Creating Connections

Sexual and reproductive health & gender rights education for adolescents

Creating Connections is a parent and adolescent education program. This version of the program brings together activities that have been developed for a range of countries in the Asia Pacific region.
Creating Connections: Sexual and reproductive health and gender rights education for adolescents

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Welcome to Creating Connections

Education programs can help to promote sexual health, reduce violence, and build resilience in adolescents and young people. However, social and cultural conditions can work against open dialogue about sensitive issues. Creating Connections aims to address this challenge by using an evidence-based and theoretically-informed approach to provide participants with the confidence, knowledge and skills that they need to talk about social, mental, physical and sexual health issues.

Creating Connections is a comprehensive life-skills based education program targeted at adolescents and parents of adolescents. In the adolescent program, learning activities are designed to build knowledge and skills that enable adolescents to make well-informed, healthy and respectful choices about sexuality and relationships. It includes a focus on building personal resilience and also on providing support to peers. The adult program aims to ensure that parents are well-informed about sexual and reproductive health, and rights. It includes activities designed to build parents’ skills and confidence to talk to partners and children about gender and sexual and reproductive health.

Areas of focus include sexual and reproductive health, understanding gender and gender rights, respectful relationships, help-seeking, peer support, violence prevention, positive coping, and self-care. Each session builds on the next and all sessions involve a combination of knowledge building, critical thinking and skills practice. The theme of friendship and peer support is reinforced throughout.

The adolescent and parent programs can be run separately or simultaneously.

Creating Connections materials available for download:

- Creating Connections Introduction & Facilitator Tips
- Creating Connections for Adolescents (Core Sessions)
- Creating Connections for Adolescents (Optional Sessions)
- Creating Connections for Parents
- Creating Connections Joint Adolescent & Parent Session

It is recommended that all facilitators of the program read the Introduction and Facilitator Tips manual before getting started.
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Structure of the adolescent program

The Creating Connections core program for adolescents includes 10 session modules. Each session goes for 2 to 3 hours. Sessions are best delivered over an extended time frame (e.g. on a weekly or monthly basis). In addition to the core program, a range of additional session outlines are provided for optional use. Facilitators can choose from these modules to suit the needs of the group they are working with. The program can be delivered to single sex or mixed sex groups, depending on what is most suited to the setting and culture. Further advice on this is provided in the Introduction and Facilitator Tips manual.

### Core adolescent program

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<td>• To set a friendly tone and acknowledge that all participants are welcome and included&lt;br&gt;• To build friendship and support between participants&lt;br&gt;• To explain the aims of the program&lt;br&gt;• To agree on rules and expectations&lt;br&gt;• To identify positive and challenging aspects of growing up for males and females</td>
</tr>
<tr>
<td>Exploring gender and sexuality</td>
<td>• To build friendship and support between participants&lt;br&gt;• To understand the different terms used to describe sexual orientation and gender identity&lt;br&gt;• To gain awareness of the impact of same-sex attraction or transgender status on gender-based discrimination&lt;br&gt;• To develop positive norms for intervening to provide peer support for those experiencing gender-based stigma or discrimination</td>
</tr>
<tr>
<td>Gender and rights</td>
<td>• To build friendship and support between participants&lt;br&gt;• To encourage positive attitudes towards gender rights&lt;br&gt;• To become familiar with ‘rights-based’ language and arguments to support gender equity&lt;br&gt;• To identify situations in which a person may need to protect their rights relating to sex and relationships</td>
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| Conception: Where do babies come from?      | • To build friendship and support between participants  
• To provide information about how babies are conceived  
• To build comfort and confidence in talking about sex and relationships |
| Responsibility, choices and consent in sexual relationships | • To build friendship and support between participants  
• To think critically about personal choices and decisions in sexual relationships  
• To think critically about consent  
• To understand the negative effects of pornography on behaviour |
| Contraception and family planning           | • To build friendship and support between participants  
• To provide information about family planning and contraception  
• To develop confidence to talk about family planning and contraception  
• To provide information about the dangers of unsafe abortion  
• To think critically about choices and decisions around pregnancy |
| Sexual health, STIs and HIV                 | • To build friendship and support between participants  
• To provide knowledge about STI and HIV prevention  
• To encourage positive attitudes towards preventative sexual health  
• To develop confidence in talking about sexual health |
| Peer support and help-seeking               | • To build friendship and support between participants  
• To understand and practice assertiveness  
• To explore and practice active listening as a means of providing support  
• To explore and apply the notion of trust and courage in help-seeking |
Additional modules providing deeper exploration

Available to download here

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| Preventing interpersonal violence | • To build friendship and support between participants  
• To define different types of interpersonal violence and their immediate and long-term consequences  
• To identify non-violent alternatives to interpersonal conflict  
• To explore violence prevention strategies |
| Alcohol, drugs and peer pressure      | • To build friendship and support between participants  
• To provide knowledge about alcohol and drugs the association of use with risky behaviour  
• To identify the relative risks associated with different alcohol and drug use practices  
• To think critically about strategies for safety and self-care in situations involving alcohol and drugs |
| Mental wellbeing and self-care    | • To build friendship and support between participants  
• To identify a range of stressors and methods for managing stress  
• To explore the different emotions may occur/co-occur in response to certain experiences  
• To explore strategies for promoting wellbeing and for managing stress in ourselves and others |
| Positive coping                  | • To build friendship and support between participants  
• To identify a range of positive coping strategies  
• To understand the distinction between positive and negative coping strategies  
• To investigate the concepts of positive and negative self-talk |
Getting to know each other

Objectives

• To set a friendly tone and acknowledge that all participants are welcome and included
• To build friendship and support between participants
• To explain the aims of the program
• To agree on rules and expectations

Equipment

• Ball or other object to throw
• Flipchart and markers
• Questions box (cardboard box with a slit in the top) and slips of paper
• Chopsticks or pens (1 per person)

1. Welcoming participants

   5+ minutes

   a. Welcome the participants. Introduce the facilitator team and outline the aims of the program:
      - Creating connections with others – offering friendship and support
      - Talking about sexual health and reproduction
      - Talking about gender issues and building positive relationship skills
      - Practicing skills in good communication, help-seeking, peer support and positive relationships

   b. Explain that they will do lots of fun and participatory activities which will help them to develop good relationships with each other. They will also learn about sexuality and reproduction and how to deal with many of the issues of growing to adulthood. They will also look at some of the decisions people have to make in relationships, ways to cope with challenge and stress and ways to keep themselves safe.
2. The name call game

1 5+ minutes

a. Stand participants in a circle. Go around the circle and ask everyone to say their name.

b. In a second round, ask each person to say their name and add an adjective that starts with the same letter e.g. Brilliant Bayani, Super Sabina. As each person says their name (e.g. Brilliant Bayani) the rest of the group echoes in one voice (BRILLIANT BAYANI!).

c. 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 Bayani!). As each person says their name and makes a corresponding movement, the group echoes the name and movement in unison.

d. Ask participants for key messages from the game.

   Possible messages: In this program we are all expected to get to know each other and show friendship, respect and support, regardless of differences. Learning everyone's name is important.

3. Setting rules and expectations

1 15+ minutes

a. Explain to the group that it is important when working together to agree on some rules or expectations to help them stay productive and supportive.

b. The facilitator holds a ball (or another object that can be thrown between participants) and begins by suggesting one rule for the group and then throws the ball to someone else in the circle. The catcher will be the next to suggest a rule and explain it. They then throw to another person.

c. Ask a co-facilitator or a volunteer from the group to write them down on a flipchart at the front of the room.

d. Ensure that the following are included:

   • Encourage others to join in – Check to see everyone has a partner, encourage others to join in and to talk.

   • Respect differences of opinion – Agree to disagree, check that you understand other people's views.

   • Participate with all group members – Work with all other group members, join in the activities.

   • Keep the trust of others – Protect people's privacy by not using names when sharing stories.
4. Finding similarities and differences

5+ minutes

a. Arrange participants into pairs.

b. 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.

c. Ask each pair to report back on one interesting similarity and one difference.

d. Ask for some key messages from this game.

Possible messages: We have many things in common and also we are different. This is something to be enjoyed.

5. Introducing the questions box

5+ minutes

a. Introduce participants to the questions box.

b. Tell them that they will be learning lots of new information in this program. If they want to ask a question about any of the topics, they can write it on a slip of paper and put it in the questions box. The facilitator will do their best to make sure that all the questions are answered in the following sessions.

6. The connections game

10+ minutes

a. Explain that this activity will help the group think about friendship and support as well as the skills required for good teamwork.

b. Organise participants into pairs.

c. Explain that the first challenge in this game is for each pair to work together to keep a chopstick or pen ‘held’ between them. Each person in the pair should have their index finger in contact with one of the two tips of the chopstick, so that the chopstick is horizontal to the ground. Each pair will need to find the right tension in order to maintain their ‘hold’ on the object.

d. However, while they work at maintaining the right tension and holding the chopstick, pairs must also begin to move around the room, experimenting with turns and moving up and down, etc. without dropping the chopstick between them (demonstrate with a volunteer).

If you do not know the answer to a question that participants ask, tell them that you will try and find the answer so you can share it with them in the next session.

At the end of each game, ask the group what they think the key messages are. Give them a chance to contribute. Acknowledge their contributions and use the key messages provided only if needed.
e. Distribute chopsticks to each pair and allow them to practice.

f. Once partners have had a chance to practise and begin to master this challenge, add in other chopsticks to link pairs together with other pairs, until you have the whole group joined together and moving around the room. It is more fun if you play music during this game.

g. Ask participants for key messages from the game.

Possible messages: In this program, we will all work together to learn new knowledge and skills. We will also build friendships and a strong network. Our network is an important part of our life and influences our wellbeing and productivity.
Exploring gender and sexuality

Objectives

- To build friendship and support between participants
- To identify positive and challenging aspects of growing up for males and females
- To understand the different terms used to describe sexual orientation and gender identity
- To gain awareness of the impact of same-sex attraction or transgender status on gender-based discrimination
- To develop positive norms for intervening to provide peer support for those experiencing gender-based stigma or discrimination

Equipment

- Flipchart and markers
- Gender and sexuality fact sheet
- 4-5 large pieces of paper (or old newspaper)
- Questions box and slips of paper

1. Anyone who… game

5+ minutes

a. Welcome the group. Ask some participants to remind the group what they did in the previous session. Explain that today the focus will be on gender and sexuality.

b. Explain that the first game will help to highlight the similarities and differences among participants in the group.

c. Seat participants on chairs arranged in a circle (or mark their spots with shoes or paper).

d. 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.

e. 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.

f. Play a few rounds of the game. By this time participants will be seating in a mixed arrangement.
g. Ask participants for key messages from the game. Ask: Where in life do we need to be able to recognise and accept that people are different?

Possible messages: This game reminds us that we have some things in common, but also there are differences between us. When we can treat it as a good thing to have differences, then we will show respect to those who are different and protect their rights.

2. The positives and challenges of growing up

20+ minutes

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

b. Organise groups of 4 or 5.

c. Give each group a flipchart and ask them to write the Positive Things about Growing Up on one side of the page and Challenging Things about Growing up on the other side of the page. Write the things that are mixed across the middle. Assign some groups to brainstorm on behalf of females, and others males. (If appropriate, assign at least one group to brainstorm on behalf of transgender or third gender people.)

d. For each category (male, female, transgender), ask one group to read their positive list. Ask others to add additional items. Ask a different group to read their challenges list. Ask others to add additional items.

e. Compare the male, female and transgender lists. Note which items are common, and which are different. 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 these things are part of being male or female because this is how things commonly happen. These things can be changed, and many of them do change over time.

f. Ask the groups to mark the items on their lists that they also think were true for their parents and grandparents. Were there any different positives or challenges when their parents and grandparents were young? Is there anything that is changing that is affecting young people?

Possible messages: Growing up is exciting and there are lots of positive changes. There are also some challenges. Experiences can be different for boys and girls. It is important to work together to change negative gender norms, and to strengthen positive social norms and values.
There are no right or wrong answers in this activity. Some examples might include:

| Males | | |
|---|---|
| **Positives** | **Challenges** |
| Independence | Peer pressure |
| Relationships | Pressure to take risks |
| Can have a baby | Pimples |
| Increased responsibility | Stage of confusion |
| Freedom to express yourself | Work/study stress |
| Discovering new talents | Discrimination |
| | Pressure to earn income |

| Females | | |
|---|---|
| **Positives** | **Challenges** |
| Independence | Dysmenorrhea/menstrual pain |
| Relationships | Stressful experiences |
| Can have a baby | Pimples |
| Increased responsibility | Work/study stress |
| Freedom to express yourself | Discrimination |
| Discovering new talents | Pressure to help with domestic duties |

| Transgender or third gender | | |
|---|---|
| **Positives** | **Challenges** |
| Independence | Coming out |
| Increased responsibility | Being accepted |
| Freedom to express yourself | Managing body changes |
| Discovering new talents | Dealing with negative attitudes |
| | Not being understood |
| | Stigma |

3. **Gender expectations**

   🕒 20+ minutes

   a. Explain that from a very early age, girls and boys, women and men often have different expectations placed on them and can be treated differently.

   b. Ask the group to think about what they have already learned about sex and gender.

   c. Remind them that when we think about the difference between males and females, some of the differences are to do with sex – they are biological differences. Other differences are to do with gender – they are affected by our culture and history and the way that we organise what men and women do. This 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’.

d. Arrange participants into three groups and allocate each group and age: 4, 14 and 20.

e. Ask each group to brainstorm common differences in lifestyle, dress, behaviour, activity, interests, work or family duties for girls, boys, men and women at that age.

f. If they wish, they can construct a brainstorming table like the one below.

<table>
<thead>
<tr>
<th>Age: . . . . . . . . . . . . . .</th>
<th>Expectations of boys/men</th>
<th>Expectations of girls/women</th>
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<td>Clothes and presentation</td>
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<td>Play or leisure</td>
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<tr>
<td>Possessions/toys</td>
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<td></td>
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<tr>
<td>Behaviour at home</td>
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<td></td>
</tr>
<tr>
<td>Behaviour at school or work</td>
<td></td>
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</tbody>
</table>


g. Arrange for each group to report back. As they report back comment on the main differences noted between expectations on girls, boys, men and women. Question the group about the effects these differences might have in the lives of people.

h. 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).

