with extra blood and tissue (a bit like making a 'nest'). If the egg is fertilised by a sperm, then the 'nest' will protect and nourish the fertilized egg as it grows into a fetus (more information on this in the fact sheet from Session 7 on conception and contraception). If the egg is not fertilised by a sperm within a few hours of leaving the ovary, then it will disintegrate. The extra blood and tissue that was developed flows out of the uterus and vagina. This is called menstruation. Menstruation usually lasts around 4 to 7 days. About two weeks after menstruation started, another egg leaves the ovary and the whole process starts again. This menstrual 'cycle' usually takes 28 days, but it can be a little longer or shorter.

When does it start?

Menstruation will begin at different times for different people. For some it may start at 9 and for others it may start at 17 or 18. If a person with a uterus is 18 and has not experienced menstruation yet, they should consider seeing a doctor, just in case there is a problem. Menstruation may not be very regular at first – it might happen more or less often than once a month. Some people experience a light bleeding, while for others it is heavier. Some people might notice other changes in their body during the menstrual cycle, like cramps in their abdomen and sore breasts. Because of changes in hormone levels, menstruation may also affect the emotions. Everyone is different, but over time individuals will get to know what their menstrual cycle is like.

Menstrual care products

There are some products that can be used to catch the blood as it leaves the uterus. The most common products available are reusable pads/cloths and disposable pads. If someone has just started menstruation and is not regular yet, they may want to take a pad or cloth in a handbag with them everywhere they go. If menstruation comes unexpectedly and a piece of cloth or a tissue can also be used.

Reusable pads or cloths

Reusable menstrual pads or cloths can be made using layers of old fabric and are worn inside underwear to catch and absorb menstrual flow. It is essential that these are changed every five to six hours. After each use, cloths need to be washed with water and soap. Once they are washed, it is important to dry them completely because if they are damp, they may cause infection. The best place to dry them is in the sun. Using cloths that are not washed and dried correctly can cause infection. Once made, these pads can be reused for many years.

Disposable pads

Sanitary pads are disposable, purchased, rectangular pieces of absorbent material worn in the underwear to absorb menstrual flow. Sometimes they have 'wings', pieces that fold around the underwear and/or a sticky backing to hold the pad in place. These pads should be changed regularly and thrown out after use. Sanitary pads come in many sizes and thicknesses – different people find different styles of sanitary pads most comfortable and effective for them. Sanitary pads must be changed about every four hours.

Other options

In addition to reusable and disposable pads, other options for menstrual care include tampons (which are inserted into the vagina and are usually disposable), period cups (which are inserted into the vagina and are rinsed and reused several times a day), period panties (which are worn as normal underwear, but are made from absorbent material that is rinsed out several times a day), and even more!



Tampon



Panty liner



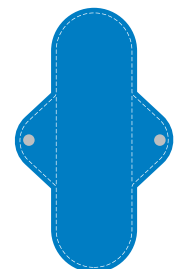
Disposable pad



Period cup



Period panties



Cloth pad



Facilitator Resource: *Myths and facts about menstruation*

Statement	True or False
People will have their first periods at different ages, some as young as 10 and others as old as 18.	True
It is recommended that during menstruation you wash regularly to keep the body clean.	True
Women are not weak during their menstruation and generally can get on with usual day-to-day activities.	True
Menstrual blood is not toxic or unclean, there is no need to use vaginal cleansers during menstruation.	True
Menstrual periods last longer for some women than others. It is important to eat well, but no food will alter the duration of the menstrual cycle.	True
It is possible to get pregnant if you have unprotected sexual intercourse during menstruation.	True
Using tampons and menstrual cups is unrelated to virginity.	True

Session 4: Responsibility, choices and consent

Learning Objectives

By the end of this session, participants will be able to:

- Describe how to support their adolescents when beginning sexual activities
- Discuss why consent is important during sexual activities
- List common issues with pornography and identify the potential consequences

Key Messages

- Parents/guardians who discuss important factors about sexual decision making (like time, place, person, and consequences) help their adolescents make smarter, healthier decisions
- Adolescents benefit from parents/guardians who encourage them to talk with their partners before engaging in any kind of sexual activity, from holding hands to having sex
- Pornography often displays violent, unrealistic sexual activities and it is important to communicate that pornography is not a good way to learn how to have sex

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Time, place, person and consequences* (15 minutes)
- Activity 3: The importance of consent* (25 minutes)
- Activity 4: Pornography* (10 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart paper or blackboard

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about people's responsibility to consider what might happen before, during, and after being sexually intimate with someone and ways they can communicate this responsibility to their adolescents.

Activity 2: Time, place, person and consequences (15 minutes)

1. Write the following four words on a piece of chart paper or a blackboard:
 - Time
 - Place
 - Person
 - Consequences
2. Tell participants that any time two people want to be sexually intimate, they need to consider four elements: the timing, the place, the person, and the consequences.
3. Arrange participants into four groups. Tell them you are going to describe a situation and each group will brainstorm questions they could ask their adolescents about one of the four elements in order for the situation to be healthy for everyone involved. The groups should also consider why it is important for adolescents to consider that element before having sex.
4. Assign one element from Step 2 to each of the four groups. Present the following situation: *Your adolescent has stated that they feel they are ready to have sex with their partner.*
5. As groups are considering the questions they would want to ask their adolescents, walk among the groups. If the participants are struggling to figure out questions, you can support their creativity with the following:
 - **Time:** How can you know if this the right time? What might you have to think about related time in their life and in their partner's life?
 - **Place:** What is a good place to be sexually intimate? Do you have access to a place like that?
 - **Person:** Is this the person to have a sexual relationship with? How can you tell if someone is a good person or not?
 - **Consequences:** What might happen or result if you do have sex? Are those mostly things you want to have happen or not?
6. After participants have had about 5 minutes to work together, ask each group to report back with their favorite 2 - 3 questions.

Possible questions and reasons could include:

- **Time:** Are you old enough? Should you wait until you are married? Are you affected by alcohol? Have you thought about this carefully? How does this fit with your religious beliefs? Time does not simply refer to time of day. It also looks at the time of your life: Are you going to school still? Parents/guardians might want their adolescents to think more about all of the outside factors of their lives that could be in conflict with the decision to have sex.

* Adapted from *Creating Connections*

- **Place:** Do you have privacy? What will others think of you? Can you do this in a safe and respectful way? Sex is seen as intimate and private. Adolescents might initially feel they are ready for sex but often don't think of the logistics that come with that decision.
 - **Person:** Do you know and trust this person? Are you freely choosing or being pressured? What does the other person want? Has this person been with other sexual partners? What will others say about you? What will your family think? Could this person hurt you? Parents/guardians might say they want their adolescents to have an open and transparent relationship with their partner. Sex comes with great responsibility on both sides.
 - **Consequences:** Could you get pregnant? Could you pass on or catch an STI or HIV? Could this affect your chance to get an education or a good job? What will the community members think? Can you or your partner get contraception? Can you get a condom? Could you regret this later? Parents/guardians want the best for their children. By taking the time to talk with their children about the potential consequences of sex and weighing out those pros and cons, they provide perspectives the adolescent might not have thought about.
7. Point out that parents/guardians should not ask all of these questions at once because that would easily overwhelm the adolescent. Rather, these are topics to bring up over time and over different conversations. They could even write their adolescent a letter bringing up these four elements.

Discussion questions:

- Growing up, did you consider these kinds of issues when it came to having sex? Does that influence your desire to share this information with your adolescent?
- Do you think it's useful to think about time, place, person and consequences when considering having sex with someone? How might this be helpful for adolescents?
- Why would you want your adolescent to consider these issues?
- How can you include conversations about these elements of sexual decision making over time rather than all at once?

Activity 3: The importance of consent (25 minutes)

1. Explain that when deciding to participate in sexual activity, people may consent to some activities and not to others. This is individual choice, and everyone has the right to decide which sexual activities they will and won't be involved in, including adolescents. This means that both partners must feel comfortable with and excited about the activities they participate in, and both must consent or agree to each activity.
2. Ask participants the following questions. If they feel the answer is yes, they should raise their hand and wave it around! In a romantic relationship...
 - Do you need consent to hold someone's hand? **YES!**
 - Do you need consent to kiss someone on the mouth? **YES!**
 - Do you need consent to touch someone on a sexual part of their body? **YES!**
 - Do you need consent to have sexual intercourse with someone? **YES!**
3. Point out that all of these activities involve touch and therefore require consent from both people involved. To force any of these kinds of sexual contact is either sexual assault or rape. These are all crimes. A good rule to remember is that you must have permission from the other person to have any form of sexual contact with them. The permission must be freely given, rather than forced or assumed to be there when someone is asleep or unconscious. The more sexual the act, the more there is need for extra-careful checking about consent. If the person is not old enough to give permission, no one should have any sexual contact with them. Children must not be forced or tricked into giving consent.
4. Remind the group that it is a person's right (regardless of their gender) to choose not to have sexual activity of any kind, even in a marriage relationship.
5. One of the best ways to determine if someone is uncomfortable with a situation, especially in a sexual one, is to simply ask. Ask participants to turn to the person sitting next to them and brainstorm ways they can bring up the topic of consent with their adolescent and what questions they would want their adolescent to discuss when determining if someone is giving consent.
6. Ask a few pairs to report back to the group, making a list of the questions on a flipchart. If they do not arise from the brainstorm, add the following:
 - How far do you want to go?
 - Are you happy with this?
 - Do you want to stop?
 - Do you want to go any further?
 - Are we protected?
 - Is this right for both of us?
 - Could we conceive a child and is this what we want right now?
 - Could either of us pass on an infection?
 - Might either of us regret this later?
7. Tell participants it is important for their adolescents to hear that if someone gets a negative or non-committal answer to any of these questions then they should stop what they are doing and talk to their partner about it. Sometimes one partner might be too afraid to speak up when they feel uncomfortable, so it is important to stop if they are not saying anything at all or seem shy or hesitant to say yes.

8. We must also remember that just because someone consents to a particular activity at one time, it doesn't mean that they will continue to say yes. They may say no later in the sexual activity or even at another time.

Discussion questions:

- What were some questions you would hope your adolescent would ask before making the decision to give consent?
- Do you think you could start a conversation about sexual activity and consent with your adolescent? Why or why not?
- How could you encourage your adolescent to respect someone else's answer of no?

Activity 4: Pornography (10 minutes)

1. Point out that sometimes people turn to the internet to find information about sex. It is natural to be curious about sex and to want to learn about it. However, often on the internet people find pornography rather than information. Pornographic sex often shows the exploitation of women, in which they are treated as sex objects or are treated in a violent way. This material gives unrealistic ideas about what sex should be like. It is important that we seek our information from reliable sources. Also, pornography commonly also shows violence against women. This can have the effect of suggesting that forced or violent sex is normal and acceptable, which it is not.
2. Suggest that just like anything else in life, the following questions can help you to work out if something is right or wrong for you in relation to looking at sexual images or pictures:
 - Is it violent?
 - Does it cause harm or hurt?
 - Does it encourage acceptance of violence?
 - Does one person force the other rather than seek their consent?
 - Does it encourage harmful or disrespectful behaviour?
 - Does one person gain pleasure out of another person's pain or shame?
 - If the answer is yes, ask: Is it right for me to watch this?
3. Point out that in some countries pornography is illegal. Often the kind of sex shown in pornography includes violence or fails to show consent or respect to the woman. Watching pornography can negatively influence people's behaviour and beliefs about what is normal and acceptable.

Discussion questions:

- Adolescents often watch pornography for fun or because it makes them feel good. What is one thing you would like them to know about pornography?
- What would you say to your adolescent if you found them watching violent pornography?
- What would you think about pornography that was not violent, did not cause harm or violence, and did include consent? What would you say to your adolescent if you found them watching this kind of pornography?
- How could you share the information you learned today with your adolescent? What message about pornography would you want them to receive?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 4: Talking online

Learning Objectives

By the end of this session, participants will be able to:

- Identify different ways that adolescents frequently communicate with each other
- Discuss ways that digital communication are different from face to face communication
- State which kinds of communication are best for which kinds of conversation

Key Messages

- The ways that family members talk with each other are important, and you can and should make decisions about which ways you want to talk with other people.
- Digital communication methods are not bad or wrong - they can be really fun! It's important to support your adolescents as they make decisions about what to share digitally and under what circumstances.

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Ways to communicate (10 minutes)
- Activity 3: What's different? (15 minutes)
- Activity 4: Role playing (15 minutes)
- Activity 5: Sorting conversations (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- 8.5x11 pieces of paper
- Markers (including at least one black and one red)
- Tape
- Pens or pencils
- Communication information (copied and cut into cards)
- **Handout:** Four facts about digital communication
- Conversations (copied and cut into cards)

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways that people can communicate with each other. You'll be talking about both family communication and communication within romantic and sexual relationships.

Activity 2: Ways to communicate (10 minutes)

1. Tell participants that when their adolescents were young children, they probably had all of their conversations with people face-to-face. Ask participants to describe what that means. (**Answer:** *Talking with someone in person.*)
2. Write "Face to face" in black marker on a piece of paper and either tape at the front of the room or ask for a volunteer to stand at the front of the room holding the paper.
3. Ask participants for other ways that people talk with each other. As participants call out answers, accept all of them and encourage them to continue. Tell participants that all of their ideas and suggestions can fit into the following categories (after the first, write them each in black marker on individual pieces paper as you say them):
 - Face to face
 - Texting
 - Social media
 - Phone calls
 - Video calls
4. Either tape the additional papers at the front of the room next to the first one or invite additional volunteers to hold them.
5. Tell participants that there are four kinds of information that serve as communication: words/pictures, voice, vision, and touch.
6. Arrange the participants who are not holding papers at the front of the room into four groups. Give each group a stack of identical cards, a roll of tape and either Words/pictures, Voice, Vision, or Touch cards. Instruct the groups to tape their information cards to the types of communication that include that kind of information.

Note: *If participants are confused, ask whether you can hear or read the words that someone is using to communicate if you are on the phone with them. Yes you can! Can you see them? No you can't. This is an example of which cards should be taped to the Phone call paper.*

Discussion questions:

- Which kind of communication has the largest amount of information? (**Answer:** *Face-to-face, because it should have all four kinds of information attached to it.*)
- Which kind of communication has the least amount of information? (**Answer:** *texting and social media, because they only include words and pictures.*)
- Why does this matter when it comes to family conversations? What about dating, romantic, or sexual relationships?
- How can you support your adolescent in providing, and seeking, more information in their communication with you, other family members, and people they are in dating, romantic, or sexual relationships with?

Activity 3: What's different?

(15 minutes)

1. Tell participants that in addition to different amounts of information being transmitted through different kinds of communication, some kinds of communication are digital and some are not. Ask participants which of the kinds of communication on the pieces of paper are digital? (**Answer:** All of them except face-to-face.) Write DIGITAL in red marker at the top of the papers that are titled with digital forms of communication.
2. Ask participants to turn to their neighbor and discuss why it might matter whether a kind of communication is digital or not and whether it matters more in a family conversation or a conversation between two people who are dating. After 3 - 5 minutes, bring the large group back together again and ask a few volunteers to share what they talked about with their neighbor.
3. Pass out pens or pencils and **Handout:** *Four facts about digital communication* and ask participants to turn back to their neighbor and fill out the handout together. (If your group has low literacy levels or you don't have access to a copy machine, you can read the statements aloud to the entire group and invite people to share their thoughts with everyone.)

? Discussion questions:

- Have you ever heard of someone regretting a conversation they had by digital communication? Why did they regret it? (Be sure to keep the stories confidential by not mentioning anyone's name or identifying details!)
- Will thinking about digital communication in these ways change whether you talk about things digitally or not? Why? Do you think it would change how your adolescents communicate? Why?

Activity 4: Role playing

(15 minutes)

1. Tell participants that you are going to role play a conversation with different kinds of communication. Divide the participants up into five groups and give each group one of the pieces of paper from Activity 2: Ways to communicate. That will be the way that they role play the conversation. (**Note:** If you have fewer than 15 people in your group, you can hold back the Social media paper. If the groups are still smaller than three people per group, hold back additional papers as well so that each group has at least three people in it.)
2. Each group should choose two people to role play the conversation and the other people will watch (or participate, as applicable!) and take note on how it goes. The groups should choose Person A and Person B.
3. Tell the participants that the role playing should be as realistic as possible in the following ways:

- **Face to face:** This should happen with the participants facing each other and they are allowed to touch each other as is appropriate.
 - **Texting:** The participants should sit with their backs to each other and pass notes back and forth in complete silence. (Give this group paper and pens or pencils.)
 - **Social media:** The participants should write their responses to each other on papers and then tape those papers to the wall. Other people in the group can also have pens and write their opinions on the papers too. (Give this group paper, pens or pencils, and tape.)
 - **Phone calls:** Participants should sit facing away from each other, speaking loudly enough that they can hear each other.
 - **Video calls:** Participants should sit 2 yards away from each other where they can still see each other.
4. Tell participants that Person A and Person B are parents/guardians. Their adolescent has just been asked out on a date and they have to decide whether or not to let them go on the date.
 5. Give the groups about five minutes to do the role playing and then gather the large group back together again. Ask each group to report back on whether they felt that the amount of information exchanged (words/pictures, voice, vision, and/or touch) was appropriate given the conversation at hand.

? Discussion questions:

- How important is it to consider the kind of information you will be able to share with someone when you are having a tough conversation?
- How might considering what kind of information you are able to share impact how you choose to talk with the other parent?
- How will it influence how you talk with your adolescent?

Activity 5: Sorting conversations

(10 minutes)

1. Tell participants that you are going to spend some time talking about which types of communication are best for which kinds of conversations. Gather the papers from Activity 2: Ways to communicate up from the groups and hang them at the front of the room again.
2. Arrange participants into groups of 3. Give each some Conversations cards, (divide them evenly among groups). Ask the groups to read their cards and decide together which of the different kinds of communication would be best for the conversation. One volunteer from each group should bring their cards to the front of the room and tape them to the associated papers.
3. After all of the groups have taped their cards at the front of the room, read over them aloud to the large group.

? Discussion questions:

- Were there any conversation cards that were taped to one paper that you thought should be taped to another?
- Did the age or the gender of the people on the conversation cards matter on how you thought it should be addressed? How and why?
- Have you ever had a conversation through one kind of communication when you thought maybe it should have been done a different way? How do you think that impacted the outcome of the conversation?
- If a conversation comes up that you think should be held in a different way, with more information being exchanged, how could you tell that to the other person?

Activity 6: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.





Handout: *Ways to communicate*

Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures
Words/pictures

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Voice
Voice
Voice
Voice
Voice
Voice

Conversations

Your daughter is dating someone who you don't think is good for her, and you want to tell her so.

Your son's best friend hasn't been around much recently, and you want to find out why.

You get home from work one day and your child, who you thought was at school, is at home asleep on the couch.

Your 15 year old niece tells you they think someone at school likes them, but they aren't sure, and they want your advice.

Your daughter wants to ask someone out on a date.

Your 13 year old asks to have three friends over for dinner.

Your second to oldest son is getting married and you think your oldest son might be jealous.

Your spouse doesn't like your daughter's boyfriend, but you think he's nice.

A friend tells you that your son is posting things on his social media account that you wouldn't approve of.

You find a romantic/sexual text message to your 18 year old from someone you don't know.

You see a friend request from an older man on your 14 year old's social media account.

Your daughter sent her boyfriend a sexy picture that she knows you would not approve of and it is now making the rounds at school.

Your colleague shows you a sexual comment your daughter made on a friend's social media account.



Handout: *Four facts about digital communication**

Digital communication is...

- **Searchable:** This means that it can be found through text or image searches.
- **Viewable:** This means that it can be easily seen anywhere in the world.
- **Shareable:** This means that it can easily be sent from one person to many, many people.
- **Durable:** This means that it is permanent, even if you think you've deleted it.

What are good things about digital communication being searchable?

What are bad things?

What are good things about digital communication being viewable?

What are bad things?

What are good things about digital communication being shareable?

What are bad things?

What are good things about digital communication being durable?

What are bad things?

Remember: If you don't want something to be searchable, viewable, shareable, and durable, you shouldn't talk about it digitally!

Session 6: Conception and contraception

Learning Objectives

By the end of this session, participants will be able to:

- Describe how conception happens
- Identify at least two forms of contraception

Key Messages

- Knowing exactly how pregnancy occurs is an important part of being an adolescent
- Knowing exactly how to prevent pregnancy is also important for people because many of them will become sexually active at some point

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The truth about conception (15 minutes)
- Activity 3: Myths about conception* (10 minutes)
- Activity 4: The truth about contraception
- Activity 5: Myths about contraception
- Activity 6: Things to remember (5 minutes)

Materials

- **Handout:** Fact sheet: Reproduction*
- **Handout:** Fact sheet: Contraception**

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the process by which a person gets pregnant and how they can choose to stop a pregnancy from happening.

Activity 2: The truth about conception (15 minutes)

1. Tell participants that you are going to go over the steps involved in conception. The word 'conception' means beginning, and is used to refer to when a person gets pregnant.
2. Ask participants to share emotions that people have when they find out they, or their partner, are pregnant. Point out that there are many different emotions that can come with that experience.
3. Say that conception itself is a biological process rather than an emotional process. But sometimes emotions get in the way of understanding the biological process. For right now, though, you want to focus on the biological.
4. Pass out a copy of **Handout:** Fact sheet: Conception to each participant. Assign each participant one of the sections listed below for them to read silently:
 - Conception?
 - Male or female?
 - Infertility
 - Miscarriage
 - Abortion
 - Changes in the mother
 - Birth
 - Recommended minimum age for first birth
 - Recommendations for birth spacing
5. After a few minutes, invite participants to share one thing that they learned or thought was important from the section they read.
6. Invite participants to bring any questions they may have about conception. Answer the questions you are clear about the answers to, using **Handout:** Fact sheet: Conception as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

Discussion questions:

- Did you learn anything new from the handout or what other participants shared?
- Would you be able to share this handout with your adolescent? Why or why not?
- What benefits could come from you and your adolescent going over this handout together?

Activity 3: Myths about conception (10 minutes)

1. Organise people into groups of 4 or 5.
2. Ask them to take a few minutes to tell each other any myths or inaccurate stories that are told to children who ask where babies come from. Ask them also to tell each other whether they remember asking questions about this as a child and what they were told (if they were told anything).

* Adapted from *Creating Connections*

** Adapted from UNHUSHED: *The Middle School Curriculum*

- After around five minutes, ask some groups to share one or two their stories to the large group.
- Point out that in every community there are myths and stories about where babies come from. Often people tell these stories to children when they ask questions. However, it is important that children and young people are given accurate information about how babies are made.

Discussion questions:

- Why do people sometimes tell children myths or stories about how babies are made and born?
- How might it feel for a young person who was told a myth or a story about how babies are made to find out the real answer?

Activity 4: The truth about contraception

(15 minutes)

- Tell participants that you are going to go over the steps involved in contraception. The word 'contraception' means being against (contra) the beginning (conception), or stopping a pregnancy before it begins. Often people say birth control to mean the same thing as contraceptives. (Facilitators should use the term contraceptives even though participants may use the word birth control.)
- Ask participants to share emotions that people have when they think about contraception. Everything from using it to talking with a partner about it to finding out that it might have failed (because all contraception fails sometimes). Point out that there are many different emotions that can come with that experience.
- Say that contraception itself is a biological process rather than an emotional process. But sometimes emotions get in the way of understanding the biological process. For right now, though, you want to focus on the biological.
- Pass out a copy of **Handout: Fact sheet: Contraception** to each participant. Talk about each of the following points with the participants, answering their questions as you go along or telling them you will find out the answer and let them know during the next session: Assign each pair one of the sections listed below for them to read silently:
 - There are four different color columns on this handout, and each is for a different kind of contraceptive.
 - The yellow columns are behavior methods. These are ways that people change their behavior to reduce the chance of pregnancy. Abstinence, which is the first column, means not having sex. It is the only contraceptive that is 100% effective when used correctly.
 - The green columns are barrier methods. These are items that are in between the egg and the sperm, preventing them from meeting. The most commonly used barrier method is the condom. It is highly effective and usually easily available.

- The purple columns are hormonal methods. These are taken by a person with ovaries to prevent the ovaries from releasing an egg. These include options like a daily pill, a shot every three months, an implant in the arm, and more.
- The blue columns are surgical. These are medical interventions that changes a person's ability to reproduce. For people with testes and a penis, the surgery is called a vasectomy and is reversible. For people with ovaries and a uterus, the surgery is called a tubal ligation and is permanent.

Discussion questions:

- Did you learn anything new from the handout or the information that the facilitator shared?
- Would you be able to share this handout with your adolescent? Why or why not?
- What benefits could come from you and your adolescent going over this handout together?

Activity 5: Myths about contraception

(10 minutes)

- Organise people into new groups of 4 or 5.
- Ask them to take a few minutes to tell each other any myths or inaccurate stories that are told to adolescents about how to prevent pregnancy.
- After around five minutes, ask some groups to share one or two their stories to the large group.
- Point out that in every community there are myths and stories about how to prevent pregnancies. Often people tell these stories to adolescents when they ask questions. However, it is important that adolescents are given accurate information about how to prevent pregnancy. The same is true of information about preventing sexually transmitted infections.

Discussion questions:

- Why do people sometimes tell adolescents myths or stories about how to prevent pregnancy or STIs?
- How might it feel for a young person who was told a myth or a story about how to prevent pregnancy or STIs to find out the real answer?
- What harm could be done if a young person has inaccurate information about pregnancy or STI prevention?

Activity 6: Things to remember

(5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Thank everyone for their participation.



Fact sheet: *How are babies made?*

Conception

Most people have one of two kinds of gametes: sperm and eggs. People with penises create sperm and people with ovaries create eggs. Some people create neither and are not able to reproduce. Sperm are created in the testicles beginning at puberty. The testicles produce millions of sperm each day. Sperm have round heads and long tails, but they are so small that you need a microscope to see them.