Possible messages: Gender norms include attitudes about what it means to act, speak, dress and express oneself as a girl, boy, woman or man. While not all gender norms are perceived to be damaging or negative, they can be harmful or restrictive in that they limit people's opportunities and choices, lead to inequitable treatment or discrimination, and foster acceptance of harmful practices such as violence against women or violence against those who do not conform to traditional gender norms and expectations, such as gender diverse or same-sex attracted people.
4. Learning about diversity

20+ minutes

a. Explain that the next activity will help the group to think positively about the diversity between different people. Use the gender and sexuality fact sheet to introduce the following three terms:
   - Biological sex
   - Sexual orientation
   - Gender identity

b. Draw a simple chart like the one below and use the fact sheet provided to give more detailed information and to answer questions from participants.

| Biological sex: The physical body a person is born with |
|-----------------------------|-----------------------------|
| Female                      | Intersex                   | Male |

| Sexual orientation: Who a person is attracted to |
|-----------------------------|-----------------------------|
| Heterosexual                | Bisexual                   | Homosexual |

| Gender identity: Who a person feels they are |
|-----------------------------|-----------------------------|
| Woman                      | Transgender, third gender or gender fluid | Man |

It is important to be respectful and non-judgmental about diverse sexual orientations and gender identities. In this activity will deliver factual information rather than sharing opinions. Avoid using judgemental or stigmatising language.

c. Sum up with the following key messages:
   - People can be attracted to other people of the same or different genders. People who are attracted to people of the same gender are called same-sex attracted.
   - Some people do not feel they were born in the right bodies. They may choose to present themselves as another gender which differs from their sex assigned at birth. This is called transgender.
   - Some people are born with bodies that are more of a mix of male and female body parts. This is called intersex.
   - Same-sex attracted, bisexual, transgender and intersex people are often discriminated against, which is a violation of their human rights.
5. Equal or not?

40+ minutes

a. Explain that this activity invites groups to think further about the way in which people of different gender are treated in our community and how this affects their lives.

b. Assign participants to groups of three to four people. Allocate each group a gender (male, female, transgender). 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 allocated gender is treated in that setting.

c. Ask them to design and practice their statues in the group.

d. Now, ask groups to think about how they would like this situation to be for their children or grandchildren in the future. Ask groups to prepare a second statue showing how this situation might have changed, reflecting a change in the roles and expectations. This statue should have the same characters.

e. Once the groups have all prepared, ask 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.

f. Ask the audience to guess what is going on in the statues and comment on what it says about gender inequality.

g. Ask the audience to count in the group in again (‘1…2…3….FREEZE’). This time the group should rearrange themselves into their second statue, representing the preferred future.

h. Ask the audience: What has changed? How has the situation improved?

i. Now for the real challenge. Ask the group to consider what might need to happen to ensure that the second (preferred future) statue is the reality, and thus bring an improvement in the situation.

j. Repeat for each group.

k. Ask participants what they see as messages in the activity.

**Possible messages:** Gender expectations of girls, boys, women, men and transgender people influence the opportunities that are available to them and can lead to inequality. It is important to be aware of these expectations and to challenge them when they restrict choice or cause harm. It is possible to challenge and change harmful gender norms.
6. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask the group to think of some key messages or information from this session that they can pass on verbally to their friends and family. Ask for some volunteers to share.

7. The life-raft team game

10+ minutes

a. Explain that if people can be good friends, they will be more likely to be able to talk about sex with friends, family or partners. The first game is designed to develop their teamwork skills.

b. Divide participants into groups of equal size (around 4 per group).

c. Give each group a large sheet of paper (or use sheets of an old newspaper). The paper represents the life raft on which the group must be supported. They must not have any part of their body touching the ‘sea’ or the sharks may get them.

d. Ask the group members to hold their position on the life raft for 10 seconds.

e. Then ask groups to fold the paper in half. They have 20 seconds to work out how to have the whole group on the life raft. Then ask them to demonstrate and hold the position for 10 seconds.

f. Those groups who have someone fall off the raft or who touch the ‘sea’ must sit out for the next round.

g. Again ask groups to halve their paper. Now the life raft is very small.

h. Give the groups 30 seconds to find a way to support all of the team on the life raft.

i. Ask them to demonstrate and hold for 10 seconds.

j. If any of the groups have survived, play one more round.

k. Ask the group what they see as key messages in this game.

The games in this program have been designed to help explore the key themes within the associated topic and to open thinking about values and strengths. You can add brief energisers to liven the group, but be sure to use the main games to open discussion and find relevant key messages.

The groups will work out that they have to hold and lift each other as the paper gets smaller, or they may find they can balance by using each other for support.
Fact Sheet: Gender and Sexuality

**Biological sex:** Most people are born with either male or female sexual anatomy. Intersex is the word used to describe those people who are born with biological sexual anatomy which differs from the typical male or female anatomy – biologically they are neither clearly male nor clearly female, but parts of their bodies are more like a mixture. They have their own category called intersex. This is not an illness. It is just the way some people are born. People who are intersex often face discrimination. This is partly because many people do not understand that this category exists. Intersex people deserve to be treated with respect just like everyone else. Intersex people have the same range of sexual orientations and gender identities as non-intersex people. They can identify as gay, lesbian, straight, bisexual, or something else. They can also identify as men, women, or neither.

**Gender identity:** Gender identity is the gender that people feel that they are. While it is most common for people who are born with male anatomy to identify as a boy or man and for people who are born with female anatomy to identify as a girl or woman, this is not fixed. Some people may feel that they identify more strongly with the gender that is not typically associated with their biological sex. Sometimes these people identify as transgender or third gender. Many transgender people adopt the clothing and lifestyle of the opposite sex as this fits best with who they feel they are, but they face many social barriers. Some choose to have medical treatment to help their bodies change to become more like that of the opposite sex. Transgender people experience a lot of discrimination and negative pressure from those around them. This can have serious effects on their learning, employment, health and happiness.

An increasing number of countries in the world legally recognise the gender of transgender or third gender people, meaning that people can legally identify as transgender (for example they can identify as transgender on their passport or have their gender changed to ‘transgender’ on their birth certificate).

**Sexual orientation:** Most people grow up to be attracted to the opposite sex. We call this being heterosexual. However, many people are not attracted to the opposite sex. They may be attracted to the same sex, which we call homosexual or same-sex attracted, or to both sexes, which we call being bisexual. Being attracted to someone does not mean you actually have sexual activity with that person.

Some people have same-sex relationships just for a while during their youth. Sometimes this is a way of learning about their sexuality.

People do not choose who they are attracted to. But they do choose who they have sexual activity with. People who are homosexual do not choose to be attracted to the same sex because of some problem or sickness. They are simply made that way. They often face stigma and judgment, however they should have the right to fair treatment and acceptance. Research suggests that around one in ten people may be homosexual rather than heterosexual.
Gender and rights

Objectives

- To build friendship and support between participants
- To encourage positive attitudes towards gender rights
- To become familiar with the use of 'rights-based' language and arguments to support gender equity
- To identify situations in which a person may need to protect their rights relating to sex and relationships

Equipment

- Rights dilemmas cards (1 or 2 sets) 
- Paper sword (made by rolling several large sheets of paper into a tube)
- Questions box and slips of paper

1. Keeper of the keys game

5+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that this session will explore gender and rights.

b. Explain that the first game will allow the group to have fun, but at the same time help us to think about how hard it can be to protect ourselves if we are blind to our rights.

c. Ask the group to sit in a circle and ask a volunteer to stand in the middle. This person will be the 'Guard'. Blindfold this player and give them a sword (made by rolling several sheets of newspaper into a tube). Place a set of keys at their feet.

d. Once the player is blindfolded, select another player from the circle to be the Thief. Their role is to sneak up and steal the keys from the Guard, and then run back to their position in the circle without being hit by the Guard's sword. The Guard cannot see and must listen carefully and swing their sword to protect the keys. Play a few rounds of the game, swapping the players each time.

e. Ask participants what they see as messages in the game.

Possible messages: It can be hard for people to protect themselves effectively when they are blind to their own rights, particularly if others want to steal or violate these rights. It is important therefore for people to be informed about their rights. It is also important for people to know where to seek help if their rights or someone else's are being violated. We will explore this concept of rights in this session.
2. Rights and responsibilities

15+ minutes

a. Remind the group that in every society, expectations on girls, boys, men and women have a strong influence on people's behaviour and choices. Explain that it can be difficult to act in a way that goes against these expectations and if we do, people may react with shock or anger. Sometimes however, these expectations and norms limit people's opportunities, lead to harmful practices and the abuse of people's rights. In this activity we will focus on ways to protect our own and others' rights without bringing ourselves or other people to harm.

b. Explain that human rights are freedoms and entitlements that all people should be entitled to simply because they are human beings. Working towards human rights for all is a way of ensuring that all people are properly and equally respected, regardless of their age, gender, health, sexuality, religion or country of origin.

c. Ask participants to give some examples of the rights they think people should have.

d. Explain that all people have the right to:
   - Protection from violence
   - Food, water, shelter and clothing
   - Freedom from torture
   - Education
   - Health, including access to information and services

e. Explain that human rights ensure that people are safe and healthy. All people are entitled to their human rights, but are also responsible for working together to ensure that others enjoy their rights.

f. Talk about protecting rights. It is important to acknowledge that sometimes, even though most countries have signed an agreement with the United Nations (a large international organisation) 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 ensure that these people are treated fairly. Ask the group who they think some of these people might be. Answers might include people with a disability, people from ethnic or religious minorities, children and women.

g. Point out that in many countries, it is recognised that efforts are needed to ensure that women's rights are protected. Violations of women's rights include preventing them from making decisions that affect their lives, discrimination in education or employment, violence within their own home and harmful traditional practices. Violence against women and girls is one of the most widespread violations of human rights in the world.

h. It is also recognised that special efforts are needed to protect the rights of people who identify as same-sex attracted, bisexual, transgender or intersex. These people face much higher rates of harassment and hostility in many areas of everyday life.
i. 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.

j. Ask participants to talk in pairs. Imagine if in your community all people had their rights. What would be different?

k. Ask some pairs to share their thoughts with the group.

l. Option: Invite participants to form groups and design a community awareness poster that highlights the human rights of people who tend to face discrimination (e.g. women, same-sex attracted, bisexual, transgender or intersex people).

m. Ask participants what they see as messages in the activity.

   **Possible messages:** There are many actions that people can take to protect the rights of others or to assert their own rights. In relationships, it is important to respect other peoples’ rights but also to assert that our own rights are respected.

### 3. Rights dilemmas

⏰ 15+ minutes

a. 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.

b. Give each group one gender rights situation to discuss and then report back to the group.

c. If there are low literacy levels in the group, read each scenario aloud. Assign one scenario to each group as you read them.

d. In the discussion they will consider:
   - *Is anyone being wrongly treated here?*
   - *Whose rights are being abused? In what ways is this abuse happening?*
   - *What should change here?*

e. Ask groups to read out their scenario, and describe whose rights they think were abused and what should change.

f. Highlight that naming the wrongful behaviour can be a first step in identifying the need for change in relation to protecting people's rights.

Many of the activities within Creating Connections use scenarios to trigger critical thinking, debate and discussion. The scenarios provided in this manual are a selection of those that have been developed for a range of countries (including Viet Nam, Bangladesh, China, the Philippines and Indonesia). As a facilitator, you can choose the scenarios that are most relevant in your setting. You can also change scenarios (e.g. change the names, places and situations) to reflect local realities.
4. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask each person to share either one thing that they liked or one thing that they learnt during this session.

5. Who is leading?

10+ minutes

a. Point out that in society, things tend to stay the same in relation to gender norms and gender inequality, especially if we all keep doing things the way they have been done. For change to happen, people have to take steps to change practices. Even when these steps are small, they may take courage.

b. Participants sit in a circle.

c. One person leaves the room. This person is the detective.

d. Appoint one participant to lead the movements.

e. This person will begin 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.

f. Call the detective in. They must try to spot who is leading the motion. They have only 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.

g. Ask for key messages from the game.

Possible messages: In society, things tend to stay the same in relation to gender norms and gender inequality, especially if we all keep doing things the way they have been done. For change to happen, people have to take steps to change practices. Even when these steps are small, they may take courage.
Rights dilemmas cards

A selection of scenarios developed for Bangladesh
(Copy and cut up 1 or 2 sets)

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

- 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 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.

- 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 others do to help to make sure her rights are protected? (name as many actions as possible)
Jayden is 16. He does not have to do any chores at home. After school he can spend time with friends or play computer games and he has still got 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.

- 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 others do to help to make sure her rights are protected? (name as many actions as possible)

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.

- 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 others do to help to make sure her rights are protected? (name as many actions as possible)

Sixteen year-old Lichu’s parents have chosen a husband for her and are making arrangements with his family for the marriage. Lichu 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 mother says the wedding must be soon as the man does not want to wait any longer to start his family.

- 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 others do to help to make sure her rights are protected? (name as many actions as possible)
Changes at puberty

Objectives

- To build friendship and support between participants
- To develop understanding of changes at puberty
- To develop confidence in discussing changes at puberty

Equipment

- Large sheets of paper and sticky tape
- Changes at puberty fact sheets (optional)
- Questions box and slips of paper

1. The ‘fruit salad’ group mixing game

5+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that in this session the topic is changes at puberty.

b. Explain that the first game will help people to mix and sit with different people.

c. Seat participants on chairs arranged in a circle.

d. Divide all players into four groups of fruit by going around the circle and naming them either banana, mango, papaya or watermelon.

e. The facilitator stands in the centre of the circle. They do not have a chair. When they call out the name of one of ingredient, all players of that category must move to a different chair. For example, on the call of ‘banana’, all bananas 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.

f. The next person will then make a new call.

g. If the category of ‘fruit salad’ is called, all players must find a new chair.

h. Play a few rounds of the game. By this time participants will be seating in a mixed arrange-ment.

i. Ask for some key messages from this game.

Possible messages: We all share the category ‘people’ just as the banana, mango, papaya and watermelon share the category ‘fruit salad’. In the Creating Connections program, all people are included and respected regardless of any differences between them.

Remind the group about the ground rules that they developed as a group in the first session. Display them on the wall so that you can refer back to them or add to them if need be.
2. Changing bodies

30+ minutes

a. Point out that in the next activity they will focus on all the changes that happen to bodies at puberty. Explain that puberty is the process of physical changes by which a child’s body becomes an adult body capable of reproduction. Puberty starts at different times for different people, but for most it starts between ages 9 and 16.

b. Organise participants into groups.

c. 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, ask them to draw a body shape on a smaller page.

d. Ask participants to write or draw on to the body the changes that happen at puberty. Allocate some groups to complete the task for males and some for females.

e. Refer to the fact sheets provided to help groups identify any changes that they have missed.

f. After groups have finished, ask two groups to present (one for male and one for female). Other groups can add any others that were not on the first group’s diagram.

g. Highlight that changes at puberty are nothing to be ashamed of – they are part of growing up and becoming an adult. Changes at puberty can be distressing if we don’t understand them or can’t talk openly about them. Changes to the body can be particularly distressing for transgender young people.