Eggs are created in the ovaries before a person is even born! Each ovary contains thousands of eggs. Beginning at puberty, one egg develops and is released during each menstrual cycle.

Eggs are much larger than sperm, but they are still too small to see without a microscope.

For a pregnancy to occur, both sperm and an egg are necessary. A sperm and an egg usually meet after sexual intercourse, which is when an erect penis (which means it is bigger and hard) and slides in and out of a vagina (usually when it is wet and slippery) until the penis ejaculates during an orgasm. An orgasm usually feels very good.

When a penis ejaculates, semen (containing sperm) moves through the penis and comes out of the tip. Each ejaculation has a small amount of semen, but that small amount includes between two and five million sperm! During sexual intercourse (without a barrier method of contraception), the sperm swim through the cervix, into the uterus and into the two fallopian tubes. They will wait in the fallopian for up to a week for an egg to be released during ovulation. If an egg is released when there are sperm in the fallopian tube, a sperm will usually go into the egg making one complete cell. This is called fertilization.

The cell will split into two cells and then four and eight as it travels down the fallopian tube. After about a week, the zygote will reach the uterus, where it may land against the wall of the uterus and implant. These cells may develop into a pregnancy where a birth and a baby are the result. However, it is estimated that 40% - 60% of all fertilized egg cells will either fail to implant or will miscarry before birth.

There are a few other ways that someone can become pregnant through medical interventions by a doctor or midwife.

Male or female?

The biological sex of the child begins to be determined at fertilization - when the sperm and the egg meet. This is when the 'sex chromosomes' are decided based on the egg (which provides an X chromosome) and the sperm (which can provide either an X or a Y). Generally people with two X chromosomes are identified as females and people with one X and one Y are identified as male. However, some people have three chromosomes (XXY) and some people only have one. Adding to the confusion, some people with XY chromosomes look, act, and identify as girls and women.

The other factors associated with sex and gender are also more complex than just the chromosomes. For example, often people think about androgens as "male" hormones and estrogen as a "female" hormone. But the fact is that all people have both androgens and estrogen in their bodies - but which they have more of impacts many things about their bodies. Other physical traits usually associated with male or female are also not always as clear as people think of them as being, like how tall someone is, what kinds of things they enjoy doing, and even how they feel about their gender.

Infertility

It is important to know that some people are never able to reproduce biological children. This means that a couple may have sexual intercourse, but never actually make a baby. They are described as 'infertile.' Usually, this is to do with the reproductive organs of one or both of the people in the couple not creating gametes (eggs or sperm) as they would expect themselves to. Doctors can sometimes help couples who are infertile find ways to reproduce biologically.

Couples who are infertile are often able to find other ways to parent through adoption, being an important aunt and uncle, etc. Some people chose not to parent or reproduce because it is not part of what they want in life.

Miscarriage

In the early stages of pregnancy, some people have what seems like very heavy and painful menstruation. This is usually a sign that the body is getting rid of the zygote or embryo (depending on how far along the pregnancy is) and the lining of the uterus. It is called a 'miscarriage.' Many people who miscarry have a healthy baby next time they are pregnant.

While the causes of miscarriage are usually not known, it is best for a pregnant person to avoid smoking, alcohol and other drugs. It is also important to visit the clinic or doctor to have regular prenatal check-ups.

Abortion

Unfortunately, because some couples do not always have good information about how to prevent pregnancy and even modern contraceptives fail occasionally, a couple may end up with an unplanned pregnancy. Sometimes, this leads them to seek an abortion. In some countries, abortion is legal under some conditions, in other countries, abortion is illegal (with some exceptions such as if the mother's life is at risk).

During an abortion, the foetus is removed. If abortion is not done by skilled staff under sterile conditions, then the pregnant person is at risk of injury or infection which this can lead to death. Receiving an illegal abortion from someone who is not suitably qualified with the proper medical technology has led to people becoming seriously ill or dying. Sometimes people try to induce abortion themselves by a variety of methods. This can be risky. It is important that all people are aware of the dangers of unsafe abortion.

The best thing to do is to avoid an unplanned pregnancy. This is why it is important that people have good information about contraception. To avoid unplanned pregnancy, couples need to practice abstinence or use a modern method of contraception. When an accidental pregnancy occurs, the couple should find skilled medical support for either an abortion or prenatal care.

Changes in the mother

Many changes happen to a person's body when they are pregnant. Menstruation usually stops. Breast may grow bigger and feel a little uncomfortable. This is because they are preparing to make milk. The person may also feel tired and sick, especially in the first few months of pregnancy. Other unexpected changes may include differences in sexual arousal, specific interests or revulsions about food, changes in what the person is allergic to, and even more!

Birth

Most babies are ready to be born around 40 weeks (around nine and a half months) from the beginning of the last period. By this time, many of babies will have turned upside down, their heads pointing towards the cervix (the opening at the bottom of the uterus). The uterus begins to tighten and squeeze its muscles. This squeezing action is called a contraction and it is what pushes the baby out of the uterus body. Contractions get stronger and come closer together. They can be quite painful. They push the baby's head from the uterus into the cervix. The cervix opens wider to let the head enter the vagina. The vagina stretches to let the baby out. When the baby is born, it is still attached to the placenta by an umbilical cord that connects to the baby's belly button. The umbilical cord is cut (this does not cause any pain to the baby or the parent). Finally, the parent pushes out the placenta and umbilical cord.

Recommendations about pregnancy and birth

Childbearing at an early age is associated with greater health risks for the parent and the child. This means that it is important that a person's body is fully developed before they are pregnant. International guidelines recommend delaying the age of first childbearing until at least age 20.

Having children too close together also has health risks for the parent and the child. After a pregnancy and birth, a person's body needs to recover before becoming pregnant again.

International guidelines recommend that after giving birth, a couple should wait for two years before attempting the next pregnancy. This is to reduce health risks associated with pregnancy and birth. This is called 'birth spacing' and a couple can use family planning methods such as modern methods of contraception to prevent pregnancy in this time.





Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
THE IMPLANT	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 3 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
PROGESTIN IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
COPPER IUD	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
INJECTABLE CONTRACEPTIVES	94–99%	Get shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
THE PILL	91–99%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
PROGESTIN (ONLY PILLS)	91–99%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
THE PATCH	91–99%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1–2 months Does not protect against HIV or other STIs
THE RING	91–99%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1–2 months of use Does not protect against HIV or other STIs
MALE/EXTERNAL CONDOM	82–98%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off



Fact sheet: Contraceptives

METHOD	EFFECTIVE	USAGE	PROS	CONS
FEMALE/INTERNAL CONDOM	91–99%	Must take the pill daily	<ul style="list-style-type: none"> Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills 	<ul style="list-style-type: none"> May cause nausea, weight gain, headaches, change in sex drive (some of these can be relieved by changing to a new brand) May cause spotting the first 1–2 months Does not protect against HIV or other STIs
FEMALE/INTERNAL CONDOM	79–95%	<ul style="list-style-type: none"> Use a new condom each time you have sex Use extra lubrication as needed 	<ul style="list-style-type: none"> Can buy at many stores Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding 	<ul style="list-style-type: none"> Can decrease sensation May be noisy May be hard to insert May slip out of place during sex
WITHDRAWAL (Pull–out)	78–96%	Pull penis out of vagina before ejaculation (that is, before coming)	<ul style="list-style-type: none"> Costs nothing Can be used while breastfeeding 	<ul style="list-style-type: none"> Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
DIAPHRAGM	88–94%	<ul style="list-style-type: none"> Must be used each time you have sex Must be used with spermicide A health care provider will fit you and show you how to use it 	<ul style="list-style-type: none"> Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding 	<ul style="list-style-type: none"> Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
RHYTHM (Natural Family Planning, Fertility Awareness)	76–99%	<ul style="list-style-type: none"> Predict fertile days by— taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/ spermicide during fertile days 	<ul style="list-style-type: none"> Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant 	<ul style="list-style-type: none"> Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
SPERMICIDE (Cream, gel, sponge, foam, inserts, film)	72–82%	Insert more spermicide each time you have sex	<ul style="list-style-type: none"> Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms— cream, gel, sponge, foam, inserts, film Can be used while breastfeeding 	<ul style="list-style-type: none"> May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
EMERGENCY CONTRACEPTION PILLS (Progestin EC)	58–94%	<ul style="list-style-type: none"> Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together You should start a birth control method right after using EC to avoid pregnancy 	<ul style="list-style-type: none"> Can be used while breastfeeding Available at pharmacies, health centers, or health care providers—call ahead to see if they have it Women and men of any age can get some brands without a prescription 	<ul style="list-style-type: none"> May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Women under age 17 need a prescription for some brands Ulipristal requires a prescription May cost a lot

Session 7: Early and unintended pregnancy

Learning Objectives

By the end of this session, participants will be able to:

- Identify at least two issues associated with early and unintended pregnancy.
- State a message of the importance of delaying pregnancy until age twenty.
- Describe how adolescents can be good parents.

Key Messages

- Early or unintended pregnancy is stressful for everyone involved and many people's options are very limited in these circumstances. Knowing how to prevent pregnancy is critical for anyone who wants to be sexually intimate with a partner. But even so, pregnancy prevention methods do not always work
- People under twenty have fewer resources to parent a baby and child than people over twenty, but that does not necessarily mean that they will be bad parents. However, there are health risks that come with early pregnancy

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Unintended pregnancy* (15 minutes)
- Activity 3: Early pregnancy* (10 minutes)
- Activity 4: Delaying pregnancy, supporting parents (25 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Paper
- Crayons or colored pencils
- Local/regional statistics on teen pregnancy rates

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about adolescent pregnancy.

Activity 2: Unintended pregnancy (15 minutes)

1. Ask the group to recap what they remember from the last session on under what circumstances pregnancy can occur. (**Answer:** *When a sperm and an egg meet, which most commonly happens during vaginal sexual intercourse.*)
2. Tell participants that the following symptoms might indicate that a pregnancy has taken place: A missed period (this is the most obvious sign, but does not always mean a person is pregnant and very occasionally people continue to menstruate through pregnancy), nausea and vomiting, sore breasts, increased urination and tiredness.
3. Ask participants to name feelings that someone might have if they experience these physical symptoms. Make sure that participants include that some people might be happy, because they want to be pregnant. Other people might be worried, angry, or anxious because they do not want to be pregnant.
4. Tell participants that after a person experiences one or more of these symptoms, their next step is usually to buy a home pregnancy test from a pharmacy. These tests figure out whether a person is pregnant by measuring the chemicals in the urine. In some places, local health clinics can also provide a pregnancy test. At a clinic, a nurse or doctor will do a blood or urine test to see whether the person is pregnant. If they are pregnant, they should seek advice from a health professional about prenatal care.
5. Point out that sometimes people become pregnant without planning to. Ask participants why it might be that a person would be pregnant without planning to be. (It is important that they do not shame others for becoming pregnancy without planning to. Be sure to remind the group not to tell stories that identify or shame people). Here are some examples that should be included in the conversation:
 - Lack of knowledge about pregnancy prevention
 - Misinformation about pregnancy prevention
 - There was no contraception available
 - The couple chose not to access or use available contraception
 - The couple used contraception, but it did not work
 - One person did not want to use contraception and convinced the other person not to
 - One person forced another person to have sex without contraception
6. Point out to participants that even if a couple acted irresponsibly and chose not to use contraception, an unintended pregnancy can be a painful experience and the couple should be supported as they decide what to do next.

* Adapted from *Creating Connections*

7. Discuss with the group, what might be some implications of unintended pregnancy? Ideas might include:
 - Having to tell family and friends
 - Having to leave school early to have the baby
 - Stigma from the community (particularly if the couple is not married)
 - Having to find out how to look after herself and her baby during pregnancy
 - Having health implications (particularly if she is younger than 20, which is the recommended minimum age for first pregnancy)
 - Accessing an abortion (ideally a legal abortion, done by trained medical professionals, although many people do not have access to these services)
8. Lead participants in a large group discussion.

Discussion questions:

- Which of the things a person who is unexpectedly pregnant might need to do would be the most difficult? Is it different if the pregnant person is a teenager or an adult? How would it be different?
- What do you think a teenager would hope for when telling a parent/guardian about an unintended pregnancy? Do you think you would be able to provide that kind of support to your teenager? Why or why not?

Activity 3: Early pregnancy (10 minutes)

1. Tell participants that 'early pregnancy' refers to anyone who is pregnant under the age of 20. Point out that some early pregnancies are planned and some are unintended.
2. Referring back to the previous session, ask if anyone remembers the recommended age to begin planning to get pregnant and have babies. (**Answer:** *The recommended age is 20.*) Next ask if anyone remembers the recommendation for how long people should wait between children. (**Answer:** *The recommended spacing between babies is two years.*)
3. 9. Tell participants that adolescents who have early pregnancies have increased physical health risks like pregnancy loss, higher blood pressure, premature birth, and low birth weight babies. All of these issues are readily addressed when a family is supportive, when prenatal care is accessed, and when the pregnant adolescent makes wise decisions about their body. There are other potential negative outcomes when teenagers become pregnant like dropping out of school, losing friends, etc.

Discussion questions:

- Why do you think it is recommended for adolescents to wait to have babies?
- Why do you think it is recommended for people of all ages to wait two years between births?
- What would be different about your community if everyone followed these recommendations?