3. Learning and teaching about puberty

15+ minutes

a. Ask participants to work in same-sex pairs and discuss three questions:

- At what age do you think it is best for children or young people to learn about puberty and why?

- Who do you think should teach children or young people about puberty?

- What are the positives and negatives from learning about puberty entirely through what you might find on the internet?

b. Ask some pairs to report back to the group. Encourage difference of opinion.

c. Explain that often people who did not get information about puberty before their body started to change say that they wish someone had told them earlier so that they had some warning (rather than getting a shock!). However, this is a topic that people (even parents and teachers) are often shy or embarrassed to talk about.
d. Now that participants in the group have knowledge about puberty, they will use a role play activity to practice explaining what they know.

e. Ask participants to work with their partner. Person A will play the role of the older brother/sister (the taller person in the pair) and Person B will play the role of the younger brother/sister. Person B (the 10 year old younger sibling) will start the scene by walking up to their older ‘sibling’ saying, ‘My teacher says we will go through puberty soon – but I don’t know what that is. What is going to be happening at puberty?’ The role of the older sibling is to give information and the role of the younger person is to ask plenty of questions. Show them when to start by calling out ‘Lights, camera, action!!!’

f. After a few minutes, ask partners to swap roles.

g. Once everyone has had a turn in both roles, bring the group together and ask for some volunteers to perform their role play to the group.

h. Ask the observers to give some coaching to the character of the older sibling so they can improve their explanation. Ask the original actors to re-play the scene whilst trying out some of the coaching, or, alternatively, ask for volunteers to come and show their suggestions in action.

i. Ask the group how confident they feel to provide accurate information about matters to do with physical changes at puberty.

j. Ask participants what they see as messages in the activity.

Possible messages: People go through a range of physical, emotional and social changes at puberty. It is important to learn about these changes ahead of time so that they don’t come as a shock. Some people are embarrassed or shy to talk about physical changes at puberty. Others find it is hard to find someone to discuss social or emotional changes with. So it is a good idea to practice talking about these things.

4. Questions and reflection

⏰ 10+ minutes

a. Thank the group for their participation.

b. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

c. Provide paper and pens so that participants can post more questions if they would like to.

d. Remind the group that in this session they have focussed on changes at puberty. Ask participants to turn to the person next to them and tell them one thing they learned in this session.
5. Sitting circle game

10+ minutes

a. Ask participants to stand in a well-shaped circle, all facing in the same direction. They should stand close enough to be able to touch the elbow of the person in front of them.

b. On the count of three, each person is to slowly sit so as they are seated on the knees of the person in front of them. This will mean each person is holding up one other person.

c. On the count of three ask them to rise.

d. If time allows, repeat the game. This time when seated ask participants to wave their hands above their heads.

e. Point out that this is what support looks like. Everyone does their small part to make the whole group work, and everyone is important in providing and receiving support.

f. Ask for key messages from this game.

Possible messages: Team-work is important in this game. Everyone is both giving support and receiving support. Just as in this game, the Creating Connections program will provide many chances for the group to work together, contribute, support and be supported by each other.
Fact sheet: Changes at puberty for male bodies

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. Males generally start puberty a little later than females. Some males will show changes as early as 11 or 12, others do not experience changes until they are a little older, 15 or 16. If a male starts puberty a little later or earlier than his 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 males experience during puberty include:

**Body size and shape:** At the age of puberty, the body starts to grow rapidly and experiences many changes. For many males, the growth peaks about two years after the beginning of puberty. Shoulders will broaden and muscles will get bigger. Some males may experience slight swelling under the nipples, which is temporary.

**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 a normal part of the growth process for males. Eventually the voice will change to a more permanent deeper tone.

**Reproductive organ changes:** Puberty is the time when the reproductive organ experiences the most changes. 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.

**Pubic hair:** In males, the first pubic hair usually appears on the scrotum or at the base of the penis. These hairs will grow thicker and darker over a few years. Apart from hair starting to grow on a boy’s body, it also grows on their face. Usually, this hair is fine at first, but gets thicker and darker towards the end of puberty.

**Erections:** An erection is when the penis hardens and lengthens. This 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 males during puberty, and with time they will become less frequent.

**Wet dreams:** At puberty, males 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.

**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.
Fact sheet: Changes at puberty for female bodies

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. Females generally start puberty a little earlier than males. Some females will show changes as early as 9, others do not experience changes until they are a little older, 15 or 16. If a female starts puberty a little later or earlier than her 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 females experience during puberty include:

**Body size and shape:** Leading up to and during puberty, the body begins to change and grow. For example, breasts emerge, buttocks become more developed and the fatty layer under skin thickens.

**Breast Development:** At puberty, the breasts start to grow. As each body starts to grow in its own time, it is no surprise that at the same age group, some girls have flat breasts while those of others are already full.

**Reproductive organ development:** During puberty, the reproductive organs develop and change. This means that they will not look like those of a child’s any more. Reproductive organs like the inner and outer labia, the clitoris and the vagina grow; hairs start to grow around the vulva 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.

**Menstruation:** Menstruation (also referred to as a ‘period’) is a sign demonstrating that a female 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 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. The average amount of blood loss during menstruation is 35 millilitres with 10 – 80 millilitres considered normal.

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 or 18. If a female is 18 and has not experienced menstruation yet she should consider seeing a doctor to get checked.

**Vaginal discharge:** When a girl 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.

**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 and under the armpits.

**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). After puberty, using an antiperspirant can help to reduce sweating, and some also inhibit bacterial growth.
The menstrual cycle

Objectives

- To build friendship and support between participants
- To develop understanding of the menstrual cycle
- To develop confidence in discussing menstruation

Equipment

- Menstrual cycle fact sheet (optional)
- Collection of commonly used feminine hygiene products (e.g. sanitary pads, tampons, paper and/or cloth)
- Measuring jug
- Bowl of water
- 4 glasses
- Spoons
- Questions box and slips of paper

1. Winking game
   5+ minutes

   a. Welcome the group. Ask some participants to remind the group what they did in the previous session. Explain that the focus of this session is the menstrual cycle.

   b. Sit the group in a circle of chairs, or if sitting on the floor have each person mark their spot with their shoes, or with a sheet of paper.

   c. Explain that the purpose of the game is to try out many seats in the circle (or to stand in front of many different spots). Aim to get as many swaps as you can.

   d. The way you get to try out a new spot is to wink at a person across the circle. If they catch eye contact and wink or nod back, then you swap spots.

   e. Remember to look for who might be winking at you.

   f. Ask for key messages from this game.

   Possible messages: Throughout the program we will be mixing and working with others so as to get to know each other and to build a strong support network. This means it is important to pay attention to others and make sure everyone is treated with respect and can join in.
2. Talking about menstruation

10+ minutes

a. Tell a couple of stories about how girls you know first found out about menstruation (do not use names or identify the girls).

b. Ask the participants to turn to a partner and tell stories about how they were told, including if they were told. Ask them to discuss who they think should tell girls and at what age they should be told. Extend the discussion to talk about who should tell boys and when they should be told.

c. After talking in their pairs, ask some volunteers to share their views about when people should be told, and about who should tell them.

3. What is menstruation?

20+ minutes

a. Explain that one of the changes that female bodies undergo at puberty is the onset of menstruation. This is called ‘menarche’. When a female starts to menstruate, it means that her body is developing and is now able to conceive a child. While females experience their first menstruation during puberty, many will wait for a long time before they decide they would like to try to conceive a child.

b. Use the fact sheet provided to give basic information about menstruation. As you explain, it is useful to draw a simple diagram like the one below to demonstrate the journey of the egg.

![Female reproductive system diagram]

Female reproductive system

c. Invite and answer questions. Note that the group will talk more about the role that the menstrual cycle plays in conceiving children in a later session. Provide participants with a copy of the fact sheet if you wish.
4. Hygiene and personal care: Products and practices

10+ minutes

a. Sit group in a circle. Hold up samples of hygiene products (sanitary pads/tampons/paper/cloths) one at a time and explain what they are and how they are used before passing them around the circle.

b. Point out that if females cannot access disposable products, they can make cloths using old material. It is essential that these are changed regularly and kept clean. After each use, cloths need to be washed properly with water and soap. Once they are washed, it is important to dry them properly because if they are damp, they may cause infection.

c. If females are using disposable products, such as sanitary pads, it is best to change them regularly and throw used ones in the rubbish.

d. Washing the body is important during menstruation.

e. Most females like to have a small purse in which they keep a few products just in case they need them or in case a friend needs to borrow them.

5. The absorbency test

10+ minutes

a. 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.

b. Ask for a volunteer to measure out 80 millilitres of water into a glass to indicate how much this is. If you have some sample sanitary pads, show how they can absorb the water.

c. Explain that the products allow girls and women to engage in their normal day-to-day activities (although they should still be changed regularly – every 2 or 3 hours).

6. Questions and reflection

10+ minutes

a. Thank the group for their participation.

b. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

c. Provide paper and pens so that participants can post more questions if they would like to.
d. Remind the group that in this session they have focussed on menstruation. Ask them to sum up their knowledge by taking turns around the circle to say one thing they know about menstruation which they think should be told to a 10 year old female. They are to imagine that she has never heard about menstruation.

e. Ask each person to add one piece of information.

7. Spoon of water relay

10+ minutes

a. Explain that this game involves teamwork. It can also remind us in a humorous way that females have to find ways to manage menstruation. If people were not shy about this then life would be more relaxed for females.

b. Organise players into teams of equal size (around four to five in each).

c. Give each player a spoon.

d. Arrange each team in a line radiating out from a central table on which is placed a large bowl of water. Place a glass of water at the end of each team line on a chair or on the floor.

e. Upon the leader’s signal, each team leader scoops a spoon of water from the bowl, and then pours it into the spoon of the next person in their team. This person pours it into the next person’s spoon. The water travels down the line and the last person pours it into the glass. While this is happening the leader has scooped a new spoonful from the bowl and continues to pass water down the line.

f. At the end of the game, the winning team is the one with most water in their glass.

g. Ask for key messages from this game.
Fact sheet: Menstruation

When a female starts to menstruate, it means that her body’s reproductive system is developing and getting ready to be able to conceive a child. When a female reaches puberty, her body starts to produce eggs. Females 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.

While the egg is developing and travelling down the fallopian tubes 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 male sperm, then the ‘nest’ will protect and nourish the egg as it grows into a baby (see the information sheet on reproduction).

If the egg is not fertilised by a male sperm 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. The egg is so tiny that it is not possible to see it.

About two weeks later 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.

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 female is 18 and has not experienced menstruation yet, she 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. Females might notice other changes in their body during the menstrual cycle, some experience cramps in their abdomen and others experience sore breasts. Because of changes in hormone levels, menstruation may also affect the emotions slightly.

Everyone is different, but over time individuals will get to know what their menstrual cycle is like.
Hygiene & Personal 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 sanitary pads and cloths. If a female has just started menstruation and is not regular yet, she may want to take a pad or cloth with her in her handbag. If menstruation comes unexpectedly and she does not have one of these products, she can use a clean piece of cloth or tissue for the same purpose.

Sanitary pads

Sanitary pads are rectangular pieces of material worn in the underwear to absorb menstrual blood 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 – each girl will be able to find one that is comfortable for her. Girls should remember to change pads about every four hours and be careful about washing their hands afterwards.

Reusable rag or cloths

Cloths or rags can be made using layers of old fabric. It is essential that these are changed regularly and kept clean. After each use, cloths need to be washed properly with water and soap. Once they are washed, it is important to dry them properly 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.

Myths and facts about menstruation

<table>
<thead>
<tr>
<th>Myths:</th>
<th>Facts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If you shower or take a bath during your menstruation you will get sick.</td>
<td>• It is recommended that during menstruation you wash regularly to keep the body clean. A warm bath can also soothe or relax menstrual pains.</td>
</tr>
<tr>
<td>• When menstruating, women should stay in bed and avoid strenuous activity.</td>
<td>• Women are not weak during their menstruation and generally can get on with usual day-to-day activities.</td>
</tr>
<tr>
<td>• Menstrual blood is toxic or unclean.</td>
<td>• Menstrual blood is not toxic or unclean, there is no need to use vaginal cleansers during menstruation.</td>
</tr>
<tr>
<td>• Eating certain foods will shorten or delay the menstrual period.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• It is not possible to get pregnant during the menstrual period.</td>
<td>• It is possible to get pregnant if you have sexual intercourse during menstruation.</td>
</tr>
</tbody>
</table>
Conception: Where do babies come from?

Objectives

- To build friendship and support between participants
- To provide information about how babies are conceived
- To build comfort and confidence in talking about sex and relationships

Equipment

- Blindfolds (one or two)
- Flipchart with illustrations for story activity (copy the examples provided)
- Bundles for baby relay
- Conception fact sheet (optional)
- Questions box and slips of paper

1. Cat and mouse game

10+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that in this session the topic is where babies come from.

b. Point out that they will play a game that will help the group think about relationships. It is a game in which the cat tries to capture the mouse. Ask participants to think about the key messages in this game related to relationships.

c. Ask participants to form a circle holding hands. The circle forms the boundary for the game.

d. Ask for two volunteers. One is the cat who will wear a blindfold. One is the mouse. This person does not wear a blindfold. The aim of the game is for the cat to capture the mouse. The cat may call out as often as they like ‘Where are you?’ The mouse must answer straight away, saying ‘Here I am’. The people forming the circle must make sure the cat and mouse stay in the circle.

e. If the cat has not caught the mouse in one minute, stop the game and choose a new cat and mouse to play in their place.

f. If the cat catches the mouse within one minute, they can stay in the circle and a new mouse is sent in.

g. Play a few rounds of the game.

h. Ask for key messages from this game.
Possible messages: This game can remind us that in the romance game, people pursue each other. If they are to be together however, they need to take the blindfold off and begin to talk about what they each want from a relationship, including when it comes to sexual relationships. The blindfold can represent ignorance. If we are ignorant about our partner, or about what can happen if we start a relationship, then we may come to harm or make choices that we later regret.

2. Sharing myths and funny stories about where babies come from
   (1) 20+ minutes
   a. Organise people into groups of 4 or 5.
   b. Ask them to take a few minutes to tell each other any myths or funny stories that are sometimes 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).
   c. Allow around five minutes to talk.
   d. Ask some groups to share.
   e. Point out that in every community there are myths and funny 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 also given accurate information about how babies are made.

3. How are babies made? The basics
   (1) 20+ minutes
   a. Explain to the group that we will listen to a simple explanation/story that is designed for young children to tell them about how babies are made. This will remind many of us that we wanted to know the answer to this question when we were very young – but for many of us the explanation given was not very good or helpful.
   b. Read out the story – holding up the pictures as you would for young children.
   c. Explain that this is a simple explanation designed to tell young children, but it gives an idea of the basics.
   d. Ask people to put up their hands if they remember being told the information in this story before they were 10 years old. Ask those who were told some different story to put up their hands. Ask those who do not remember being told any story at all to put up their hands.
   e. Explain that while it is important that families can talk with each other about sex, many families feel too shy or embarrassed because this is not what happened in earlier times. The aim of this program is for them to be well informed about sex and to become more comfortable to talk about sex to friends and families.
How are babies made? A simple story

To create a baby, sperm, which comes from a male, needs to meet with an egg, which comes from a female.

The female has eggs in her ovaries. The male has sperm in his testes.

When the male and the female want to make a baby, they have physical contact called sexual intercourse.

During sexual intercourse, the male has a tube called a ‘penis’ that goes into the female through a little hole called a ‘vagina.’ The sperm swim through the tube, using their tails, and into the female to look for the egg.
When the sperm go into the female, they have a race to get to the egg. The winner gets to the egg and they join together and start to grow into a baby.

Over nine months, the baby gets bigger and bigger and bigger.

Once the baby is ready (after nine months) it pops out! This can be hard work for the mother – but it is worth it and everyone cheers!

Acknowledgement: The explanation and illustrations above are based on those used in Babbette Cole’s Mommy Laid An Egg: Or, Where Do Babies Come From? Chronicle Books, 1993
f. If participants have questions or require additional information, provide more detail from the fact sheet provided.

g. Explain that because of health risks of early pregnancy and childbearing (both for the mother and the child), health professionals recommend that females delay childbearing until they are aged 20. Couples can practice abstinence or use a modern method of contraception to avoid pregnancy at younger ages (explain that they will learn more about contraception in a later session).

h. Explain that health professionals also recommend that after giving birth, a female should wait for two years before the next pregnancy. This is to reduce health risks to the mother and baby. 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.

i. Invite participants to ask questions, using the questions box if they want to.

j. Highlight that it is important that young people know the facts about how babies are made so that they can make responsible decisions about sexual activity. It is also important to know that for health reasons, it is recommended that females to wait until they are 20 to have their first child.

4. Truth or myth?

10+ minutes

a. Explain that as has been discussed in the previous activities there are often myths (common misconceptions or silly stories told to small children) about where babies come from. In this activity, we will make sure we know the difference between what is the scientific truth and what is a myth.

b. Read out the statements below. Explain that some are myths and some are facts. Ask participants to help to provide the facts. After they have answered read out the fact, and correct any errors in their responses. Make sure you read out the correct statement for each one, even if most of participants get it right!

- **It is not possible for a female to get pregnant the first time she has sexual intercourse with a male**
  
  *This is a MYTH – a female can become pregnant any time that she has sex with a male, even the first time. The only way to prevent pregnancy is abstinence (not having sexual intercourse) or use of a modern and effective contraceptive (e.g. a condom).*

- **Health professionals advise that females should wait until they are aged 20 or older to have their first child because pregnancy at an earlier age is associated with health risks for the mother and the baby**
  
  *This is TRUE. It is important that a female’s body is fully developed before she begins childbearing. Childbearing at an early age is associated with greater health risks for the mother and for the child.*
• If the male withdraws from the female before ejaculating, she will definitely not become pregnant.

*This is a MYTH.* Withdrawal is not a reliable method of preventing pregnancy. The only reliable means of preventing pregnancy are abstinence or a modern method of contraception.

• If the female jumps up and down after sexual intercourse she can prevent conception and pregnancy

*This is a MYTH.* The only way to prevent pregnancy is abstinence or use of a contraceptive (e.g. a condom).

• There are many ways to prevent conception from happening during sexual intercourse

*This is TRUE* – there are many modern methods of contraception which include things like condoms or the contraceptive pill, which we will learn about in a later session.

c. Ask participants what they see as messages in the activity.

**Possible messages:** It is important people to know the truth about conception so that they can make well-informed decisions about sexual intercourse in future relationships.

5. Making a children’s picture book (Optional)

40+ minutes

a. Invite participants to design a simple children’s picture book that explains how babies are made.

b. They can write the words and draw simple illustrations.

6. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask participants to turn to the person next to them and tell them one thing they learned in this session and one thing they would like to learn more about.

d. Ask some pairs to report back to the group.

Some people may like to share their picture books with friends or family to read with younger children.
7. Pass the baby relay

10+ minutes

a. Point out that this game will test the group’s cooperation skills.

b. Organise two teams.

c. In each team the players form pairs. Each pair stands side by side and ties their inner leg together with a scarf or piece of cloth. To walk they must coordinate the movement of their legs.

d. Gather the pairs one behind each other so as the two teams are ready for their race. Down the other end of the room place a chair for each team to run around.

e. Give the first in line for each team a bundle to carry. This bundle is the baby that the couple must carry.

f. The first couple from each team begins by rushing to one end of the room. Together they carry the baby. They run as best they can with their legs tied together. They run around the chair and then return to pass the baby to their teammates who then continue the race.

g. The winning team is the one that has their last pair return first with the baby.

h. Ask for key messages from this game.

Possible messages: This game can remind us of the responsibility of parenthood and the binding tie of romantic and sexual relationships, each of which take responsibility and commitment.
Fact sheet: How are babies made?

To create a baby, sperm from a male needs to fertilise an egg from a female. This usually happens when a male's penis and female's vagina are joined together. This joining is called sexual intercourse or sex.

Sperm are the male sex cells. Males begin to produce sperm 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.

The eggs are the female's sex cells. A female's ovaries contain thousands of eggs. When a female reaches puberty, one egg develops and is released during each menstrual cycle.

When a male and a female have sexual intercourse, their sexual organs begin to work – the penis becomes hard and erect. The vagina becomes wet and slippery. This means that the penis can slide easily inside the vagina. The male and female move together and the penis slides in and out of the vagina.

Eventually during sex, the male ejaculates. This means that semen (containing sperm) begins to move through the male reproductive organ and into the female's vagina. A male ejaculates between two and five million sperm. The sperm swim up the vagina, into the female's uterus and towards the fallopian tubes. The diagram shows how sperm travel through the female reproductive system to fertilise an egg.

Hundreds of sperm surround the egg, but only one sperm can fertilise the egg. If a sperm fertilises the egg, a new life begins. This is called conception. The egg and sperm join and form one cell. A few hours later, the cell splits in half to create two cells, these cells continue to split until a ball of cells is formed.
Male or female?

The biological sex of the child is determined at the moment of conception - when the sperm and the egg meet. The sex of the baby is determined by ‘sex chromosomes’. There are two types of sex chromosomes: X chromosomes and Y chromosomes. The sperm and egg each contain one sex chromosome. The egg carries only one type of sex chromosome, the X type.

However, there are two different types of sperm. One carries the X chromosome and one carries the Y chromosome. If an X sperm meets and fertilises the egg, the result is an XX conception – a female. If a Y sperm fertilizes the egg, the result is an XY conception – a male. Therefore, the sex of the child is determined by the sex chromosome carried by the sperm.

The ball of cells continues to grow cells as it moves down the fallopian tube. It takes about seven days to reach the uterus. It burrows into the soft lining of the uterus.

The cells on the inside will grow into a baby. The cells on the outside join the wall of the uterus and form a protective organ called the ‘placenta’. The placenta provides the baby with food and oxygen from its mother.

It is important to know that babies are not made every time a male and female have sexual intercourse. It only happens if a sperm joins with an egg at the right time.

Infertility

It is important to know that some people are never able to have their own children. This means that a male and female may have sexual intercourse, but never actually make a baby. They are described as ‘infertile’. Usually, this is to do with the reproductive organs not working properly. Doctors can sometimes help these people have babies.

Miscarriage

In the early stages of pregnancy, some females have what seems like very heavy and painful menstruation. This is a sign that the body is getting rid of the baby and the lining of the uterus. It is called a ‘miscarriage’. Many females who have miscarriages have a healthy baby next time they conceive.

During pregnancy unborn babies float in the amniotic sac within the uterus. The sac is filled with fluid that cushions, protects, and nourishes the baby as it develops. The baby receives oxygen and nourishment and has waste removed through the placenta, which is an organ that develops in the uterus during pregnancy. The placenta attaches to the wall of the woman’s uterus, and to the baby via the umbilical cord. Many things can affect the baby as it develops. To help the baby grow properly, the mother should eat well. She should avoid smoking, alcohol and other drugs. It is also important to visit the clinic or doctor to have regular check-ups for the mother’s and baby’s health.
Changes in the mother

Many changes happen to a female's body when she is pregnant. Menstruation usually stops. Breasts may grow bigger and feel a little uncomfortable. This is because they are preparing to make milk. The woman may also feel tired and sick, especially in the first few months of pregnancy.

Birth

Most babies are ready to be born around 40 weeks (around nine months). By this time, many of them 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 mother's 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 of its mother. 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 mother). Finally, the mother pushes out the placenta and umbilical cord.

Recommended minimum age for first birth

Childbearing at an early age is associated with greater health risks for the mother and for the child. This means that it is important that a female's body is fully developed before she begins childbearing. Global guidelines put together by doctors recommend that females should delay the age of first childbearing until at least age 20.

Recommendations for birth spacing

Having children too close together has health risks for the mother and the baby. After a woman has a baby her body will need time 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 to the mother and baby. 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.
Responsibility, choices and consent in sexual relationships

Objectives

- To build friendship and support between participants
- To think critically about personal choices and decisions in sexual relationships
- To think critically about consent
- To understand the negative effects of pornography on behaviour

Equipment

- Flipchart and markers
- Ranking cards (copy and cut up one set per group of 4 or 5)
- Choose or refuse cards (copy and cut up one set per group of 4 or 5)
- Balloons
- Questions box and slips of paper

1. The joined up game

   10+ minutes

   a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that this session will explore responsibility, choices and decisions in sexual relationships.

   b. Explain that you will play a game which gives small groups a challenge. This means groups must cooperate and not let embarrassment about their bodies stop them. Today we will talk about overcoming embarrassment about our bodies.

   c. Organise participants into pairs.

   d. The facilitator calls out two body parts. The pair must connect these parts between them. For example, if the facilitator says ‘knee to elbow’, the pair arranges themselves so that one person’s knee is on another person’s elbow. They must try to remain joined as the next call in the game is made. For example, the facilitator may then call ‘thumb to forehead’, and the players will add this connection, while also maintaining the other connection.

   e. The leader keeps making calls until the pairs can no longer make the connections without breaking one or falling over.

   f. Ask for key messages from this game.

   Possible messages: It can be hard to communicate well when we feel uncomfortable or shy or afraid around others.
2. Talking about fears

10+ minutes

a. Ask each participant to take a piece of paper and a pen and to complete the following sentence: ‘It can be scary to talk about sex and sexuality because …’

b. When everyone has done this, ask participants to crunch their pieces of paper into balls and to get up and make a circle, then turn around (making the participants face outside the circle). They then throw their paper back over their heads and into the centre of the circle. Ask the participants to turn around and collect a ball of paper to read aloud.

c. Ask all participants to face into the circle and go around, each reading out what is written on the piece of paper they are holding. Ask them to do this slowly so that a scribe can note down the key points which emerge, onto a flipchart.

d. When this is completed, talk through the concerns, asking if they can think of others that may have been missed in the brainstorm. Offer reassurance that these concerns are faced by many young people. They do not need to disclose which, if any, of these concerns are their own.

e. Refer back to the ground rules agreed upon in Session 1 and ask if there are any other ground rules that participants would like to add, based on the fears that were discussed and in order to protect each other and help people to feel safe enough to participate.

f. Ask for key messages from this activity.

*Possible messages:* It is important to acknowledge that participants may have fears and anxieties in relation to discussing sexual matters. This activity provides an opportunity to articulate these in a non-threatening and non-personalised way and for facilitators to provide reassurance.
3. **Time, place, person and consequences**

![20+ minutes]

a. Present the following situation:

> There are two young people who want to have sex with each other. What do they have to think about before they make a decision?

b. Ask the participants to work in groups to think up what they would add as their answers to the Time, Place, Person and Consequences questions below. Write the questions on the board or on a flipchart for participants to refer to.

- **Time:** Is this the right time? What might they have to think about here?
- **Place:** Is this the right place to do it? What might they have to think about here?
- **Person:** Is this the person to have a sexual relationship with? What might they have to think about here?
- **Consequences:** What might happen or result if they do have sex? What do they need to think about here?

c. Each group can choose the age of their characters.

d. Give groups time to work on their responses.

e. Ask one group to report back, asking others to add additional ideas they came up with.

Possible answers could include:

- **Time:** Am I old enough? Should I wait until we are married? Am I affected by alcohol? Have I thought about this carefully? How does this fit with my religious beliefs?
- **Place:** Do we have privacy? What will others think of us? Can we do this in a safe and respectful way?
- **Person:** Do I know and trust this person? Am I freely choosing or being pressured? What does the other person want? Has this person been with other sexual partners? What will others say about us? What will my family think? Could this person hurt me?
- **Consequences:** Could we get pregnant? Could we pass on or catch an STI or HIV? Could this affect my chance to get an education or a good job? What will my parents say? What will the community members think? Can I get contraception? Can I get a condom? Could we regret this later?

f. Ask for key messages from this activity.

**Possible messages:** There are many different things that people need to consider before they engage in a sexual relationship. It is important for every person to think about the time, place, person and possible consequences before making a decision that is right for them and their partner.
4. Choice and decisions in sexual relationships

30+ minutes

a. Explain that there are many different forms of sexual activity, both between heterosexual couples and same sex couples. There are also many reasons why couples engage in sexual activity. The important thing to note is that the kind of sexual activity that a person engages in should be a choice, not something they are forced to do. This includes within marriage. No one should be forced to have any form of sexual activity that they do not choose.

b. Arrange participants in groups of 4 or 5.

c. Provide each group with a set of Ranking cards.

d. Explain that their task is to rank the collection of cards in order of most important to the least important when a couple is deciding whether to engage in sexual activity together. This will lead to some debate within the group. Alternatively, read each ranking card aloud and give time for the group to debate where it fits in the ranking.

e. After the ranking ask a few groups to report back and explain why they put some items at the top and others lower down. Highlight that in real life, the order of cards will probably be different for every different person.

f. Ask for key messages from this activity.