Activity 4: Delaying pregnancy, supporting parents (25 minutes)

1. Tell participants that many of the messages that the public gets about adolescent pregnancies and adolescent parenting are that people in this age group cannot do these things well. However, research shows that adolescents who live in communities that believe they can be good parents are better parents than adolescents who live in communities that believe all adolescents are bad parents.
2. Tell participants that they are going to work together on messages that support both the possibility of adolescents being good parents and also encouraging adolescents wait to become parents.
3. Divide participants into groups of 4 - 5 participants. Give each group a few pieces of paper and crayons or colored pencils. Give half of the groups the message of 'Wait to get pregnant and parent' and half of the groups the message 'Teenagers can be good parents.' Each group should come up with the following:
 - A list of 5 things that a parent/guardian could tell an adolescent to get this message across.
 - A public service announcement that could be put in a magazine or on a billboard to publicize their message.
 - Point out that ALL the groups should keep in mind both messages and not say anything against what the other groups are saying.
4. After 10 - 15 minutes, gather the large group back together again. Invite each group to present their ideas.

Discussion questions:

- Do you think the messages that adolescents should wait to get pregnant and that adolescents can be good parents can both exist at the same time?
- Which message from a parent/guardian do you think would make the most impact? Why?
- Which message for an advertisement would make the most impact? Why?
- How could you use both of these sets of messages with your children?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.

Session 8: Sexual health, STIs and HIV

Learning Objectives

By the end of this session, participants will be able to:

- Describe sexual health
- Identify how STIs, including HIV, are transmitted, tested for, and treated
- Demonstrate how to put on a condom

Key Messages

- Sexual health is a really important part of people's lives, including young people. Having information about how to keep their physical body sexually healthy
- Condoms are a critical way to maintain many aspects of physical sexual health. Knowing how and when to use them is particularly important for young people

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What is sexual health? (10 mins)
- Activity 3: Information about STIs (10 minutes)
- Activity 4: Information about HIV (15 minutes)
- Activity 5: Condom demonstration* (15 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Statistics for how many people in your country or region are HIV positive
- Condoms (at least one per person)
- Several models to demonstrate condoms with (although a penis model is the first choice, not everyone has access to one, in which case a cucumber or a banana will work)
- **Handout:** *Fact sheet: Sexually Transmitted Infections (STIs)**
- **Handout:** *Fact sheet: HIV and AIDS**
- **Handout:** *Condoms for fact's sake!*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about sexual health, with a focus on STIs and HIV.

Activity 2: What is sexual health? (15 minutes)

1. Tell participants that it is not always clear what the term 'sexual health' means. Ask for a few people to call out their ideas of what it might include.
2. Support participants' answers as important to the overall meaning of the term. Tell participants that you are going to read the definition of sexual health from the World Health Organization:

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

? Discussion questions:

- How similar was our group's ideas of sexual health to the World Health Organization's definition? What were the similarities? What were the differences?
 - Do you think sexual health should be thought about in such broad terms? Why or why not?
3. Tell participants that today, you will be talking mostly about the part of sexual health related to the physical body with a focus on STIs and HIV.

Activity 3: Information about STIs (10 minutes)

1. Tell participants that you are going to go over information about sexually transmitted infections, or STIs. Read aloud the first paragraph of the handout provided.
2. Tell participants that you are going to share a handout with information about STIs. There are often misconceptions about what STIs are, how they are transmitted, how someone can protect themselves from one, what the symptoms are, and how they are tested for and treated.
3. Either ask for volunteers to read the italicized sentences aloud or read them aloud yourself.
4. Invite participants to ask any questions they may have about STIs. Answer the questions you are clear about the answers to, using the handout as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.

* Adapted from *Creating Connections*

? Discussion questions:

- Did you learn anything new from the handout or what other participants shared?
- Would you be able to share this handout with your adolescent? Why or why not?
- What benefits could come from you and your adolescent going over this handout together?

Activity 4: Information about HIV (15 minutes)

1. Tell participants that you are going to talk about one STI in more detail: the Human Immunodeficiency Virus, which is also called HIV.
2. Ask participants to guess what percentage of people in their country or region they think are HIV positive. Tell them the correct answer (find this information ahead of time).
3. Tell participants that the way HIV works is by going into the part of the body that keeps it healthy, which is called the immune system. HIV takes over the immune cells and makes them produce more HIV cells rather than more immune cells. Eventually all of the immune cells in the body either die off or are producing HIV cells. This means that there are no more cells to help the body get healthy when other infections make it sick. Ask if participants have questions. Answer the questions you are clear about the answers to, using the fact sheet as a guide. If there are any questions you aren't sure of the answer to, let participants know you will reach out to professionals to find answers.
4. Pass out a copy of the handout to each participant. Give them a few minutes to read it and then ask them to make small groups of two or three people and talk about what they learned from reading it.

? Discussion questions:

- Did you learn anything new from the handout or what other participants shared?
- Would you be able to share this handout with your adolescent? Why or why not?
- What benefits could come from you and your adolescent going over this handout together?

Activity 5: Condom demonstration (15 minutes)

1. Remind participants that the most effective ways to prevent STIs, including HIV, and unplanned pregnancy are abstinence (abstaining from sexual intercourse) or condoms. Condoms, when used correctly and consistently during vaginal or anal sex, are a reliable method to prevent transmission of STIs and unplanned pregnancy. They are needed by couples where one or both of the people have penis and who choose to engage in anal or vaginal intercourse.
2. Explain that in this activity, participants will work in pairs to practice the correct use of a condom.
3. Demonstrate the correct use of a condom using a penis model or a cucumber or banana.
4. Make sure that the condom demonstration includes all of the steps included in **Handout: Condoms for fact's sake!**
5. Ask participants to arrange themselves into pairs and give each pair a copy of **Handout: Condoms for fact's sake!**, two condoms and, if there are enough, a model on which to practice putting on a condom. Each person in the pair should demonstrate the correct use of the condom. They should assume that they are providing this demonstration to someone who has never seen a condom before.
6. Point out that many packets have the instructions on the inside.

? Discussion questions:

- Why is it important to teach young people how to use condoms?
- Do you feel that you could explain about condoms to a friend, son or daughter? Why or why not?
- If a young person in your community wanted to access condoms, where could they find them?

Activity 6: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their peers or families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Fact sheet: *Sexually Transmitted Infections (STIs)*

What are STIs?

Sexually Transmitted Infections (STIs) is a name given to a number of infections which can be transmitted by sexual intercourse and other forms of sexual activity. They used to be called STDs (sexually transmitted diseases). These two terms mean the same thing, but STI is more medically accurate.

STIs are passed between people in their blood, semen, vaginal fluids and other body fluids during sexual activity. Some types of STIs can also be passed by skin-to-skin contact with an infected area.

There are more than 30 different kinds of STIs. All of them fall into three different categories:

- Viral
- Bacterial
- Parasitic

Viral STIs are treatable, but are not curable.

This means that the symptoms and problems associated with viral STIs can be medicated and reduced, but the body cannot ever be rid of it entirely. Some kinds of viral STIs cause only small irritating symptoms like warts. Other kinds of viral STIs can threaten a person's life, like HIV (Human Immunodeficiency Virus). Many viral STIs do not have symptoms until after a person has been infected for a long time.

Bacterial STIs are completely curable.

This means that the infection itself can be completely removed from the body. Bacterial STIs all start by causing small problems in the body, although people often don't notice them for a while. Eventually, if the person does not take medication to cure them, bacterial STIs can harm a person's reproductive system so that they are infertile (not able to get pregnant or get someone else pregnant). Some bacterial STIs can also cause other long term problems in other parts of the body.

Parasitic STIs are also completely curable.

People often notice parasitic STIs quickly because they cause itchiness or odd smells. They do not cause any problems if left untreated other than being annoying and passing on to other people.

Prevention

The most effective way for a person to make sure they do not get infected with, or transmit, an STI is to not have sexual intercourse (practice abstinence) or to have sexual intercourse only within a long-term relationship with a partner who has been tested for STIs and is not infected.

The second most effective way for a person to make sure they do not get infect with, or transmit, an STI is to use a condom during all sexual contact and to not have sexual contact when there are rashes or infected areas on the skin.

There are two types of condoms: internal (which are placed inside the vagina or anus) and external (which are placed over the penis).

Common signs and symptoms

STIs can cause pain, discomfort and period problems.

There are many different STIs and it is not necessary to know exactly what each one is (this is the job of a nurse or doctor).

However, some common signs of an STI include:

- Itching
- Pain
- Rashes
- Leaking/discharge from the vagina or penis
- Burning when you urinate
- Sores

If a person has engaged in sexual activity and has any of these symptoms, they should get an STI test.

However, most STIs do not show symptoms, but the infection is still harming the body and can still be passed on to another person if it is not treated. This means that if a person is having sex of any kind (including oral, anal and vaginal sex), they should have regular sexual health checks.

Diagnosis and treatment

Many STIs can be cured with medicines.

A doctor or nurse can check whether a person has an STI. This is called testing. A person who has sex of any kind should get tested. This is especially important to do if they are about to have sex with a new partner. In the best of circumstances the couple will go together to get tested before they have sex and then wait for the results of not being infected with an STI to have sex. If they have no STI, they will be happy and can have sex with a condom. If they do have an STI, they will get the right medicine and can have sex with a condom after the STI has been addressed. They will also get advice about how to make sure they do not pass an STI to someone else.



Fact sheet: *HIV and AIDS*

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system. A person infected with HIV is said to be HIV positive or that they are a Person Living With HIV/AIDS (PLWHA). When an HIV infection has weakened the immune system enough, a doctor will diagnose someone with Acquired Immunodeficiency Syndrome (AIDS). A person is diagnosed with AIDS in the late stages of HIV infection and means that the person's immune system is gone and very common infections like a cold may kill them. People who are HIV positive will develop AIDS if left untreated. However, with treatment, people living with HIV can live long and healthy lives without developing AIDS.

Transmission

The HIV virus lives in four bodily fluids: blood, semen, vaginal discharge and breast milk. HIV can ONLY be transmitted through one of these four bodily fluids from a HIV positive person into another person's body for them to get infected. Transmission can occur, in order of most to least frequent, by the following methods:

- Unprotected anal, vaginal and – occasionally – oral sex with someone infected with HIV.
- Sharing of needles and injecting equipment with someone infected with HIV.
- Transmission from an infected mother to her baby during pregnancy, birth or breastfeeding.
- Exposure to infected blood i.e. through blood transfusions (although blood safety measures have largely reduced this risk in most settings).

HIV is not an airborne virus. This means that you cannot get infected by talking to, sitting near, hugging or shaking hands with someone with HIV. HIV cannot be transmitted through the bite of a mosquito or other insects.

Prevention

Because the HIV is transmitted through bodily fluids, prevention relies on avoiding contact with another person's bodily fluids. The likelihood of transmission of HIV can be reduced by:

- Abstinence (don't have sexual intercourse / don't inject drugs).
- Correct and consistent use of a condom (internal or external condom) and lubricant when having intercourse.
- Using sterile equipment if injecting drugs.
- Getting tested regularly, including testing and treatment for all STIs.
- Limiting yourself to one sexual partner who is also only having sex with you and is not already HIV positive.
- Taking pre-exposure prophylaxis (PrEP), which is daily medication that people who are at increased risk of HIV infection take daily to reduce or eliminate the possibility of contracting HIV. It does not prevent infection alone - it must be used in conjunction with condoms and ideally the HIV positive person taking anti-HIV medications).

- Taking post-exposure prophylaxis (PEP), which is a course of anti-HIV medication that can be prescribed to prevent HIV infection within 72 hours of potential exposure to HIV. It is taken for 28 days with the aim of reducing the chance of HIV infection.

Testing

Regular STI testing is important to ensure an early diagnosis. This will enable early treatment and care needed to stay well. Commonly used blood tests detect the presence of antibodies produced by the immune system in response to HIV infection. After a person suspects they may have been exposed to HIV, they should try and access and begin to be treated with PEP as soon as possible. Ideally within a few hours, but it must be started within 72 hours.

Regardless of whether PEP was used or not, it is recommended to wait 10 - 30 days after exposure for the first test. The newest HIV tests can detect infection even 10 days after exposure. However, it is generally recommended to be re-tested 45 or 90 days after the possible exposure. People are highly infectious and thus able to pass on HIV very easily during the first weeks and months after exposure and so extra care must be taken.

HIV tests are available in many healthcare settings such as a sexual health clinic, doctor's surgery, hospital or private clinic. In many countries, there are also places to get an HIV test in the local community.

Treatment

There is no cure for HIV infection. However, HIV positive people treated with antiretroviral drugs can live long and healthy lives. Antiretroviral drugs must be taken every day for the rest of the person's life. This treatment stops HIV from replicating and allows the immune system to strengthen and fight other infections more effectively. Many people who take antiretroviral drugs as prescribed find that the doctors are no longer able to find HIV in their blood or other bodily fluids. If the HIV positive person's partner is taking PrEP and the couple also uses condoms, research says that the HIV negative person will not contract HIV.