   Possible messages: Choosing when or if to become sexually active is an important life decision. It is important for people to think carefully about their beliefs and values, as well as about their practical and personal needs, and those of their partner.

5. The importance of consent

30+ minutes

a. 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 the activities they participate in, and both must consent or agree to each activity.

b. 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!
c. Point out that all of these activities involve touch and therefore require consent from both people involved. To force sexual contact at the lower end is a form of sexual harassment. To force contact at the higher end is 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 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.

d. Remind the group that it is a person's right (regardless if they are male or female) to choose not to have sexual activity, even in a marriage relationship.

e. One of the best ways to determine if someone is uncomfortable with a situation, especially in a sexual one, is to simply ask.

f. Ask participants to work in pairs or groups of 3 and brainstorm some questions that could be used in this situation.

g. 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?
- Will 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.

h. 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.

i. Ask for key messages from this activity.

Possible messages: Everyone has the right to decide which sexual activities they will and won't be involved in. In relationships, including in marriage, this means that both partners must feel comfortable with the activities they participate in, and both must consent to each activity.
6. Is it consenting?

15+ minutes

a. 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 get them into trouble and does not lead them to hurt someone else or violate another’s rights.

b. Read the scenarios below one by one. 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.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan likes Star. 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 Ryan do a right or a wrong thing?)</td>
<td>(Answer: This is wrong because it is forced. This is called sexual assault.)</td>
</tr>
<tr>
<td>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?)</td>
<td>(Answer: This is wrong because it is forced. This is called sexual harassment.)</td>
</tr>
<tr>
<td>Himesh likes Raakhi and Raakhi likes Himesh. Himesh asks if he can kiss Raakhi. She says yes. (Did he show respect for Raakhi’s rights?)</td>
<td>(Answer: This is respectful of rights because the other person freely agrees. We call this ‘consenting.’)</td>
</tr>
<tr>
<td>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?)</td>
<td>(Answer: This is wrong because it is forced. This is called sexual harassment.)</td>
</tr>
</tbody>
</table>
Beena likes Vipula and Vipula likes Beena. Beena asks if she can kiss Vipula. He says no. She tries to force him to kiss her. (Did she show respect for Vipula’s rights?)

(Answer: This is wrong because it is forced.)

Yosep is married to Lastri. He wants to have sex one day, 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.)

Tom has sexual thoughts about Ryan, the boy who lives next door to him. He thinks that Ryan feels the same. One night after playing together he tries to touch Ryan on the genitals. Ryan pushes him away. Tom is bigger and stronger and he holds Ryan down so he can keep touching him. (Did Tom do a right or a wrong thing?)

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

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.)

Patrisio has seen a blue (pornographic) movie 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 picture. She says she does not want to and so he says OK, and does not try to make her.

(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.)

(This selection of scenarios was originally developed for Indonesia, the Philippines and Bangladesh)

c. Ask for key messages from this activity.

Possible messages: To force another person into a sexual activity is wrong, even if you are married to them. If people want to engage in any sexual activity, they should always have the consent of the other person. Strong men and women can control their desire.
7. Choose or refuse

$$\text{20+ minutes}$$

a. Explain that when sexual activity is involved, people must choose or refuse. In this activity, we are going to look at a range of hypothetical scenarios to help us consider the decisions that people might have to make for themselves. This includes thinking about the kind of behaviour that protects a person’s own rights and is respectful of other people’s rights.

b. Organise the participants into groups of 4 or 5.

c. Give each group a set of Choose or refuse cards.

d. Ask them to lay out the cards in the middle of the group. They should be placed face down and radiate as do the spokes of a wheel. Place a pen or a bottle in the middle. One person spins the bottle. They read out whichever card it points to. The group should then discuss what actions could be taken by the person in the scenario. They should try to think of as many actions as possible that the person could choose from. Some of these will be actions they agree with and some will be actions they do not agree with.

e. When they have finished with one card, they should spin again and discuss a new scenario.

f. Stop the activity and ask each group to choose one scenario and list the different actions they thought of.

g. Ask them what the person in the scenario might find most difficult.

h. Ask what sort of skills and abilities young people need in order to look after themselves if they are choosing to have a sexual relationship.

i. Ask what sort of skills and abilities young people need in order to make sure that they do not get pushed into sexual relationships that they do not want.

8. Pornography

$$\text{10+ minutes}$$

a. Point out that sometimes people turn to the internet or to pornography to find out 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. It can be harmful for viewers to watch a lot of this material as it can give 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.
b. 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?

c. If the answer is yes, ask: Is it right for me to watch this?

d. 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. This is why it is advised that people do not watch pornography.

Did you know?

In many countries, young people have access to the internet and many young people look online to seek information about sex. Studies have shown that for males, watching a lot of pornography can influence sexual behaviours. Studies have found an association between pornography consumption and younger age at first intercourse, increased number of sexual partners, more extramarital sex, more likely to have engaged in oral, anal or group sex, engaging in a larger range of sexual practices, not having used contraception during the last intercourse and having had a sexually transmitted infection. There is increasing concern that pornography may have a potentially strong and negative influence on sexual behaviours. It can also lead to unrealistic expectations among men about their own sexual performance. It can lead to the acceptance that violence is an acceptable part of sexual activity.

9. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask two or three participants to say in one sentence something they enjoyed about the session. Ask others to raise their hand if they agree.
10. Partners balloon game

⏰ 10+ minutes

a. This activity involves touch. You may prefer to do this activity in single-sex groups.

b. Organise participants into pairs.

c. Give each pair a balloon and ask them to inflate and knot it.

d. The partners take hold of each other’s hands and stand facing each other. Without letting go of their hands they must work together to keep the inflated balloon in the air. They may bat it with their hands, elbows, heads (but may not release their hands).

e. Play for about five minutes.

f. Ask for key messages from this game.

Possible messages: Point out that in the game people work well as partners when they focus on the balloon. In life it is a bit harder to find a partner and then to get along well with your partner. It is important that in all partnerships we remember that responsibility to our partner is very important.
Ranking cards

*Originally developed for the Philippines*

*(Copy and cut up one set per group of 4 or 5)*

<table>
<thead>
<tr>
<th>The partners trust each other</th>
</tr>
</thead>
<tbody>
<tr>
<td>The partners are sexually attracted to each other</td>
</tr>
<tr>
<td>The partners love each other</td>
</tr>
<tr>
<td>The partners are married to each other</td>
</tr>
<tr>
<td>The partners will be faithful to each other (e.g. not have a sexual relationship with others)</td>
</tr>
<tr>
<td>The partners have good information about sexual health and pregnancy</td>
</tr>
<tr>
<td>The partners both consent to the activity</td>
</tr>
<tr>
<td>The partners believe they will get pleasure from the activity</td>
</tr>
<tr>
<td>The partners know the risks of unplanned pregnancy</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>The partners have arranged a family planning method if they are not ready to make a child</td>
</tr>
<tr>
<td>The partners have had a sexual health check if they have had any prior sexual intercourse</td>
</tr>
<tr>
<td>The partners believe the time is right for both of them</td>
</tr>
<tr>
<td>The partners have enough money to support themselves</td>
</tr>
<tr>
<td>The partners like each other</td>
</tr>
<tr>
<td>The parents of the partners accept their relationship</td>
</tr>
<tr>
<td>The partners are beyond the legal age for sexual consent</td>
</tr>
<tr>
<td>The partners respect each other</td>
</tr>
<tr>
<td>The partners can communicate well with each other</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>The partners have the same religion</td>
</tr>
<tr>
<td>The partners come from families who know each other</td>
</tr>
<tr>
<td>The partners have met each other’s parents</td>
</tr>
<tr>
<td>The partners have the same racial or ethnic identity</td>
</tr>
<tr>
<td>The partners have their parents’ permission</td>
</tr>
<tr>
<td>The partners have known each other for a long time</td>
</tr>
</tbody>
</table>
Choose or refuse cards

A selection of scenarios developed for Viet Nam, Indonesia, the Philippines and Bangladesh

(Copy and cut up one set per group of 4 or 5)

Tran is 17. She is about to leave home to go to study at the university in the city. Her boyfriend is to go and study at this university as well. He says that once they are both living away from home they will be free to make their relationship more serious. They have never talked about becoming more sexually active and she would prefer to wait until she is married. She is also quite certain that he is not the boy she wants to marry.

*What could Tran do? (Name as many actions as possible)*

*What could the boyfriend do to behave in a respectful way?*

Dorkas is at a party and sees the boy she likes, Johan. She knows that he already has a girlfriend, but really wants to kiss him and knows he has been drinking so she might be able to convince him. She walks up to Johan and sits very close to him.

*What could Johan do?*

*What could Dorkas do to behave in a respectful way?*

A 20 year old girl has her first boyfriend. They have been out on dates for a few weeks when he gives her a beautiful necklace. He then tells her it is time for them to have sex. She says she is not sure. He tells her that if she loves him she will do it.

*What could the girl do? (Name as many actions as possible)*

*What could the boyfriend do to behave in a respectful way?*

Phong has been at a 16th birthday party. Her friends (both boys and girls) have been enjoying karaoke together. When it is time to go home, her girlfriend walks ahead with a boy she is very friendly with and she is left walking with one of the older boys. He keeps trying to hold her hand and when they stop at the corner he tries to kiss her. She does not like him, but does not know what to do. He is the son of her father’s best friend.

*What could Phong do? (Name as many actions as possible)*

*What could the boy do to behave in a respectful way?*
In the last few months, Saddam has started thinking about sex a lot and some of his friends have told him how ‘great’ it feels to have sex. Saddam has a crush on Mita, a younger girl who lives in his village. One night Saddam and his friend see Mita walking with her little brother. The friend tells him he will distract the little brother and he can go and ask Mita to kiss him. There is no one else around.

What could Mita do? (Name as many actions as possible)
What could Saddam do to behave in a respectful way?

Megh has been talking with a boy Rasel for three months. When no one is looking they hold hands and kiss. One afternoon while they are with some friends near the market. Rasel tells Megh that it is time to take their relationship to the next level that that he has organised a hotel for them to be together. Megh has strong feelings for Rasel, but knows that she does not want to have sex with him. She wants to wait until she is married. He tells her that he has a condom so she does not need to worry about getting pregnant.

What could Megh do? (Name as many actions as possible)
What could Rasel do to behave in a respectful way?

Rahel has been dating her boyfriend Anto for three months. She likes Anto very much and wants to marry him. She tells Anto that she wants to have sex with him. Anto does not think it is right to sex before marriage and he is not sure if he wants to marry Rahel.

What could Anto do? (Name as many actions as possible)
What could Rahel do to behave in a respectful way?

Nancy and Joshua were married last month and are living in the same house for the first time. Nancy finds that Joshua thinks he is always right and she does not have any power to make decisions. Even in the bedroom, Joshua is in charge and even if Nancy does not want to have sex, Joshua insists. Joshua’s family paid a large dowry to the family when they were married and says that now he is free to do as he wishes with Nancy. Nancy feels powerless and increasingly unhappy.

What could Nancy do? (Name as many actions as possible)
What could Joshua do to behave in a respectful way?
Siska is at work. As she is leaving, the security guard, Yance, asks to take a picture with her. He puts his arm around her and holds her close. It makes her feel uncomfortable. He says that he thinks she is beautiful and wants her to be his special girlfriend. Siska knows that he is married.

**What could Siska do? (Name as many actions as possible)**
**What could Yance do to behave in a respectful way?**

Margareth and Michael are boyfriend and girlfriend. They have had sex twice in secret in Michael’s car. Both times they have used a condom. One night, they are about to have sex and Michael explains that this time, he does not have a condom and does not want to use one as it is better to have skin-skin contact. Margareth is worried about getting pregnant outside of marriage. She does not know anything about STIs.

**What could Margareth do? (Name as many actions as possible)**
**What could Michael do to behave in a respectful way?**

18 year old Vermont is at a karaoke bar. He meets Jose and they soon work out that they are attracted to each other. At the end of the night Jose asks Vermont to come back to his apartment with him. Vermont is uncertain.

**What could Vermont do? (Name as many actions as possible)**
**What could Jose do to behave in a respectful way?**
Contraception and family planning

Objectives

- To build friendship and support between participants
- To provide information about family planning and contraception
- To develop confidence to talk about family planning and contraception
- To provide information about the dangers of unsafe abortion
- To think critically about choices and decisions around pregnancy

Equipment

- 3 balls or soft toys
- Music or a bell
- Scarves or cloths
- Samples of contraceptives OR pictures of contraceptives provided on the fact sheets
- Family planning and contraception fact sheet (optional)
- Questions box and slips of paper

1. Hot potato game

10+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that this session will explore contraception and family planning.

b. Explain that the first game requires concentration and fast responses.

c. Stand the group in a large circle.

d. Play some music.

e. As the music is playing pass a ball or soft toy around the circle, moving it quickly from person to person. When the music stops, the person who is holding the ball must leave the circle. Continue playing. Encourage participants to pass it faster and faster – they don’t want to be the one holding the ball when the music stops!

f. Introduce some new balls or toys so there are two or three moving at once.

g. Play until you only have a few ‘winners’ left.

h. Ask for key messages from this game.

Possible messages: This game can remind us that there are certain things that no one wants to have happen in their life. An unplanned and unwanted pregnancy or an STI including HIV is one of those things. Learning about abstinence and modern methods of contraception will help us to avoid facing these things in our lives.

Before this session, you may also want to speak to your colleagues about how you approach this issue and how you explain laws or issues of access to young people. It is also important to find out what sorts of contraception are accessible to young people in your area. Use the fact sheet provided to help you explain the different methods. It is also important that you find out about options for young people in the event of unplanned pregnancy.

While it is good to inform the group about abstinence as a method for avoiding unintended pregnancy (and the transmission of STIs), it is also important to teach about condoms and contraceptives. (This is so those who do become sexually active, or have do have sex with multiple partners know how to reduce the risk of unintended pregnancy and STIs.)
2. Information about contraception

10+ minutes

a. Remind the group that one way to prevent pregnancy is through practicing abstinence. However, if a couple want to have sex, but do not want to make a baby, they need to know how to choose and use a modern method of contraception.

b. Explain the different methods and how they work, using the fact sheet provided to help you. Include a brief description about how each works, where you get them, how much they cost, and if you need medical help to use them. As you explain, pass samples around the circle for them to look at. (Alternatively, show the pictures of these contraceptives using the fact sheets provided.)

c. Remind the group that while most methods of contraception only prevent pregnancy, condoms are effective at preventing pregnancy and also preventing the spread of sexually transmitted infections (STIs).

3. Family planning chat show (Optional)

30+ minutes

a. Explain that this activity will help them think about the advantages and disadvantages of different forms of contraception.

b. Divide the class into five groups. Assign each group a method of contraception (e.g. abstinence, condom, pill, implant, injection, IUD).

c. Ask them to work out together what they think the main advantages and disadvantages of this form of contraception are.

d. Ask each group to prepare one of their players to become the character who represents their assigned method of contraception approach (i.e. to become Miss Condom or Mr Abstinence).

e. The groups will send their character on to the ‘chat show’ to be interviewed about what they have to offer the world.

f. After groups have had time to prepare their character, call the players out the front and have the chat show host interview each method. Encourage the audience to cheer for their group’s contraceptive. Questions should include:
   - Why do you think your type of contraception is the best choice a sexually active couple can make?
   - How do you actually work?
   - When people complain about you, what are their complaints?

h. Highlight that each modern method of contraception has advantages and disadvantages. This is why each couple need to have access to good information to help them decide what is right for them.
4. Choices and decisions around pregnancy

15+ minutes

a. Remind the group that if a couple has had sex without using contraception, it is possible that the woman will become pregnant.

b. 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 woman is pregnant), nausea and vomiting, sore breasts, increased urination and tiredness.

c. Pregnancy tests can be bought from the pharmacy and carried out at home. They test whether a woman is pregnant by measuring the chemicals in the urine. In some places, women can also go to the local health clinic for a pregnancy test. At the clinic, the nurse or doctor will do a blood or urine test to see whether the woman is pregnant. If a woman is pregnant, she and her partner should seek advice from a health professional about how to look after herself to keep herself and her baby healthy.

d. Sometimes women become pregnant without planning to. This may be because she and her partner did not have information about how babies are made. Discuss with the group, what might be some implications of unplanned 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)

e. Use the information below to explain about emergency contraception and abortion.

**Emergency Contraceptive Pill (ECP)**

Explain that there are things that a couple can do if they have had sexual intercourse, but have not used contraception and want to prevent a pregnancy. An option in some countries is emergency contraception. Emergency contraception is available and legal for anyone to access in those countries. In other countries, it is illegal or only accessible by some people (e.g. married women). The emergency contraceptive pill (ECP) is one or two pills that work by preventing or delaying the release of eggs from the ovary (ovulation). It must be used within 120 hours of unprotected sex.

Explain that this is not recommended as a regular form of contraception. The ECP also does not protect against STIs including HIV. Rather, emergency contraception is used in the situation of a failure of contraception such as condom breakage or in a situation where sex was unplanned or forced.
**Abortion**

Discuss abortion with the group, drawing on the information below. Unfortunately, because some women do not always have good information about how to prevent pregnancy, they may end up with an unplanned pregnancy. Sometimes, this leads women 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 woman is at risk of injury or infection and this can lead to death. Receiving an illegal abortion from someone who is not suitably qualified has led to people becoming seriously ill or dying. Women may also try to induce abortion themselves by a variety of methods. This is highly risky to the mother's health. It is important that women 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.

**f. Ask for key messages from this activity.**

*Possible messages:* To avoid unplanned pregnancy, people need to have access to good information about how babies are made and how to prevent pregnancy. To prevent unplanned pregnancy, partners need to either remain abstinent or use a reliable method of contraception.
5. Informing a friend role play

30+ minutes

a. Arrange groups of 3.

b. Choose one of the scenarios below and read it aloud to the group. The scenarios convey a situation in which a girl or boy needs to have access to information about conception and/or pregnancy.

**Scenario 1: Rowena**

Rowena tells her friends that she is more and more in love with the young man that her parents have agreed she will marry in the following year. She tells her best friend that she and her partner are thinking of becoming sexually active before the wedding. Her friend is worried that Rowena does not know anything about where babies come from and does not have any information about contraception. What information/advice could her friend give?

**Scenario 2: Benny**

Benny is soon to be married. He is aged 20, but the girl who is to be his wife is only 17 and still at school. He has not had any information about sexual and reproductive health and he tells his older married brother that he is worried about what will happen on the wedding night. What information/advice could his brother give?

c. First, ask each group to think of what kind of information the character in the scenario needs. Ask them to think of at least three pieces of information, based on the information that was provided in earlier activities. This must include information about conception, abstinence and methods of contraception.

d. Then ask each group to think of some questions the friend might ask to assist the other person to think deeply about their upcoming decision.

e. Explain that it is one thing to give information, and another thing to give advice to someone about what is right or wrong for them. In the upcoming role play, the task will be to give accurate information, but not to give advice. Rather than give advice, the player will encourage their partner to do some thinking, by asking them questions. Their job is to help them think about what they could do, rather than what they should do.

f. Ask each group to perform a role play in which one person in the group is to be the girl/boy who needs information, the other person is his/her friend or sibling. It is the friend’s or sibling’s job to give the information in a supportive and non-judgmental way. After the information they can try raising some questions.

g. Give groups time to practice their role play simultaneously.

h. Watch the role plays and discuss: Are the friends giving accurate information based on the knowledge from the beginning of the session? Provide coaching. Ask: Are the questions useful to promote deeper thinking about what they could do, and what the consequences of those choices may be?
i. Ask for key messages from this activity.

*Possible messages:* Remember, pregnancy can occur inside and outside of marriage. To prevent unplanned pregnancy, it is very important that young people have good information and make careful and well-informed choices. Sometimes we might have to give information to our friends, just as we have practiced in this activity.

6. What are the deeper concerns?

15+ minutes

a. Ask for one pair to perform their role play to the group.

b. Ask two volunteers to stand behind each of the characters from the role play. Explain that they are each going to be the ‘hidden thoughts’ of their character. They should consider what the character is thinking or feeling, but not saying aloud. This will help us to think about what could be worrying their character and making them act in a particular way/s.

c. Ask each volunteer the following questions, seeking multiple answers each time. Others watching may also add to the answers:

* What she might he/she be afraid of?
* What might he/she be hoping for?
* What do you think he/she needs at this time?

d. Point out that in a situation such as this, the young person with the problem will need more than just the support of their friend or sibling. They will need help from appropriate others.

e. Ask them to name what sort of help these young people could seek.

f. Ask for key messages from this activity.

*Possible messages:* It can be a hard thing to talk to our friends about issues related to sexual relationships. We may be afraid of saying the wrong thing or afraid that they will judge us. It takes courage to talk about these matters. It is more appropriate to help a friend think deeply about a decision than to tell them what to do. This deep thinking might reveal the need to involve a trusted adult or a health professional.
7. Questions and reflection
5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask participants to think of one important thing that they learnt or that was reinforced for them in this session and to share this with the person next to them.

8. Contraceptives game
10+ minutes

a. Explain that this game is like the ‘fruit salad’ game, but rather than fruit, people will be grouped according to different contraceptives.

b. Seat participants on chairs arranged in a circle.

c. Ask a volunteer to name four contraceptives they talked about in the session (e.g. condoms, pill, implant, IUD).

d. Divide all players into four groups of contraceptives by going around the circle and naming each of them condom, pill, implant, IUD. All belong to the category ‘contraception’.

e. The facilitator stands in the centre of the circle. They do not have a chair. When they call out the name of one of the contraceptives, all players of that category must move to a different chair. For example, on the call of ‘condom’, all condoms 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.

f. The next person will then make a new call.

g. If the category of ‘contraception’ is called, all players must find a new chair.

h. Play a few rounds of the game.

i. Ask for key messages from this game.

Possible messages: There are many different kinds of contraceptives and it is good to be well-informed about all of them. For some people, abstinence will be the best option. For others, a modern method of contraception such as condoms or the pill will best serve their needs.
Fact sheet: Family Planning and Contraception

**Family planning** is the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception.

**Contraception** includes a range of methods or devices used to prevent pregnancy. This means it can assist with family planning (prevention or and/or spacing of pregnancies).

Different methods of contraception give different levels of protection against pregnancy and/or STIs and HIV.

Some methods of contraception (condoms) also help prevent sexually transmitted infections (STIs) including HIV if they are used every time a couple has sexual intercourse.

**Male condom**

**How it works:** Rubber or latex barrier placed on the penis before it is put into the vagina or anus. It collects the semen, preventing it from entering the partner and therefore preventing pregnancy or the transmission of sexually transmitted infections.

**Advantages:**
- Cheap and very effective
- Small and easy to carry
- Helps protect against pregnancy and STIs

**Considerations:**
- You need to use a new condom each time you have vaginal or anal sex
- It must be rolled onto the penis before any close physical contact takes place because even sperm spilled near the vagina can cause a pregnancy. It must be taken off straight after the man ejaculates and disposed of carefully
- Take care when removing the penis from the vagina or anus, otherwise the condom might come off or break
- Water-based lubricants will help stop the condom breaking
- Condoms act as a barrier to STIs such as HIV, but may not provide protection against some infections such as herpes and genital warts

**STI & HIV protection:** Helps protect against most STIs and HIV/AIDS
Contraceptive pill

**How it works:** Contraceptive pills prevent pregnancy through several mechanisms, mainly by stopping ovulation. If no egg is released, there is nothing to be fertilised by sperm, and the woman cannot get pregnant. Most kinds of contraceptive pills contain synthetic forms of two female hormones: oestrogen and progestogen. Pills are taken by a woman daily. Some pills contain only one hormone – progestogen. This hormone prevents the sperm from reaching the egg.

**Advantages:**
- Can reduce period pain
- Small and easy to take

**Considerations:**
- Not suitable for some medical conditions.
- Needs to be taken at the same time everyday. If the pill is taken more than 12 hours late, extra precautions are required.
- Can only be taken by a woman.
- Does not protect against STIs and HIV.

**STI & HIV protection:** No protection against STIs and HIV

Contraceptive implant

**How it works:** A small rod containing the hormone progestogen which is inserted under the skin in the arm by a doctor. Prevents the egg being released and the sperm reaching the egg.

**Advantages:**
- Lasts for three years
- Small and easy to conceal
- Does not rely on remembering to take a pill every day.

**Considerations:**
- Many women have very light periods or may completely stop having periods
- It is not suitable for women who may be pregnant, have liver disease or extremely heavy menstrual bleeding
- The implant may cause side effects such as irregular bleeding, painful periods, nausea or mood swings. If this happens, you need to see your doctor
- Does not protect against STIs and HIV

**STI & HIV protection:** No protection against STIs and HIV
Contraceptive injection

**How it works:** An injection of progestogen every three months prevents sperm reaching egg and egg being released.

**Advantages:**
- Lasts for 12 weeks

**Considerations:**
- While using hormone injections, many women stop menstruating after the first two or three injections.
- Need to go to a doctor or health service to have the injection.
- Irregular menstruation may occur after the first few injections.
- Delayed return to fertility.
- Does not protect against STIs and HIV.

**STI & HIV protection:** No protection against STIs and HIV

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Intrauterine device (IUD)

**How it works:** A small plastic object, containing copper is placed inside a woman's uterus by a doctor, and left in place for 5 to 8 years. It stops the sperm reaching the egg, and also prevents a fertilised egg from attaching to the lining of the uterus.

**Advantages:**
- Very convenient and cheap
- Lasts up to 8 years, but effectiveness may be slightly reduced after 5 years.
- Can be removed at any time, with fertility returning quickly for most women.

**Considerations:**
- Must visit a doctor or health service to have it fitted.
- May not be suitable for some women.
- Sometimes there is pain or discomfort when it is inserted, and from time to time once in place.
- Menstruation may be heavier and cause cramps.
- Need to check monthly that it is still in place. A doctor will demonstrate how to do this.
- Pelvic infection can be a risk for some women, which could lead to infertility in the future. In the event of unusual bleeding or pain, medical assistance should be sought.
- Does not protect against STIs and HIV.

**STI & HIV protection:** No protection against STIs and HIV
Sexual health, STIs and HIV

Objectives

• To build friendship and support between participants
• To provide knowledge about STI and HIV prevention
• To encourage positive attitudes towards preventative sexual health
• To develop confidence in talking about sexual health

Equipment

• Three different soft toys or balls to throw
• Condom interview cards (copy and cut up 1 set) 
• Condoms (at least one per person)
• Carrots, cucumbers or bananas to use for condom demonstration
• Sexually transmitted infections fact sheet (optional)
• HIV and AIDS fact sheet (optional)
• Blindfolds (Scarves or cloths)
• Questions box and slips of paper

1. Moving the message game

5+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that this session will explore sexually transmitted infections (STIs).

b. Point out that one of the aims today is to improve the confidence and skills of the participants to pass on messages about how important abstinence and condoms are in protecting same sex and opposite sex couples from STIs.

c. Participants sit in a circle. The leader claps and the clap is then passed around the circle in a chain reaction.

d. In the next round, show how the direction in which the clap moves can be changed by clapping back toward the direction from which the clap came.

e. Now start the clap game again, but add the word ‘condom’ which must be said at the same time as the clap.

f. Ask for key messages from this game.

Possible messages: If we are blind about the consequences of unprotected intercourse we may find ourselves in a negative situation. It is important to spread the message that abstinence or condoms are the best methods to avoid the spread of STIs (including HIV) and unintended pregnancy. It is important to spread this message (as we do in this game) so that people are able to make good decisions and avoid negative consequences.
2. Information about Sexually Transmitted Infections (STIs)

15+ minutes

a. This activity helps participants to learn about sexually transmitted infections (STIs) in a simple way.

b. Explain that STIs are infections spread through sexual contact. They 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.

c. Organise players into a circle. Explain that three toys (or balls) will be tossed around the circle. As people throw the toy, they must call out the name of the person they are throwing to. They should try to keep the turns evenly spread between people.

d. 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.

e. 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 sexual intercourse 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.

f. Use the fact sheet provided to give further information about STIs. Include information about prevention, common symptoms and treatment.

g. Ask for key messages from this game.

Possible messages: Getting an STI is something that no one wants to happen. Therefore it is important to know how to prevent STIs. The best ways to prevent STIs are a) by practicing abstinence; b) by having sexual intercourse with only one trusted partner and c) by always using a condom every time we have sexual intercourse.