Community judgment

Some communities are judgmental about people living with HIV/AIDS (PLWHA). This judgment results in a stigma against PLWHA. The causes of the stigma are misunderstandings of the following beliefs:

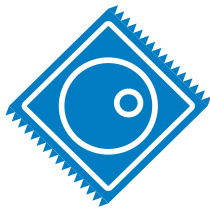
- HIV and AIDS is the same thing as death.
- HIV infection is a result of personal irresponsibility or insufficient morality (like same sex sexual contact, drug use, sex work or infidelity) and deserves to be punished.
- HIV can be transmitted through hugs, sharing a brush or a toilet seat or other kinds of casual contact.

These and other incorrect information about HIV serves to keep people from getting tested and treated for HIV, which increases both the degree to which people get sick and how frequently they transmit it to others. Decreasing judgment and stigma around living with HIV will improve entire communities and their experiences around HIV in both the short and the long term.



Factsheet:
The right way to use a male condom

DO use a condom
everytime you
have sex



DO put on a
condom before
having sex

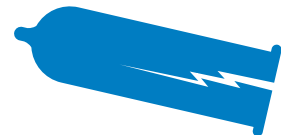


DO read the package
and check the
expiration date



**The right way to use
a male condom**

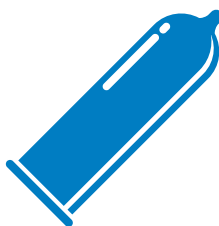
DO make sure there
are no tears or
defects



DO use water-based
or silicon-based
lubricant to prevent
breakage



DO use latex or
polyurethane
condoms



DO store condoms in
a cool, dry place



Session 9: Communication skills for parents/guardians

Learning Objectives

By the end of this session, participants will be able to:

- Use 'I' statements in conversation
- Demonstrate active listening
- Identify the benefits of 'I' statements and active listening

Key Messages

- Having really good communication with your adolescents is definitely possible - especially if you use specific communication tools
- Paying attention to your adolescent's feelings about the things they are experiencing in their lives is really important, even if you don't understand where they are coming from initially

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: 'I' statements* (15 minutes)
- Activity 3: Reflective listening* (20 minutes)
- Activity 4: Ayanda's story (15 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- **Handout:** 'You' vs. 'I' Statements
- Reflective listening script
- **Handout:** Ayanda's story
- **Handout:** Ayanda's parent's story

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways to most effectively share their thoughts, feelings, and insights with the people who they are close to.

Activity 2: 'I' Statements (15 minutes)

1. Explain that when we are talking with people we are close to, we will often have strong emotions. Sometimes it is helpful to tell people how we feel. This can be done through an 'I' statement in which we explain the feeling quite clearly along with any request that we have.
2. The following format can be useful:
 - I feel ... (name the emotion)
 - When you ... (name the action)
 - So can you please ... (make a request)

For example: 'When you come home late, I feel scared that something has happened to you. So can you please call me if you are going to be late and let me know?'
3. In a 'you' statement, people make the other person responsible for how they feel. For example: 'You make me angry, you were lazy and untidy and you are wearing me out.'
4. Explain that this activity will help us distinguish between 'I' statements and 'you' statements.
5. Organise participants into pairs. Give each pair one copy of **Handout: 'You' vs. 'I' Statements**. Ask one person in the pair to read two or three of the statements aloud to their partner. Ask the listener to reflect on how they are different.
6. Swap the roles of the speaker and the listener and read the remaining statements.

? Discussion questions:

- What is the most important difference between a 'You' statement and an 'I' statement?
 - How often do you think the people you know use 'I' statements?
 - How hard do you think it would be to start using 'I' statements?
7. Explain that talking in 'I' statements may require some practice. Ask participants for non- personal examples of situations in which parents/guardians would need to have an important talk with their adolescents. Pick one of the examples to talk about as a group.
 8. Ask partners to turn back to each other and create their own 'I' statements.

? Discussion questions:

- What 'I' statements did you create?
- How are all of these statements similar? How are they different?
- How would using these statements support conversation in the given scenario?

* Adapted from *Creating Connections*

* Adapted from *Let's Chat*

Activity 3: Reflective listening

(20 minutes)

1. Explain that when we are trying to talk with children or partners about issues that are sensitive or cause some upset, it can be easy to end up in an argument, or with people taking the wrong message. One technique that can help to avoid this is called reflective listening and it combines well with 'I' statements.
2. How reflective listening works is that you listen carefully to what the other person is trying to say to you. Then, instead of responding with what you want to say back, first take the time to make sure you have understood them, and to let them know you understand what they feel or are trying to say by summarising or checking it back with them. You do this by summarising their main point, or sometimes by adding a guess or a question as well.
3. Here are some examples:
 - It sounds like you really do not like school and want to leave.
 - So am I right in thinking that you are afraid that if you do not have the right clothes the other girls will not want you as a friend?
 - So you will feel embarrassed if I pick you up on the motorbike tonight because you think none of the other girls will be having a parent/guardian collect them, and you think this will make you look like a baby. Is that right?
4. Explain that to make this clearer we will read some scripts to see some differences that can happen when reflective listening and 'I' statements are used.
5. Ask for two volunteers who will come to the front of the room and read two scripts demonstrating how 'I' statements and active listening work. Give the Reflective listening scripts to the two volunteers. Give them a few minutes to look over them.
6. Ask the volunteers to read the 'You' statement script first, followed by the 'I' statement scrip. Watch the performances.



Discussion questions:

- What differences between the two scripts did you notice?
- Which approach was better for the adolescent? Which was better for the parent?
- How could you use these two tricks to support your conversations at home?

Activity 4: Ayanda's story

(15 minutes)

1. Explain that reflective listening is a skill that improves with practice. This exercise will provide a chance to practice.
2. Ask participants to find a new partner to practice 'I' statements and active listening with. They will be role playing a parent/guardian and an adolescent. Give each person who will be role playing the adolescent a copy of **Handout: Ayanda's story**. Give each person who will be role playing the parent/guardian a copy of **Handout: Ayanda's parent's story**. Give participants a few minutes to complete their role plays.



Discussion questions:

- For those of you who role played Ayanda's parents/guardians, did you feel that it was easy or difficult to use 'I' statements? What about using the active listening approach?
- For those of you who role played Ayanda, did you feel that your parent/guardian was paying close attention to your feelings? What made you feel that way?
- Do you think that using these approaches will help your family communication be more effective? Why or why not?

Activity 5: Things to remember

(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Thank everyone for their participation.



Handout: *'You' vs 'I' Statements*

'You' statement: You have to be careful when you go out. Boys could take advantage of you. If anyone you do not know tries to talk to you, you must walk away or talk to your friend.

'I' statement: When you want to go out with your friends, I worry that you will get hurt or someone will take advantage of you. Can you tell me what ideas you have about how to keep yourself safe?

'You' statement: Make sure that you are never alone with a boy, especially if you like him or he likes you as things can happen that you would regret.

'I' statement: Now that you are getting to the age when you might be getting interested in boys, I worry that you might fall in love and then get involved sexually. I know that it is very easy for people to get carried away when they are in love. Can you tell me what ideas you have about how to keep yourself safe if that happened to you?

'You' statement: You are spending too much time on the internet. It is not good for you to go to the internet café so much.

'I' statement: When I see you spending a lot of time on the internet I worry that you might end up on sites that are bad for you. Can you tell me how you work out what is good or not good for you online?

'You' statement: You are spending too much time with your friends

'I' statement: When I see you spending a lot of time out with your friends I worry you are not getting your studies done and that you will then not do well in school and get the sort of job you want. Can you tell me your plans to get your study done?

'You' statement: You are being very moody. You need to do something to cheer up or to get on top of your stress. It is not good to let things get to you like this.

'I' statement: When I ask you how you are you tell me you are OK, but when I look at you I think you might be stressed or sick or feeling upset about something. I am guessing that maybe school is worrying you, or that you are worried about how things are with you and your friends, or maybe you feel bad about something you did.



Reflective listening script

'You' statements / telling

- Parent: I want us to have a talk about safe sex.
- Daughter: I already know everything – I don't want to talk about it.
- Parent: OK then – but are you sure you know everything?
- Daughter: Yes.
- Parent: Do you know about condoms?
- Daughter: Yes!
- Parent: OK – but if you have any questions you must ask me.

'I' statements / reflective listening

- Parent: I want us to have a talk about safe sex.
- Daughter: I already know everything – I don't want to talk about it.
- Parent: Sounds like you think this is not a good topic for us, and I know it is pretty embarrassing – but I think we can manage anyway.
- Daughter: So what do you want to tell me?
- Parent: I want us to look at these condoms together and then I will not have to worry that you will grow up and not know for sure how to use them or how to explain to a friend. This does not mean I think you are about to have sex. I just want to know that you are well-educated and know that if one day you want to ask me things then that is OK.
- Daughter: Erk – I do not want to do that.
- Parent: I know you think this is a bit strange. But you open that pack and I will open this one and we will see if they are the same.



Handout: ***Ayanda's story, part 1***

Ayanda was born with HIV and commenced on HIV medication when she was 14 years old.

When she was 19 years, she met Muzi through her church and they began dating.

You are Ayanda and you want to talk with your parent/guardian about this problem.

Start by sharing this:

"I think I need to tell Muzi about how I have HIV. But what if he doesn't want to continue our relationship?"

What can the parent/guardian say in response?

Ayanda can add the following information to the conversation:

I attended a community youth group where I asked my peers what I should do. They shared mixed opinions with me. Some said I should tell Muzi my status and that if he loves me, he will love me anyway and support me. Others said I should wait until we have known each other for longer and by that time, he will be less likely to leave me. Others said I must not tell him at all, in case he doesn't react well.



Handout: ***Ayanda's story, part 2***

Ayanda was born with HIV and commenced on HIV medication when she was 14 years old.

When she was 19 years, she met Muzi through her church and they began dating.

You are Ayanda's parent/guardian and you want to support her as much as you can.

Use the 'I' statement and active listening skills you have learned so far in today's session.

Session 10: Problem solving skills for parents/guardians

Learning Objectives

By the end of this session, participants will be able to:

- Identify ways to respond to problems related to sexuality and sexual health within the family unit.
- List at least two things that they learned from the programme.

Key Messages

- It's okay to ask for help! Finding people to help us with our problems can help us make better, more informed decisions.
- Just because a problem initially feels overwhelming doesn't mean that it is a problem that cannot be solved!

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: The problem-solving panel* (25 minutes)
- Activity 3: Problem solving* (20 minutes)
- Activity 4: What I liked and what I learnt (10 minutes)

Materials

- Envelopes with 'Mystery Envelope' written on the front (enough for one per group of 3 - 4 participants)
- **Mystery envelopes** (one set per group of 3 - 4 participants, cut up and put into individual envelopes)

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about ways to talk about and solve problems together as a family.

Activity 2: The problem-solving panel (25 minutes)

1. Explain that the next activity encourages us to think creatively about solving a problem by bringing in different viewpoints. Organise participants into five groups. Randomly assign each group one character from the list below:
 - Teacher
 - Sports coach
 - Religious leader
 - Parent
 - Doctor
2. Explain that you will read out a problem. The group's job is to come up with some advice they would give from their character's perspective to the person coming to them for advice.
3. Read out the first problem: A neighbour tells a father that his 17 year old son has been seen harassing local girls on their way to school. What should he do?
4. Once the groups have had time to prepare, ask them to each nominate one member to come to the front to be part of a 'problem-solving panel'.
5. Remind the group that different people in the community will bring different perspectives to problems and it is useful to consult a range of people to help us solve our problems. Sometimes this will include professionals who have more knowledge, sometimes it will be community programmes who have access to services and sometimes it will be friends and family who may help us think through our options.
6. Invite the panel members to share their characters and their advice.
7. If there is time, repeat steps 4 - 7 with additional questions:

Additional questions for the panel:

- A woman is shy to talk with her husband about family planning. What could she do?
- A man notices that his son is now old enough to show interest in girls. What could he do?
- A woman notices that her 17 year old seems to really like the 18 year old in the next street. What could she do?
- A man finds pornography on his son's mobile phone. What could he do?

Discussion questions:

- How did you come up with your characters' suggestions?
- Why might it be useful for a parent/guardian to get advice from a number of people with different perspectives?

* Adapted from *Creating Connections*

Activity 3: Problem solving

(20 minutes)

1. Point out that across previous sessions people have considered a range of information that young people and adults need to help them make good decisions about relationships, gender issues and sex. Now they will apply some of their knowledge and thinking to some situations that could occur in life and predict the sort of outcomes that could occur depending on the choices that people make. The situations will be randomly selected from 'mystery envelopes,' as we never quite know what life will bring to us.
2. Organise participants into groups of 3 or 4 and give each group a previously prepared Mystery Envelope.
3. Ask the group to randomly, without looking at the other options, select one scenario from the envelope and read it aloud, using the discussion questions provided.
4. If time allows, invite groups to choose a second scenario.

Discussion questions:

- How easy or difficult was it for your your group to agree on what should be done in each situation?
- Who did you consider going to for additional help for information, services or more ideas?
- How did you use what you've learned in this programme to inform your decisions?