3. Information about HIV

10+ minutes

a. Use the fact sheet provided to give basic information about HIV and AIDS. Make sure you include information about means of transmission, prevention and treatment.

b. Explain that many people do not get this information and therefore do not know about HIV or how to prevent it. This means that they are vulnerable to becoming infected with HIV. Communities are sometimes judgmental towards people living with HIV and their families. This leads to stigma and discrimination. This is bad because it hurts people and sometimes prevents people from accessing life-saving help.

c. Ask for key messages from this activity.

Possible messages: HIV is transmitted through various behaviours. To prevent HIV, people need to have good information about prevention and treatment.
4. Condom demonstration and practice

15+ minutes

a. Remind the group that the most effective ways to prevent STIs and HIV 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 HIV. They are needed by opposite sex and same sex couples who choose to engage in anal or vaginal sexual intercourse.

b. Explain that in this activity, participants will work in pairs to practice the correct use of a condom.

c. Demonstrate the correct use of a condom using a cucumber, carrot or banana.

d. Make sure that the condom demonstration includes the following steps:
   - Check the expiration date on the condom packet.
   - Once the penis is erect, open condom package with your fingers (do not use your teeth, or a sharp object, because you might accidentally break the condom!)
   - Squeeze the tip of condom with your fingers and place the rolled condom on head of penis.
   - Hold the tip of condom and unroll until penis is completely covered.
   - Use a water-based lubricant if needed.
   - After ejaculation, while the penis is still erect, hold condom at base of penis and carefully remove the condom without spilling any semen.
   - Wrap the condom in tissue, or tie it in a knot and throw it away.
   - Use a new condom for every act of intercourse.

e. Organise people into pairs and give each pair two condoms.

f. Ask each person in the pair to 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.

g. Point out that many packets have the instructions on the inside.

h. Discuss whether the participants feel they could explain about condoms to a friend.

i. Ask for a volunteer or two to show how they could teach a friend about what condoms are, and how they can protect against HIV and STI transmission.

Some facilitators may prefer to run this as a single sex activity. If you think participants will be embarrassed you may choose to separate the group for the demonstration and/or practice.
5. Condom interview

20+ minutes

a. Explain that this activity is to build confidence in talking about the benefits of condoms.

b. Ask for six volunteers to play the parts of the condoms who are to be interviewed by a television chat show host.

c. Give each of the volunteers one of the condom interview cards with the question they are to be asked on it (or whisper the question to them) so that they can prepare a brief answer.

d. Tip: To make the interview game more fun, and to help shy participants to participate, provide a mask or funny hat for each of the condoms to wear, and encourage the ‘audience’ to give enthusiastic applause. If the volunteers need some help answering the question, ask for another volunteer from the audience to come up the front with them and help them to answer.

e. Seat them in a line of chairs in sequence from condom 1 to condom 6.

f. Give the volunteer who is to play the chat show host the set of questions:

1. Some people are embarrassed to talk about you. What have you got to say to them?

2. Some people think that if a woman asks a man to use you, this means she does not trust him to be faithful to her. Why do you think the woman wants the man to use you?

3. Some people think you are a hero and that you can help save many lives? Why is this?

4. Some people think you might be difficult to use. What do they need to know about how to use a condom?

5. Some people think that condoms are all the same. What have you got to say about that?

6. Some people do not know where to get you. How can people in your area get their own condoms?

g. After suitable applause from the studio audience (the other participants) bring on the chat show host to interview the condoms.

h. Ask for key messages from this activity.

Possible messages: People are sometimes embarrassed to talk about condoms, but they are an important thing to know about as they are the only modern method of contraception that is effective in preventing pregnancy AND preventing the transmission of STIs. They are important for same sex and opposite sex couples.
6. Teaching a friend about STIs and HIV

15+ minutes

a. Organise the group into pairs.

b. Explain that one person in the pair will play a character who does not have any information about STIs, HIV or condoms. The other person is a friend who has good knowledge. The first character starts the role play by asking – ‘What is a STI?’ The second character provides a simple explanation about STIs and HIV and then gives information about a condom, using the information they have learned in this session.

c. Have all pairs practice the role play at once.

d. Option: Provide the expert friend with a condom so that they can do a demonstration for their friend.

e. Ask the people receiving the explanation if they think their friend provided them with enough information. Encourage them to ask any questions so as to assist their partner to give clear information.

f. Ask a strong pair to come forward and show their role play to the group.

g. Ask for key messages from this activity.

Possible messages: Some people do not have access to good information. This means they may be vulnerable to sexual health problems in the future because no-one told them how to prevent them. It is useful to practice telling close friends this information in case one day we need to do this in real life.
7. Quick quiz (Optional)

10+ minutes

a. Explain to the group that they will do a quick quiz to make sure they have learned the basics of HIV from the fact sheet. Ask them to record their answers on a slip of paper.

b. When you have finished asking the questions, provide the correct answers, making sure you reiterate the information.

c. Use the results of the quiz to get an idea of the level of knowledge in the group and to reinforce any of the information that is still unclear.

Quiz questions:

1. **Question:** True or false? You can tell whether someone is HIV positive or not just by looking at them.
   
   **Answer:** False. There is no way to know for sure if someone else has HIV unless they have an HIV test. Many people with HIV look perfectly healthy.

2. **Question:** True or false? Current treatment for HIV means that those people who have access to treatment can live long and relatively healthy lives.
   
   **Answer:** True. While there is no cure for HIV infection, HIV positive people treated with a combination of ‘anti-retroviral’ drugs can live long and healthy lives.

3. **Question:** HIV can make a person ill because:
   
   a. It causes a person to lose weight very suddenly.
   b. It weakens the immune system.
   c. It reduces the body’s temperature.
   
   **Answer:** b - HIV is a virus that weakens the immune system.

4. **Question:** Which one is FALSE? HIV can be passed from one person to another if:
   
   a. A man and a woman have sex.
   b. Two men have sex.
   c. By sharing a toothbrush.
   d. By sharing injecting equipment.
   
   **Answer:** c. The HIV virus lives in four body fluids: blood, semen, vaginal discharge and breast milk. It is not transmitted via saliva.
5. **Question:** What is the difference between HIV and AIDS?
   a. HIV is a virus and AIDS is a bacteria.
   b. There is no difference between HIV and AIDS.
   c. HIV is the virus that causes AIDS.
   **Answer:** c. HIV is the virus that causes AIDS.

6. **Question:** Which of the following is NOT an effective way to prevent HIV transmission:
   a. Correct and consistent use of condoms.
   b. Abstinence.
   c. Only having unprotected sex occasionally.
   **Answer:** c. The only ways to reliably prevent HIV transmission are abstinence or correct and consistent use of condoms.

7. **Question:** True or false? Correct and consistent use of condoms is an effective way to prevent the transmission of HIV and STIs for both vaginal and anal sex.
   **Answer:** True - Condoms, when used correctly and consistently during vaginal or anal sex are a reliable method to prevent transmission of STIs and HIV. They are needed by opposite sex and same sex couples who choose to engage in vaginal or anal intercourse.

8. **Question:** True or false? Stigma and discrimination are the major obstacles to effective HIV/AIDS treatment and care.
   **Answer:** True - stigma and discrimination refers to prejudice, negative attitudes and abuse directed at people living with HIV and AIDS. Stigma and discrimination are major obstacles to effective HIV/AIDS treatment because they lead people to avoid testing (knowing their status) or disclosing their status in order to seek treatment and care.
8. Questions and reflection

5+ minutes

a. Answer one or two questions you have selected from the question box. Alternatively, point out which of the questions have been answered in the session.

b. Provide paper and pens so that participants can post more questions if they would like to.

c. Ask one or two participants to say how they could explain to an interested friend what they were doing in this session.

9. The blindfold trust game

10+ minutes

a. Explain that in this game they will get a chance to think about both trust and responsibility towards those who trust you.

b. Organise people into pairs.

c. Give each pair a scarf or piece of cloth.

d. One person wears the scarf as a blindfold. Their partner is to take them for a walk around the room, holding them by the elbow and guiding them so they do not bump into anything. After 3 or 4 minutes, ask them to stop and swap.

e. Stop the game.

f. Ask them what it is like when you cannot look after yourself by using your eyes.

g. Ask for key messages from this game. Ask participants to name some ways in which trust is important in relationships. Ask: Is trust enough to protect people from HIV and other STIs?

Possible messages: In sexual relationships, people often rely on trust rather than on condoms. They trust that their partner never has or never will have sex with anyone else, and so they think they do not need to use a condom. However, people can break their promises, and trust does not stop infection. Condoms do stop the transmission of infections. Remind participants that for trust to be effective in relationships, both partners must be 100% trustworthy, and both must know that they are not carrying HIV or any other STIs. This is the same for same sex and opposite sex partners.
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. STIs are passed between people as blood, semen, vaginal fluids and other body fluids. There are more than 30 different STIs. HIV (Human Immunodeficiency Virus) is one STI that many people have heard of.

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 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.

Common signs and symptoms
STIs can cause pain, discomfort and period problems. If they are not treated, some STIs can cause other long term physical health issues, such as problems with fertility (being able to have children). 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.

With some STIs, people don't always show symptoms, but the STI will still be causing harm to your body if it's not treated. This means that if a person is sexually active, they should have regular sexual health checks.

Diagnosis and treatment
Most STIs can be cured with medicines. A doctor or nurse can check whether a person has an STI. This is called testing. If a person has had unprotected sex, they should get tested. If they have no STI, they will be happy. If they do have an STI, they will get the right medicine. 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. HIV infection causes Acquired Immunodeficiency Syndrome (AIDS). AIDS develops in the late stages of HIV infection. People who are HIV positive will develop AIDS 8-10 years after infection if left untreated. However, with treatment, people living with HIV can live long and healthy lives.

Transmission

The HIV virus lives in four body fluids: blood, semen, vaginal discharge and breast milk. HIV must be transmitted from a HIV positive person to another person’s body for them to get infected. Transmission can occur by:

- Unprotected anal, vaginal and – to a lesser extent – 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 such as blood, semen, breast milk and vaginal discharge, 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 (male or female condom) and lubricant when having intercourse.
- Using sterile equipment if injecting drugs.
- Limiting yourself to one sexual partner who is also only having sex with you (and is not already positive).
- Getting tested regularly, including testing and treatment for STIs.
- Knowing your HIV status – so if positive you take treatment.
- Undergoing male circumcision.

Post-exposure prophylaxis (PEP) 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

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.

Generally, it is recommended to wait three months after possible exposure before being tested for HIV. This is because there is a ‘window period’ of 3 to 12 weeks where the antibodies cannot be detected. During this period, a person is highly infectious and should therefore take measures to prevent any possible transmission.

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 a combination of anti-retroviral 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. Treatment can also reduce the risk of HIV transmission.
1. Some people are embarrassed to talk about you. What have you got to say to them?

2. Some people think that if a woman asks a man to use you, this means she does not trust him to be faithful to her. Why do you think the woman wants the man to use you?

3. Some people think you are a hero and that you can help save many lives? Why is this?

4. Some people think you might be difficult to use. What do they need to know about how to use a condom?

5. Some people think that condoms are all the same. What have you got to say about that?

6. Some people do not know where to get you. How can people in your area get their own condoms?
Peer support and help-seeking

Objectives

- To build friendship and support between participants
- To understand and practice assertiveness
- To explore and practice active listening as a means of providing support
- To explore and apply the notion of trust and courage in help-seeking

Equipment

- Flipchart and pens
- Emotions cards (copy and cut up one set per group of 4 or 5)
- Practicing peer support scenario cards (copy and cut up one set)
- Self-care and peer-support strategies fact sheet (optional)
- Balloons
- Questions box and slips of paper

1. Mirror game

5+ minutes

a. Welcome the participants. Ask one or two participants to summarise what they did in the previous session. Explain that this session will explore friendship, peer support and help-seeking.

b. Organise participants into pairs and ask the taller person to be A and the other to be B.

c. Explain that in this game, the aim is to work with your partner to create a perfect mirror reflection. In the first round, A will be the leader and B will play the mirror. With pairs facing each other, A will begin to move and B will start to copy every action like a reflection.

d. Once they have had a chance to play, ask the partners to swap roles so that B becomes the leader and A becomes the mirror.

e. Ask participants:
   - What did you need to do in order to play that game successfully?
   - What messages did that game contain that relate to good friendship?

Possible messages: Good friends are good listeners. They tune in and respond to the needs and ideas of others. They pick up on the physical cues such as body language as well as listening in to what others say.
2. Talking about friendship

15+ minutes

a. Point out that friendships become very important as we grow into adolescence, but friendships can also be challenging. It is normal to experience loneliness and some fears about being liked by our friends. This can mean we can spend time worrying about pleasing our friends and sometimes this can mean we forget about what is right for ourselves.

b. Organise participants into groups of about 5 or 6 people.

c. Give each group a brainstorm sheet and felt pen. Ask them to divide their page. On one side they write: *It is good when your friend*... On the other side they write: *It is not good when your friend* ... Ask them to brainstorm under these two headings.

d. Ask one group to read their ‘Good’ list. Ask another group to read their ‘Not good’ list.

e. Ask for key messages from this activity.

*Possible messages:* Friendships are special, but sometimes we need to remind ourselves what it means to be a good friend. Being a good friend means that we are there for each other, even in times of challenge. Later in this session, we will discuss how we can make sure we are supportive of our friends when they are having a tough time.

3. Emotions guessing game

10+ minutes

a. Explain that if we are to be good at caring for our friends and family members, we need to be good at reading other people's emotions. People often convey emotions through their facial expression and body language rather than using words. When we read others' emotions well, we can respond to them in an appropriate way.

b. Organise groups of 4 or 5. Give each group a set of emotions cards in a bag or box.

c. In turn, each person selects a card. They should read the emotion on the card, but keep it a secret from the rest of the group. They should make a statue that illustrates that emotion (for example, if the emotion is ‘sad’, they could have a sad, facial expression, head in hands).

d. The rest of the group should guess the emotion. Give them a few tries at guessing before telling them.

e. If you have time, play another round. This time, each person takes an emotions card and talks about a situation in which they might feel this emotion.
f. After the exercise, ask players which feelings they found easier to express and which were harder to talk about. Are there some feelings that men are discouraged from expressing or find it harder to show? What effects can it have if we feel we have to hide our feelings? What effects might it have if our children think they have to hide their feelings from their parents?

g. Ask for key messages from this activity.

*Possible messages:* Being able to read people’s emotions is an important skill. It helps us know how to respond appropriately to our friends and family.

4. **Thinking about followers and leaders**

   🕒 20+ minutes

   a. Organise participants into pairs. One will be the follower and one the leader. The leader stands opposite the follower and raises their hand with palm facing the follower’s face. The follower must keep their face the same distance from the leader’s hand at all times. The leader will signal through hand movement where they want the follower to move as they take them for a walk around the room. This should be done without speaking. They may move the follower forward or backwards, up or down, as they progress around the room. Play for one minute.

   b. Signal it is time to swap roles.

   c. Repeat the game for one minute.

   d. Ask the group:

   - *What kind of real-life situations does this game represent?*
   - *What effects can this have on the person in power?*
   - *What effects can this have on the person who must please the one in power?*

*Possible messages:* It is important that we do not push people around or let others push us around. It is much better to show respect and work together as equals (as we did in the mirror game).
5. Introducing assertiveness

10+ minutes

a. Explain that we all need skills to be able to communicate our needs and rights in our relationships with friends, family, workers or bosses without being violent or aggressive. Demonstrate the difference between these three ways of communicating with other people:

*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.’

*Submissive:* 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.’

It may be useful to give an example to help explain the difference between aggressive, submissive and assertive. Use this scenario to help you:

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 submissive response might sound like: ‘Okay, I will skip my program.’

An assertive response might sound like: ‘It’s my very favourite program, so would you be willing for us to watch it first and then go for a walk? I promise you can choose first next time.’

b. Ask pairs to talk and choose a relationship.

c. They then need to work out a situation in which one of the characters is being pressured to do something. They will play that scene three times over to show first an aggressive response, secondly a submissive response and thirdly an assertive response.

d. Ask each pair to demonstrate.

e. Talk about why it can be hard to be assertive in some situations and why they might be aggressive or submissive.

f. Ask for key messages from this activity.

*Possible messages:* Assertiveness is a respectful communication technique and so is useful in many situations, including situations in which we need to solve conflict or in which we feel pressured to do something about which we feel uncomfortable. This could be in the family, in relationships, at school or at work.
6. Explaining how you feel

25+ minutes

a. Explain that assertiveness is useful when there is conflict or a relationship problem to be resolved. It is also useful when you want to let others know about your feelings, preferences, needs, wants or concerns. When we are dealing with stress or with relationship challenges, it is helpful to be able to tell people how we feel whilst still controlling the way we express our emotions. This can be done in a respectful way through an ‘I’ statement. In an ‘I’ statement, we own the feeling, explain the feeling, and make any requests.

b. The following formats can be useful for making an ‘I’ statement:

   **Feeling first:**
   I feel ... (say how you feel)
   when ... (state the action or happening)
   so ... (make your request here)

   **Situation first:**
   When ... (state the action or happening)
   I feel ... (say how you feel)
   so ... (make your request here)

c. Give the group some examples, e.g.:
   - *I feel that you don't care about how things affect me when you don't listen to my side of the story, so can you please let me explain what was happening from my side?*
   - *When you drive so fast, I feel scared we are going to crash, so can you please slow down?*

d. Put the group into pairs and ask them to help each other to design and practice an 'Assertive 'I' Statement’ that is relevant in their life. Write the example formats and display them to help prompt the pairs.

e. Ask some volunteers to share their statements with the class.

f. Alternatively, ask each pair to perform one of their ‘I’ Statements and then ask the class to give feedback: Was the character being assertive? What did they do well? What could they have done differently?

   **Possible messages:** When we are dealing with stress or with relationship challenges, it is helpful to be able to tell people how we feel whilst still controlling the way we express our emotions. ‘I statements’ are a useful strategy to help us do this.
7. Active listening and peer support

20+ minutes

a. Explain that ‘active listening’ is a very useful strategy to use when supporting our friends through challenges.

b. Write the term ‘active listening’ on the board. Explain that it is a technique for listening supportively to someone.

‘Active listening’ involves the listener summarising back what they hear to the speaker; 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.

c. 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 complain about. Person B should ask them how they are, then Person A begins their complaint, and Person B tries out the active listening technique.

d. After some time, ask pairs to role-swap, and try the exercise again.

e. Ask for feedback on how it felt for the speaker and for the active listener.

Possible messages: Active listening is a useful strategy to use when we are communicating with our friends, especially when our friends are facing a problem. It is a way to check that you have understood what your friend is saying and it can help them to feel understood and supported. It can even help them to make their own thinking clearer for themselves.

8. Practicing peer support

20+ minutes

a. Divide participants into groups of 5 or 6.

b. Remind the group that there are a range of peer-support strategies that we can use to help others (such as friends or family) when they are experiencing tough times.

c. Provide each group with a scenario. Alternatively, choose one scenario from the collection provided and read it aloud to the group.

d. The group should read the scenario aloud and consider the questions:
   - What could the friend/s do to provide support (i.e. things they can do without the help of other adults)?
   - Who could the friends ask for advice, help or support if the situation did not improve?
   - What could they say to get some help?
   - What could the person do to let friends or other adults know about their problem?
e. Repeat with another scenario.

f. Ask the groups to choose one scenario to role play. The role play should include the main character in the scenario and a person they approach to ask for help or advice.

g. Ask a couple of groups to present their role play. Following each role play, ask the audience: What else could the help-seeking character do or say? What advice could they give the character to help them find a good solution?

h. If appropriate, ask someone to swap roles and demonstrate a different strategy.

i. (Optional) Provide each pair with a copy of the fact sheet and ask them to add any of their own favourite strategies to the lists provided.

j. Ask for key messages from this activity.

Possible messages: There will be times when we need to provide support or advice to our friends or family. It is useful to practice this and to think about different ways to provide support so that we can use this in our future lives. Help-seeking takes courage and so friends often need someone else to assist them to get the help they need.

9. Helping hands

10+ minutes

a. 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.

b. Give each person some paper and a pen. Ask them to draw around each of their hands. On each finger of one hand, they identify one person who they could approach for some kind of help if faced with a challenge or if they are feeling down. Encourage people to choose at least one person from their family and one from another setting (e.g. work, school, club). On each finger of the other hand they write the name or make a sign to stand for a person that they can or would like to give help or support to.

c. Ask each person in the group to share some of the people they identified with the group. What kind of things would they help with? Have they provided help in the past?

d. Ask for key messages from this activity.

Possible messages: It is useful to think of some people in our lives who we could ask for help, and also others for whom we can provide support and advice. This can help us to choose the right people in a situation if needed.
10. Questions and reflection

5+ minutes

a. Answer any remaining questions in the questions box.

b. Ask the group to think of some take-home messages or information from this session that they can pass on verbally to their friends and family. Ask for some volunteers to share.

11. Balloon goals game

10+ minutes

a. Organise players into groups of 5 or 6.

b. Give each group two more balloons than there are group members.

c. When signalled, the group is to toss all of the balloons up and then work together to keep them all in the air. Play one round of the game to allow group members to develop their skills.

d. Before the second round, ask the teams to talk and build their strategy. On the second round, play as a competition. If a balloon hits the ground then the team is eliminated. The last remaining team wins.

e. Ask about how strategy and planning can help a group to meet their goals better.

f. Ask for key messages from the game.

If you are running a simultaneous parent program, consider organising a joint session between parents and adolescents. The joint session instructions can be found here.
Emotions cards
(Copy and cut up one set per group of 4 or 5)

<table>
<thead>
<tr>
<th>Sad</th>
<th>Happy</th>
<th>Worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disappointed</td>
<td>Loving</td>
<td>Angry</td>
</tr>
<tr>
<td>Proud</td>
<td>Embarrassed</td>
<td>Scared</td>
</tr>
</tbody>
</table>
Practicing peer support scenarios

A selection of scenarios developed for the Philippines
(Copy and cut up one set)

Bituin is 16 and she has just started at a new school. She is finding it hard to make friends and feels lonely. She is also finding some of the work hard, especially when she has to help out at home a lot and doesn't get much time to do homework or study.

Jovelyn is 15. Her body has changed a lot in the last two years. She spends a lot of time trying to make herself look pretty, but most of the time she feels bad about how she looks. She wishes she had nicer clothes like her friends. She compares herself to her older sister who is always being told how pretty she is.

The other students tease Imelda, laughing at her because she looks different and her parents are from another region. Sometimes the boys throw stones at her or call out to her as she walks home from school alone.

Rizal has stopped coming to school every day. Often he stays out in the streets. He has been missing a lot of school as he has had problems at home with his parents fighting frequently. He thinks he will fail his exams and has little motivation to try to catch up. When he is with the boys on the street he smokes and sometimes when they have enough money, they buy alcohol and get drunk. He says he likes it because it takes every other feeling out of his head.
Mirasol cannot study because she does not get enough sleep at night. She has nightmares and then cannot sleep. Her nightmares began after her uncle came to her bed around one or two nights a month ago when her mother had to work late. She is scared this might happen again. She is scared to tell her mother because of the shame.

Isagani is 15 and has mainly female friends at school. This has not bothered him in the past, but people have started to tease him for being feminine. Even his parents say it is time that he became more of a ‘real man’. He feels like he doesn’t know how to change to meet everyone’s expectations and he is feeling worthless.

Rutchel is in her final year of Secondary School. No one in her family has been to university before and her parents are putting pressure on her to do well. She is a bright student, but is struggling to cope with her parents’ expectations and feels that she has to lie to them if she gets a bad mark. She is feeling very anxious about her upcoming exams and is having trouble sleeping or eating.

Arvin is feeling exhausted. He keeps having flashbacks to the terrible times that his family had when the storm came to their village. He tries to put them out of his mind, but they keep coming back and he feels that he has little control. The memories make him shake and sweat. He also has bad dreams. His mother has asked if he is unwell, but he does not want to burden her with worry.
Gani is confused. He has had girlfriends in the past, but more and more he is realising he is attracted to boys.

Aries went to the local clinic for a health check-up. He found out that he is HIV positive. He is scared and lonely and does not know what to do.

Rosa has fallen in love and become sexually active, but she has not used any contraception. She had a pregnancy scare, but then found out she was not pregnant. However, she does not want to go through that distress again.

Rahelle has lots of close friends who are both male and female. One of her close male friends has recently asked her to be his girlfriend but she feels more attracted to one of her female friends.
# Fact sheet: Self-care and peer-support strategies

## Self-care strategies
- Take some deep breaths
- Give yourself some time out
- Get active
- Use positive self-talk
- Do a calming activity
- Read a book
- Eat a favourite food
- Play a game
- Do a favourite hobby
- Write down your thoughts
- Play sport
- Listen to some music
- Find time to relax

## Help-seeking strategies
- Phone a friend
- Talk to a parent
- Talk to a doctor
- Talk to a teacher

## Peer support strategies
- Ask your friend how they are
- Suggest a social activity
- Seek advice from a trusted adult
- Write a supportive text message
- Tell a funny joke
- Suggest someone to talk to
The first *Creating Connections* curriculum was developed for the Viet Nam Women’s Union in 2006. It was funded by Ford Foundation and developed in partnership with staff from the WARC centre within the Women’s Union. The original proposal for *Creating Connections* was developed with support from WHO Viet Nam and UNAIDS Viet Nam with the objective to improve the dialogue on sexuality, gender rights and HIV prevention for mothers and adolescent girls in the context of a changing social environment. The Viet Nam version of the program was subsequently expanded to include adolescent boys. The lead author of the Viet Nam materials is Associate Professor Helen Cahill, with contributions from Michelle Pose and Ian Seal and Dr Tu Anh Hoang, Director of the Centre for Creative Initiatives in Population and Health, Viet Nam.

Following promising evaluation results in Viet Nam, in 2010-2011 regional UNICEF and UNFPA offices invested in a refinement of the girls’ boys’ and mothers’ program materials and expansion of the program into several countries. The materials were revised and updated by Associate Professor Helen Cahill and Sally Beadle. Technical advice was provided by Dr. Josephine Sauvarin (UNFPA Asia Pacific Regional Office), Justine Sass (UNESCO Bangkok) and Margaret Sheehan (UNICEF East Asia Pacific Regional Office). Input from Bangladesh, Cambodia, Laos, Myanmar, Nepal and Indonesia has further enriched the programs for girls, boys and women, via country-based versions of the curriculum. The program was translated into Cambodian, Laotian, Nepalese, Bengali and Myanmar languages.

In 2012, with support from UNICEF Indonesia, *Creating Connections* was adapted by Helen Cahill and Sally Beadle for implementation in Papua Province as part of the Joint UN initiative *Combating violence against women and girls in Papua Province, Indonesia*. Programs were developed for adolescent girls, adolescent boys, mothers and fathers. The program was renamed *Membangun Masyarakat Tangguh* (*Building Strong Communities*) for this context. Technical advice for this adaptation was provided by Dwiutari Tamanbali (UNICEF), Adolfine Krisifu (UNICEF), Gracia Augusta (UNICEF), Nancy Wompere (Cenderawasih University) and Andy Wally (Cenderawasih University).

In 2012, UNESCO supported the adaptation and implementation of *Creating Connections* in Myanmar and Cambodia.

In 2013, together with members of the Adolescent Cluster, UNICEF Bangladesh and partners supported a program adaptation, train the trainer and dissemination of the program in Bangladesh. Program adaptation and implementation support was provided by Helen Cahill and Sally Beadle. In 2014, UNICEF Bangladesh supported a similar adaptation for the boys’ and fathers’ programs. Revisions were made by Helen Cahill and Sally Beadle, with assistance from Sarah Natali Soysa and Rosie Yasmin. Technical advice and feedback on this adaptation was provided by Luna Shaila (UNICEF), Parveen Rashida (BRAC), the Ministry of Women and Children Affairs and members of the Adolescent Cluster.

In 2014, UNESCO China commissioned Helen Cahill to adapt and implement the *Creating Connections* for parents of adolescents. As of 2016, the program has been implemented in 12 provinces and cities across China. Technical advice on this adaptation was provided by Hongyan Li (UNESCO).

In 2014, UNICEF Philippines supported an adaptation of the program for adolescents (mixed groups). Rewriting, extension and implementation support was provided by Helen Cahill and Sally Beadle. Technical advice and feedback on this adaptation was provided by Emma Brathwaite (UNICEF), Ced Apilado (UNICEF), Jordan Chaffin (UNICEF), Aradin Borja (UNICEF), Arlene Aragones (UNICEF), Scheree Herrera (UNICEF) and representatives from the Department of Social Welfare and Development, the Department of Health and the Commission on Population.
References