Activity 4: What I liked and what I learnt

(10 minutes)

1. Go around the circle. Ask each person to share either one thing that they liked about the programme or one thing that they learnt from being in the programme.
2. Thank everyone for their participation to make the group work and to help them learn together. Share your own learning from working with them.



MYSTERY ENVELOPES

A parent/guardian has begun to suspect that their seventeen year old unmarried daughter's best friend may be more than a friend - they may be falling in love with each other.

Discussion questions:

What is the parent/guardian worried about? (Name as many worries as you can)

What could they do? (Name as many actions as possible)

A cousin who lives in the city tells a mother she can get her 18 year old daughter a job in the city working in her hotel. The family needs the money since the father became too sick to work and the daughter has not been able to get a job close to home.

Discussion questions

What is the mother worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

A neighbour tells a parent/guardian that their seventeen year old son has been seen drinking alcohol and racing motorbikes with other local boys.

Discussion questions

What is the parent/guardian worried about? (Name as many worries as you can)

What could they do? (Name as many actions as possible)

MYSTERY ENVELOPES

The mother has a son who is about to get married. When she tells the son that this means there will be a baby coming within the next year, the son says he does not want this to happen so quickly. His wife-to-be has a good job and she is only young (18). He asks his mother for advice about how to delay the pregnancy.

Discussion questions

What is the mother worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

A mother realizes that they have not yet talked with their 11 year old daughter about periods. She walks in on her daughter crying in the bathroom, but the girl won't tell her why and runs away. The mother notices what looks like menstrual blood on the floor.

Discussion questions

What is the mother worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

A mother has noticed that her daughter has not been washing and drying menstrual cloths for two months now. It seems that she has not had her period. They have never talked about sex. She does not know if her daughter has been with a man. She has always been a good girl at home and at school and now she has a good job, so the mother has never worried before.

Discussion questions

What is the mother worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

MYSTERY ENVELOPES

A mother's daughter and son in law have a baby who the doctors tell them is 'intersex,' or neither male nor female. The daughter comes to ask her mother's advice on what to do.

Discussion questions

What is the mother worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

A young couple is about to be married when the soon-to-be-wife tells her fiance she needs to share something with him, something she has never told anyone else. She says that she contracted HIV during her birth. It's something she's lived with her entire life. She hopes her fiance will still want to marry her, knowing this.

Discussion questions

What is the man worried about? (Name as many worries as you can)

What could he do? (Name as many actions as possible)

A woman's husband is not well and has had to leave his job. The wife now has to find enough income to support her family. The small amount of money that she earns is not enough for the family. One evening, her employer says that if she stays late and meets with his friend, she will get a pay rise.

Discussion questions

What is the woman worried about? (Name as many worries as you can)

What could she do? (Name as many actions as possible)

MYSTERY ENVELOPES

A father has a 16 year old daughter. One day his wife comes to him and tells him that she caught a male cousin harassing the daughter by asking to touch her body. She is concerned and wants her husband's advice about what to do.

Discussion questions

What is the father worried about? (Name as many worries as you can)

What could he do? (Name as many actions as possible)

A father in the rural area has become too sick to work. The family is struggling for money. A friend tells him that he can get the 16 year old daughter a job in the city working in a factory.

Discussion questions

What is the father worried about? (Name as many worries as you can)

What could they do? (Name as many actions as possible)

A father has a 17 year old daughter. His wife died one year ago. Now his daughter is soon to get married. The father is not sure if his daughter knows anything about sex.

Discussion questions

What is the father worried about? (Name as many worries as you can)

What could he do? (Name as many actions as possible)





Joint sessions

Joint sessions

Session 1: You, yourself and your culture

Learning Objectives

By the end of this session, participants will be able to:

- Define culture and tradition.
- Identify various identities people can assume within the same culture
- Understand of how experiences can differ both within and between groups and generations.

Key Messages

- Everyone might not have the same motivation for participating in this programme, but everyone will learn something new
- There is a lot of individuality within a culture. Not everyone in a given culture identifies the same way, and that's okay!
- Adolescents today do not have the same experiences their parents/guardians had during their younger years. It's important to acknowledge these differences to better understand and communicate with each other

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Whole Group Introductions* (15 minutes)
- Activity 3: One and NOT the Same* (15 minutes)
- Activity 4: A Journey Through Adolescent Courting (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- None

Activity 1: Welcoming participants (10 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the similarities and differences of sexual and reproductive health and rights (SRHR) related experiences among different generations as well as how culture and traditions influence SRHR.

Activity 2: Whole Group Introduction (15 minutes)

1. Tell participants that you are all here to learn about sexual and reproductive health and rights. Let them know that they have all done very similar activities in separate groups, so that they know what those words mean, and that now you're going to start talking together as a whole. Acknowledge that conversations between parents/guardians and adolescents can feel difficult at first, but that working on them together helps make things easier in the long run.
2. Ask participants to find a partner, any partner, and then form two large circles so that each pair is facing their partner--the inside circle facing outwards and the outside person facing inwards. Tell them each person will take one minute to answer this question: *Why did you join this programme?* Tell the inside circle to answer the question first, then after one minute call time, and the other person should answer.
3. After one more minute, call the group to stop. Tell the inside circle to remain still and the outside circle to move one person to the left. Everyone will have a new partner now.
4. Ask the new pairs to each take one minute to discuss the following question: *What do you hope you will learn from this programme?*
5. Ask the outside circle to move one person to the left again. Ask the new pairs to each take one minute to discuss the following question: *What do you hope your other family members who are here with you will learn from these discussions?*
6. Ask the group to expand into one large circle again for large group discussion.

? Discussion questions:

- What did you learn from talking in your pairs, either about yourself or the people who you talked with?
- Did everyone have the same motivation for joining the programme?
- What are you personally hoping to gain from this programme?

Activity 3: One and NOT the Same (15 minutes)

1. Tell participants that you want to talk about culture and traditions for a few minutes. Start by defining culture:

"Culture is a way of life as practised by a particular group of people. Culture can be defined by a particular place or part of the country or a specific age group or religion. For example, in certain areas boys have to undergo male circumcision at a certain age after birth."

* Adapted from *Let's Chat*

- Ask each participant to consider categories that are important from a cultural perspective (religion, age, sexual orientation, etc.). Then, ask the group to choose one category they would like to focus on for the following discussion.
- Ask for the large group to think about different backgrounds or identities an individual could have as a part of that category. For example, if a group chose sexual orientation as their component some various identities an individual could think about people who identify as heterosexual, homosexual, bi-sexual, asexual, pansexual etc. If a group chose age, they could think about people who identify as children, teenagers, young adults, adults, etc.
- Ask for the group to identify the identity within their chosen category they feel represents the majority of individuals within their culture. They should also identify an identity within the category that represents a minority of individuals within their culture.
- Have the group brainstorm two or three challenges both the majority and minority identity groups face. Next identify two or three challenges the minority group may face that the majority group does not face.
- Tell participants that cultures are made up of many different kinds of people. Some of those people, often the ones who are in the majority or who hold power for other reasons like age or financial wealth, are held in higher esteem than people who are in the minority. When certain kinds of people are thought of as “better” or “worse” and have different levels of challenges because of it, that can make the entire culture less stable.

Discussion questions:

- What are the benefits to being in the majority within a culture? What are the benefits, if any, to being the minority within a culture?
- Are cultural practices and identities the same between generations? Why or why not?
- What is an example of how two generations might be different in terms sexual and reproductive health and rights (SRHR)? What is an example of how they might be the same in terms of SRHR?

Activity 4: A Journey Through Adolescent Courting (20 minutes)

- Tell participants that you will now talk traditions. Define traditions:

A tradition is a belief or behaviour passed down within a cultural group that has symbolic meaning or specific significance within origins in the past. For example, in the Christian religion it is often tradition to remain abstinent until marriage.
- Tell participants that they will discuss courting practises in small family groups and ask the participants to break off into groups with their family members.

- Explain to participants that they will be telling of their personal experiences. Parents/guardians will share their stories first, then the adolescents will share their stories next.
- Provide parent/guardian groups with the following questions: What was dating like when you were an adolescent? How did people become couples? What were the traditional steps taken to become a couple? Give parents/guardians 5-10 minutes to share their stories.
- Ask the same questions to the adolescents: *What is dating like now? How do people become couples? Are there traditional steps taken to become a couple?* Give adolescents 5-10 minutes to share their stories.
- Ask participants to compare the two by discussing the similarities and differences between the parents/guardians’ experiences and the adolescents’ experiences with courting.
- Call for the families to reconvene into a large group.

Discussion questions:

- Has courting changed over time?
- What were the similarities between parents’ and adolescents’ experiences? What were the differences?
- Adolescents, how do you feel about the way courting progressed when your parents/guardians were adolescents? What did you like and dislike about this method?
- Parents, how do you feel about the way courting currently unfolds for adolescents today? Did any of this surprise you?
- How does understanding these differences help with communication between family members?

Activity 5: Things to remember (5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Tell participants that their homework is to discuss identities and life experiences with their family members and find two similarities and two differences between the parent/guardian and the adolescent generations. Some questions they can use to guide their conversations include: *What was this experience/tradition like when the parents/guardians were adolescents? For adolescents now? Are these traditions important to you now? How will knowing these different perspectives help with communication and expectations among family members in the future?*
- Thank everyone for their participation.

Session 2: Seeing the 'You' and 'Me' behind 'We'

Learning Objectives

By the end of this session, participants will be able to:

- Define four components of their personality
- Know and understand their love language
- Express love in all five love languages

Key Messages

- When it comes to your identity, it doesn't matter what others say. What matters is what *you say*. Only you can define who you are.
- Not everyone acts or loves the same, and that's okay!
- Treat your love language like any other language. While our primary love language is practically second nature, another form might seem impossible to understand.
- With time, practice and effort we can come to better understand and express love in a variety of ways to bring us closer to those we love.

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Anyone who...game* (10 minutes)
- Activity 3: You're just my TYPE (20 minutes)
- Activity 4: Love Languages (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Chart Paper and markers or chalkboard and chalk
- Dichotomy Characteristics
- Optional: **Handout:** *The Five Love Languages Test*
- Optional: Pens or pencils
- Optional: Chairs

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about how we're different in many ways, especially in our personalities and love languages.

Activity 2: Anyone who...game (10 minutes)

1. Explain that the first activity is a game will help to highlight the similarities and differences among participants in the group.
2. Seat participants on chairs arranged in a circle (or mark their spots with other items).
3. The facilitator stands in the centre of the circle. They do not have a chair. They call out 'Anyone who...' and add some information (for example: 'Anyone who likes ice-cream'). When they call the category, all players who fit that category must move to a different chair (all those who like ice-cream must leave their chairs and find a different chair). At this time the leader will rush to a chair and the last person left without a chair will make the next call in the game.
4. The next person will then make a new call. For example, 'Anyone who rides a bicycle.' Then all those who can ride a bicycle must swap to new seats.
5. Play a few rounds of the game. By this time participants will be seated in a mixed arrangement.

? Discussion questions:

- Where in life do we need to be able to recognise and accept that people are different?
- How does it feel to be similar to your family in some areas? How does it feel to be different?
- How can you show respect for someone who is different from you? Is it different if that person is your parent/guardian or your child?

Activity 3: You're just my TYPE (20 minutes)

1. Tell participants that they will be learning about the components of a very popular personality test, the Myers-Briggs, to get a better understanding of themselves and their personalities. The different components of a personality include 4 dichotomies: introvert/extrovert; sensing/intuitive; thinking/feeling; and judging/perceiving. Explain that everyone has different personalities because we each interact with the world in different ways and that understanding our own and others' personality type helps us to communicate more effectively and understand each other.
2. Explain to participants that you will be splitting the learning space into two sides and that each side will represent a different personality trait pairing. For example, the left side of the room represents extroverts and the right side of the room represents introverts. Tell participants that they are to move to the side of the room they feel best represents their personalities after you read characteristics of each side.

* Adapted from *Creating Connections*

- Say aloud: "Introvert, or I, (pointing to one side of the room) or Extrovert, or E, (pointing to the other side of the room)." Then read off the description of both words and invite all of the participants to move to one side of the room or the other as is appropriate. Invite the each sides to talk among themselves about the things that they appreciate about being an extrovert or an introvert. Invite a few participants from each side of the room to share their thoughts.
- Suggest that the participants write down or remember which letters they choose for each grouping. When finished, they should combine results and determine their personality type. Give an example for reference such as "I consider myself an INFJ."
- Begin reading the characteristics of introverts (I) and extraverts (E) from the characteristics chart on the following two pages.
- Repeat this process, including the discussion question, for the other pairs of traits.



Discussion questions:

- Were you surprised by a side that a family member picked? Which one and why?
- What possible sources of conflict could occur in a family setting when family members have different personality traits?
- How might you approach a family member about a difficult topic now that you know about personality traits and what type that family member is?

Activity 4: Love Languages

(20 minutes)

- Point out that just as people have different personalities, they have different love languages as well. Tell participants that love languages describe different ways to express and experience love and appreciation.
- Write the following terms on a piece of chart paper or chalkboard:
 - Words of Affirmation,
 - Quality Time,
 - Physical Touch,
 - Receiving Gifts,
 - Acts of Service.

Ensure there is enough space underneath each term for additional writing.

- Explain to participants that each of these terms represent one of the five love languages and that, depending on our individual personality type, we may feel loved in different ways than our partners, friends or family do.

- Take five minutes to define each of the five love languages from the list below and ask the large group for a few examples of each type. You may assist in providing some examples if the group is struggling to create their own. Write their responses on the chart paper or chalkboard under the appropriate term.
 - Words of affirmation:** verbal compliments and/or words of appreciation. (**Examples include:** *kind words such as "you can always make me laugh" or "I love spending time with you"*)
 - Quality time:** giving someone your undivided attention. (**Examples include:** *Talk one-on-one without the interruption of social media, calling someone when you can't be with them in person, establishing a weekly date night*)
 - Physical touch:** can include sex, but also be non-sexual touch and non-verbal body language. (**Examples include:** *hand holding, giving a hug, kissing, sexual intercourse*)
 - Receiving gifts:** the act of giving gifts to show love and receiving gifts to feel loved. (**Examples include:** *write a collection of love letters, buy your partner a book they've been wanting, create a journal of self memories you share*)
 - Acts of service:** taking action that requires planning, time, effort and energy to express your affection. Often comes with the phrase 'actions speak louder than words.' (**Examples include:** *cooking a meal, ask 'how can I help?'; do something that your partner wants to do*)

- After defining and describing each of the five love languages, ask participants to identify which language helps them to feel the most loved. *Optional: Give each participant a pen or a pencil and a copy of **The Five Love Languages Test** to complete in order to identify their specific love language.*
- Instruct participants to get into same-age pairs (adolescents with adolescents and parents/guardians with parents/guardians) and distinguish themselves as either Partner 1 or Partner 2. Emphasize that participants should not reveal their preferred love language to their partner; this must remain secret for the following activity.
- Read the following scenario to the participants:

Each of the pairs are a couple. They have been dating for six months and love expressing their appreciation for each other. Partner 1 has been on a trip to see family in another town and has not been able to see Partner 2 for seven days. Partner 1 is returning home tomorrow and made plans to see Partner 2 later on in the day. Partner 1 wants to express how much they missed and care for Partner 2.

Ask Partner 1 to list one or two examples of how they would express this love and appreciation for Partner 2. Remind participants of the examples written on the chart paper or chalkboard. Then instruct Partner 2 to reveal their love language and discuss how they would feel if they were the recipient of Partner 1's gestures.



Some important things to consider: Does Partner 1's expression of love fall under Partner 2's love language? Is this the best way for Partner 1 to express love so that Partner 2 feels the most loved?

8. The partners should then brainstorm three new ways in which Partner 1 could express their love that would make Partner 2 feel the most loved.
9. After some time, ask pairs to role-swap, and try the exercise again.
10. Ask for different pairs to report their experiences to the group, including what love language each partner most closely identifies with and what challenges they have faced, if any, in expressing that love to their partner.

? Discussion questions:

- What was your love language? Did it differ from your partner's love language?
- How did your partner respond to your initial expression plans?
- Was it difficult to brainstorm ways to express love in a new love language? Did you face any challenges along the way?
- Why is it important to understand someone's love language when it comes to relationships? Does this apply to friendships and family members as well?

Activity 5: Things to remember
(5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Tell participants that their homework is to share their personality types and love languages with their family members. Participants should note the similarities and differences in their family's responses. Were there any differences in personality types? In love languages? Did anyone's responses surprise you? What ways could you express love to your family members that would help them feel the most loved?
4. Thank everyone for their participation.



Handout: *Dichotomy Characteristics*

Extraverts (E)	Introverts (I)
Outgoing, gregarious, talkative (may talk too much)	Shy, reflective, careful listeners
People of action (may act before they think)	Consider actions deeply (may think too long before acting or neglect to act at all)
Energized by people and activity; would rather attend a party over the weekend than stay home reading a book	Refreshed by quiet and privacy; would rather stay home reading a book over the weekend than attend a party
Good communicators and leaders	Less likely to voice their opinions; often viewed as unaware of people and situations around them

Sensing Types (S)	Intuitive Types (N)
Interested above all the facts, what they can be sure of; dislike unnecessary complication; prefer practicing skills they already know	Fascinated by concepts and big ideas; prefer learning new skills over those already mastered
Relatively traditional and conventional	Original, creative, and nontraditional
Practical, factual, realistic, and down-to-earth	Innovative but sometimes impractical; need inspiration and meaning; prefer to look to the future rather than at the present
Accurate, precise, and effective with routine and details; sometimes miss the "forest" for the "trees"	May exaggerate facts unknowingly; dislike routine and details; work in bursts of energy



Handout: *Dichotomy Characteristics*

Thinking Types (T)	Feeling Types (F)
Logical, rational, analytical, and critical	Warm, empathetic, and sympathetic
Relatively impersonal and objective in making decisions; less swayed by feelings and emotions; sometimes surprised and puzzled by others' feelings	Need and value harmony; often distressed or distracted by argument and conflict; reluctant to tackle unpleasant interpersonal tasks
Need and value fairness; can deal with interpersonal disharmony	Need and value kindness and harmony
Fair, logical, and just; firm and assertive	Facilitate cooperation and goodwill in others; sometimes unable to be assertive when appropriate
May seem cold, insensitive, and overly blunt and hurtful in their criticisms	Occasionally illogical, emotionally demanding, and unaffected by objective reason and evidence

Judging Types (J)	Perceiving Types (P)
Orderly, organized, punctual, and tidy	Spontaneous and flexible
In control of their own world and sphere of influence	Adapt to their world rather than try to control it; comfortable dealing with changes and unexpected developments
Quick decision makers; like to make and follow plans	Slow to make decisions; prefer a wait-and-see approach
Sometimes judgemental and prone to jump to conclusions or make decisions without enough information; have trouble changing plans	Tendency toward serious procrastination and juggling too many things at once without finishing anything; sometimes messy and disorganized



Handout: *The Five Love Languages Test*

Read each pair of statements and circle the one that best describes you.

1. A. I love to receive notes of affirmation from you.
E. I like it when you hug me.
2. B. I like to spend one-on-one time with you.
D. I feel loved when you give me practical help.
3. C. I like it when you give me gifts.
B. I like taking long walks with you.
4. D. I feel loved when you do things to help me.
E. I feel loved when you hug or touch me.
5. E. I feel loved when you hold me in your arms.
C. I feel loved when I receive a gift from you.
6. B. I like to go places with you.
E. I like to hold hands with you.
7. A. I feel loved when you acknowledge me.
C. Visible symbols of love (gifts) are very important to me.
8. E. I like to sit close to you.
A. I like it when you tell me that I am attractive.
9. B. I like to spend time with you.
C. I like to receive little gifts from you.
10. D. I know you love me when you help me.
A. Your words of acceptance are important to me.
11. B. I like to be together when we do things.
A. I like the kind words you say to me.
12. E. I feel whole when we hug.
D. What you do affects me more than what you say.
13. A. I value your praise and try to avoid your criticism.
C. Several inexpensive gifts mean more to me than one large expensive gift.
14. E. I feel closer to you when you touch me.
B. I feel close when we are talking or doing something together.
15. A. I like you to compliment my achievements.
enjoy doing.
16. E. I like for you to touch me when you walk by.
B. I like when you listen to me sympathetically.
17. C. I really enjoy receiving gifts from you.
D. I feel loved when you help me with my home projects.
18. A. I like when you compliment my appearance.
B. I feel loved when you take the time to understand my feelings.
19. E. I feel secure when you are touching me.
D. Your acts of service make me feel loved.
20. D. I appreciate the many things you do for me.
C. I like receiving gifts that you make.
21. B. I really enjoy the feeling I get when you give me your undivided attention.
D. I really enjoy the feeling I get when you do some act of service for me.
22. C. I feel loved when you celebrate my birthday with a gift.
A. I feel loved when you celebrate my birthday with meaningful words (written or spoken.)
23. D. I feel loved when you help me out with my chores.
C. I know you are thinking of me when you give me a gift.
24. C. I appreciate it when you remember special days with a gift.
B. I appreciate it when you listen patiently and don't interrupt me.
25. B. I enjoy extended trips with you.
D. I like to know that you are concerned enough to help me with my daily task.
26. E. Kissing me unexpectedly makes me feel loved.
C. Giving me a gift for no occasion makes me feel loved.
27. A. I like to be told that you appreciate me.
B. I like for you to look at me when we are talking.
28. C. Your gifts are always special to me.
E. I feel loved when you kiss me.
29. A. I feel loved when you tell me how much you appreciate me.
D. I feel loved when you enthusiastically do a task I have requested.
30. E. I need to be hugged by you every day.
A. I need your words of affirmation daily.

Add Total Number of Answers Here:

A = ____ Words of Affirmation, **B** = ____ Quality Time, **C** = ____
Receiving Gifts, **D** = ____ Acts of Service, **E** = ____ Physical Touch

Session 3: Asking for help

Learning Objectives

By the end of this session, participants will be able to:

- Define active listening
- Have an understanding of who they can trust and talk to about problems
- Know when it is appropriate to talk about their problems

Key Messages

- Trust is very important when it comes to asking for help.
- Communication and active listening are important when we are talking about our own problems and listening to others' problems.
- It might be hard to talk about our problems sometimes, but letting those we love help us when we're down feels so much better!

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: All tied up (10 minutes)
- Activity 3: Help swap (15 minutes)
- Activity 4: Blind faith (15 minutes)
- Activity 5: Your trust checklist (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Loose leaf paper
- Pens or pencils
- Blackboard and chalk
- Blindfolds (enough so that pairs of participants can each have one)

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about asking others for help. This can be really difficult to do, but with some practice you can be more confident in letting others know what you need and how they can help.

Activity 2: Anyone who...game (10 minutes)

1. Ask participants to split into two groups.
2. Tell participants that they will be working as two teams in competition with each other. They are going to form a human knot by holding hands with two random people within their group and then 'untie' their group by going under, over and through their group members' hands and arms until they form one (or more!) circles). The goal is to untie themselves as quickly as possible.
3. Instruct participants to grab hands with others in their group at random.
4. Once settled, give a countdown and tell the participants to begin the process of untying.
5. After the first group has successfully untied their group to become one large circle, give the second group the time necessary to do the same.
6. After both groups have completed the game, ask participants to reconvene into one large group for discussion.

Discussion questions:

- What were the strategies each group used to untie themselves?
- Were there some strategies that were more beneficial than others? Which strategies worked? Which strategies didn't?
- What role does communication play in the success of a group?
- Do you think that communication is important in order to be successful in working together?

Activity 3: Help S=swap (15 minutes)

1. Tell participants that everyone can benefit from asking for help, even though it might be difficult sometimes. Sometimes we may not know how to ask or feel like it's okay to ask others for help. But remember, it is OK to ask!
2. Tell participants that they will be participating in a 'help swap.' Ask participants to silently think about problems they are facing in their lives that they might not feel comfortable asking for help with.
3. Pass out a piece of paper and a pen or pencil to each participant.
4. Ask participants to write one of the problems they thought about on their paper. Tell participants that they are not to write their names on the paper and that you will read their responses aloud anonymously. Collect the pieces of paper and shuffle them so you and participants can not identify which paper belongs to which participant.

5. Select a slip of paper from the stack and read it out loud to the group.
6. Ask for participants to brainstorm solutions to the problem. These solutions could include specific ideas about how to respond, knowledgeable people to go to for advice, community resources or expressing that they understand the problem from personal experience. Repeat this process 2 - 3 more times.
7. Thank participants for their advice and recommendations. Point out to participants that all of the problems discussed are all real issues faced by people in the room. These individuals now may have the advice they needed to move forwards and overcome that problem.

Discussion questions:

- Does anyone know someone who might have dealt with one of the problems discussed today?
- If someone you cared about was dealing with a problem, would you rather them keep it to themselves or share it with you so you could brainstorm solutions, just like in this activity?
- While we asked all of these questions anonymously, who are some people in your lives that you could trust to help you with your problems?
- What are the benefits of communicating your problems to someone you trust?

Activity 4: Blind faith (15 minutes)

1. Tell participants that it can sometimes be difficult to share our problems. In order to support someone in overcoming that challenge, it's our job as friends, parents/guardians and family members to focus on active listening.
2. Define active listening:

Active listening is a skill that involves fully concentrating on and showing interest in what another person is saying. This involves giving that person your full attention and staying engaged in the conversation.
3. Ask participants to get into pairs and get a blindfold.
4. Ask the partners to designate who will be the leader and who will be the follower. Explain to participants that one partner will be blindfolded (the follower) and the other will be guiding them (the leader).
5. Ask the follower to put on their blindfolds. Ask the leader to assist their partner in spinning in a circle 2-3 times.

6. Ask the pairs to go for a walk around the room. The leader should provide verbal instructions but should not physically touch their partner in an attempt to guide them. Each partner should challenge themselves to walk in a complicated path around the space that challenges the leader's ability to tell the follower where to go.
7. Repeat the previous step with the roles reversed.
8. Bring the large group of participants together again.

Discussion questions:

- How did it feel to depend on someone else to tell you where to go?
- How did it feel to tell someone else what to do and where to go?
- Would it have felt different if you were partnered with someone else?
- What are good things that could come out of trusting someone else? What are bad things?
- Is trusting someone else ever worth it? Why?

Activity 5: Your Yrust Checklist (10 minutes)

1. Write "Trust Checklist" at the top of the blackboard and then divide the space under the title into two columns. Label the left column "Who" and the right column "When."
2. Ask the participants to list qualities of people they trust. Some examples could include dependability, easy to talk to, approachable, etc. Write these on the left side of the board.
3. Next, ask participants to silently think about actual people in their lives who embody these qualities.
4. Ask participants to share times when it is important for one person to tell another person about their problems. Write these on the right side of the board and then draw a line under them. Next, ask if there are any inappropriate times to talk about your problems. Write these under the line on the right side of the board.
5. Tell participants that these lists can help bring the confidence to tell others about our problems. Being able to check off qualities from the left list or being able to identify who you feel you can talk to for help can reassure you that you are able to trust others with your concerns. Identifying when it is important to tell someone your problems and when you shouldn't is helpful for feeling like you are going to be heard and received well by those you're talking to.



? Discussion questions:

- When it comes to trusting people, has there ever been a time when someone betrayed your trust? Were you ever able to trust that person again?
- When you want to talk about something important or address a problem, how do you approach someone and start that conversation?
- What's the most difficult part of asking for help when you need it?
- Have your parents/guardians ever shared any of their struggles growing up? Do you think this would help make you feel more comfortable about sharing your own struggles?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Tell participants that their homework is to have a conversation with their families about sharing struggles they face or faced during adolescence. As for each family member to share at least one struggle. Then, the family members should brainstorm one to three solutions or supports that family member could turn to for help. This could include health professionals, counseling, support groups, friends, etc.
4. Thank everyone for their participation.

Session 4: Cut the conflict

Learning Objectives

By the end of this session, participants will be able to:

- Define the goal of conflict resolution
- Identify the pieces of the layer (onion) model of conflict resolution
- Understand that effective communication is critical for conflict resolution

Key Messages

- Families often face disagreements, but there are ways to come to a peaceful resolution
- It can be hard to differentiate between someone's want and a need. When it comes to conflict, a person's needs should come before another's wants
- Good communication is key during conflict! Resolution is always easier when we take the time to focus on each other as well as ourselves

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: Defining Key Terms* (5 minutes)
- Activity 3: The Onion Model* (15 minutes)
- Activity 4: Common Conflicts* (20 minutes)
- Activity 5: The Mirror Game** (10 minutes)
- Activity 6: Things to remember (5 minutes)

Materials

- Chalkboard or other way to take brainstorming notes (optional)
- **Handout:** *The Onion Model*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Introduce the lesson to the participants by telling participants about managing conflict and finding resolutions

Activity 2: Anyone who...game (10 minutes)

1. Ask participants to define conflict. (**Answer:** *A serious or substantial disagreement.*)
2. Ask participants to define resolution. (**Answer:** *A solution or a decision that ends a conflict.*)
3. Ask participants to define conflict resolution. (**Answer:** *Ways people work towards the peaceful resolution of disagreements.*)

? Discussion questions:

- Why is it important for families to think and talk about conflict, resolution, and conflict resolution together?
- How is conflict resolution between parents/guardians and adolescents different from conflict resolution with someone you have a crush on or you are dating or even someone you're married to?

Activity 3: The Onion Model (15 minutes)

1. Tell participants that you are going to introduce them to a theoretical model of conflict resolution called the onion model. Pass out **Handout:** *Onion Model*.
2. Tell participants that identifying your own and other people's positions in a conflict situation allows for a deeper understanding of how to approach the problem peacefully and increases the likelihood that the conflict can come to a resolution that each person can supportive.
3. Point to the darkest layer of the onion and tell participants that what we tell people we want is the outside layer of the conflict process. Tell participants that this can be a very specific thing. For example: a teenage boy may want to have sex, but that is only the very outside issue.
4. Point to the middle layers of the onion and tell participants that the reasons why we won't say what we want are not always immediately apparent to the people we are talking with. For example: if a boy wants to have sex, the reason why may be cultural beliefs, like the only way to become a man is to have sex or that a girl owes him sex if he buys her things.
5. Point to the lightest layers of the onion and tell participants that what we need is often different from what we say we want and the reasons why we say those things. Needs are usually more general—they are not necessarily about the specific example but are about the whole of the relationships or physical or emotional health. For example: The reason may be that the boy needs someone to talk with and needs friendship. He may also need physical touch, like hugs and kisses. What he needs may be very different from what he wants. A need is something that most humans require to be content with and fulfilled in life. Some examples of needs include food, shelter, companionship and love. There are other needs, but these are some of the most general ones.

* Adapted from *Let's Chat*

** Adapted from *Creating Connections*

- Acknowledge that sometimes it is difficult to understand the difference between what someone wants and what they need. But it is important, in a conflict, for both people to consider what they want and what they need as different. If one person has a want that is in conflict from the other person's need, it is the need that must be answered, not the want.

Discussion questions:

- Would considering this model have provided for more effective communication in the conflict example that you discussed in your groups earlier? Why or why not?
- How can you use this model in future conflicts?
- Would you be willing to consider the three levels of your approach to a specific conflict in the future? Why or why not?
- Would you be willing to consider the three levels of another person's approach to a specific conflict in the future? Family members, friends, or romantic/sexual partners? Why or why not?

Activity 4: Common conflicts

(20 minutes)

- Ask participants to brainstorm conflicts that are common for parents/guardians and adolescents. At least some of the conflicts should relate to sexual and dating activities. If you have access to a board to take notes on, write them on the board. Gather five to ten conflicts.
- Divide participants into family groups. Give each group one of the brainstormed conflict examples.
- Ask each group to read over their example and to define each of the three conflict layers from the onion model for each of the people in their example. If the example doesn't give enough information for participants to know for sure what the layers are, encourage them to think about it and make their best guess. Give groups 10 minutes for this process.
- Invite each group to present their conflict example to the large group and then to outline the wants, reasons and needs of each person involved.
- Invite each group to share conflict resolution approaches.

Discussion questions:

- Was this process easy or hard? Why?
- How did you start thinking about the wants, reasons, and needs of each of the different people in your conflict example?
- Do you think your relationship with your family members and friends would improve if you could talk about wants, reasons and needs?
- If you don't know what someone's wants, reasons and needs are and you are in conflict with them, what is a better approach than guessing? (**Answer:** Ask them!)

Activity 5: The mirror game

(10 minutes)

- Explain that this game will help to think about how to communicate well with others.
- Organise the participants into pairs. Ask the partners to stand opposite each other. Each pair should decide which person will take the lead.
- The lead person will make slow movements and the partner will copy them, trying to create the effect of a mirror. It is good to start with slow movements of the hands or head. Persons watching should not be able to tell who is leading and who is following as both will be moving in the same way.
- After some time ask the player to swap the lead from one to the other. They may also try some harder moves and see if they can still stay together.

Discussion questions:

- Was it difficult to follow your partner's movements?
- What is necessary for good communication?
- Why are focus and concentration important when communicating?

Activity 6: Things to remember

(5 minutes)

- If you have time, play a short game from the Facilitator Guide or another source.
- Ask participants what they would like to share with their families that you talked about together today. Take several responses.
- Tell participants that their homework is to share with their family the biggest conflict they've had with their friends (parents/guardians should share too!). How was it resolved? Did everyone feel good about it or were there hard feelings afterwards? What lessons did you learn from this conflict?
- Thank everyone for their participation.



Handout:
The Onion Model



Session 5: Talking together

Learning Objectives

By the end of this session, participants will be able to:

- List at least two worries of parents/guardians and adolescents
- Discuss different sexual and reproductive health and rights (SRHR) topics among family members
- Create a family plan for communication about SRHR

Key Messages

- It's often easier to understand someone's worries than it is to have an open conversation about those worries
- Talking about SRHR topics with family can be difficult, but with good listening and some confidence it can get so much easier
- The more you talk, the easier it gets. Don't be afraid to talk to your family about these difficult things because they care for you!

Activities (60 minutes total)

- Activity 1: Welcome back (5 minutes)
- Activity 2: What do we worry about?* (10 minutes)
- Activity 3: Conversations between families** (20 minutes)
- Activity 4: Conversations within families** (20 minutes)
- Activity 5: Things to remember (5 minutes)

Materials

- Dry erase boards and markers
- Pens or pencils
- **Handout:** *Family Plan for Conversation*

Activity 1: Welcome back (5 minutes)

1. Welcome the participants.
2. Ask for one or two volunteers to share what they remember from the previous session.
3. Tell participants that today you will be talking about the importance of talking with your family about sexual and reproductive health and rights (SRHR) issues and how to have those conversations well.

Activity 2: What do we worry about? (10 minutes)

1. Group participants into adolescents and parent/guardian groups and give each group a dry erase board, eraser, and markers.
2. Ask the groups to brainstorm what they think the other age group might worry about.

Here are the instructions you should give:

- What do you think adolescents worry about? (completed by the parent/guardian groups)
 - What do you think parents/guardians worry about? (completed by the adolescent groups)
3. Ask one adolescent group to report back on what they think parents/guardians worry about. Invite parents/guardians to both add to this list and to point out the suggestions they agree with. Ask a parent/guardian group to then name the things they think adolescents worry about. Invite the adolescents to comment and add.
 4. Point out that the groups may have some good understanding of each other's worries, but still it can be challenging to talk about them openly. The next activity is designed to mix groups and give a change to practice talking about some of these things across the generations.

? Discussion questions:

- How did it feel to think about what the other generation might worry about?
- How many of those worries were related to SRHR? Why do you think that is?
- Do people tend to worry more about SRHR or other things?
- How can considering what someone else worries about help your relationship with that person be stronger?

Activity 3: Conversations between families (20 minutes)

1. Tell participants that you are going to begin the next activity by asking them to get into groups that do not include anyone else in their family. Each group must include at least one and no more than two teenagers and at least one but no more than two parents/guardians. (You may choose to assign groups or you can allow participants to form themselves into groups.)
2. Ask the groups to brainstorm at least five conversations that they think would be useful for families to have about sexual and reproductive health and rights. Give participants about five minutes for this brainstorming.
3. Ask each group to pick one of their brainstormed topics to focus on, and to discuss the following questions about their topic area:

* Adapted from *Creating Connections*

** Adapted from *Let's Chat*

Discussion questions:

- How would you like to be approached about this topic?
 - How would you most likely approach someone else about this topic?
 - Would parents/guardians and adolescents want to be approached in different ways? Why do you think that might be?
4. After the groups have had a few minutes to discuss these questions, ask them to think of ten ways that either a parent/guardian or an adolescent might be able to start a conversation about the subject.
 5. Ask each group to share to the large group:

Discussion questions:

- What was your chosen topic?
 - What is one good result that could come from parent-adolescent conversation about your chosen topic?
 - What is one way to open a conversation about your chosen topic?
6. Ask the groups to thank their group members for the conversation and give each other one encouraging comment about talking with their family about sexual and reproductive health and rights.

Activity 4: Conversations within families (20 minutes)

1. Ask participants to form family groups.
2. Begin by acknowledging that some participants may be excited about this part of the process while others are nervous, worried or even more hesitant to take the step of actually talking with their family. Tell participants that these feelings, as well as a range of other feelings, are all normal.
3. Ask participants to share with their families the parting encouraging words they were given from the group they just left.
4. Ask adolescents and parents/guardians to all share two or three of the topics that their previous group brainstormed as important for families to talk about.
5. Let participants know that the goal for the next fifteen minutes is to come up with a family plan for conversations about SRHR. Give each family a copy of **Handout: Family Plan for Conversation**.
6. It may be useful for the facilitator to walk between groups during this activity to help families answer these questions honestly and to build a positive family commitment statement.

7. When there is about five minutes of time left, let participants know that it is time for closing. If there is not time for the families to complete the handout, encourage them to take it home and complete it as homework.

Discussion questions:

- How will this plan help your family conversations in the future?
- How does it feel to have a concrete plan for guiding family conversations?

Activity 5: Things to remember (5 minutes)

1. If you have time, play a short game from the Facilitator Guide or another source.
2. Ask participants what they would like to share with their families that you talked about together today. Take several responses.
3. Tell participants that their homework is to finish **Handout: Family Plan for Conversation** if they haven't already, and/or to discuss another topic their family finds to be challenging, using the handout as a resource in navigating the conversation.
4. Thank everyone for their participation.



Handout:
Family Plan for Conversation

What are reasons why adolescents in this family may hesitate to talk about sexual and reproductive health and rights (SRHR)?

1. _____
2. _____
3. _____

How can the family make it easier for the adolescents in this family to talk about SRHR?

1. _____
2. _____
3. _____

What are reasons why parents/guardians in this family hesitate to talk about SRHR?

1. _____
2. _____
3. _____

How can the family make it easier for parents/guardians in this family to talk about SRHR?

1. _____
2. _____
3. _____

Our family commitment to talking about sexual and reproductive health and rights is:

1. _____
2. _____
3. _____

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