Creating Connections

Sexual and reproductive health & gender rights education

for parents

Creating Connections is a parent and adolescent education program. This program manual brings together activities that have been developed for VietNam, Bangladesh, China, Indonesia and the Philippines.
Creating Connections: Sexual and reproductive health and gender rights education for parents

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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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The Creating Connections program for parents includes 11 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). 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 *facilitator tips manual*.

## Session Objectives

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<th>Session</th>
<th>Objectives</th>
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<td><strong>Getting to know each other</strong></td>
<td>• 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 the risks that parents imagine their children will encounter in a changing world&lt;br&gt;• To identify the strengths or protective qualities that parents hope to encourage within their children</td>
</tr>
<tr>
<td><strong>Exploring gender and sexuality</strong></td>
<td>• To encourage participants to mix and get to know each other&lt;br&gt;• To identify positive and negative aspects of being female/male&lt;br&gt;• To identify the influence of gender norms and expectations&lt;br&gt;• To develop confidence in discussing issues relating to gender and sexuality</td>
</tr>
<tr>
<td><strong>Gender and rights</strong></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 the use of ‘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&lt;br&gt;• To build confidence in talking about gender and rights</td>
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<tr>
<td><strong>Changes at puberty</strong></td>
<td>• To build friendship and support between participants&lt;br&gt;• To develop understanding of changes at puberty&lt;br&gt;• To develop confidence in discussing social and emotional needs of children as they develop&lt;br&gt;• To develop understanding of the physical and social changes that occur when children reach puberty</td>
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<td><strong>The menstrual cycle</strong></td>
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<td>Conception: Where do babies come from?</td>
<td>• To build friendship and support between participants</td>
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<td>• To develop confidence to talk about family planning and contraception</td>
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<td>Sexual health, STIs and HIV</td>
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<td></td>
<td>sexuality</td>
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<td>Problem-solving skills</td>
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<td>• To promote positive attitudes toward help-seeking</td>
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<td></td>
<td>• To promote confidence in talking about issues relating to gender and</td>
</tr>
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<td></td>
<td>sexuality</td>
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Getting to know each other

Objectives

- To build friendship and support between participants
- To explain the aims of the program
- To agree on rules and expectations
- To identify the risks that parents imagine their children will encounter in a changing world
- To identify the strengths or protective qualities that parents hope to encourage within their children

Equipment

- Ball or other object to throw
- Flipchart and markers
- Questions box (cardboard box with a slit in the top)
- Slips of paper and pens

1. Welcoming participants

5+ minutes

a. Welcome the participants. Introduce yourself 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 parenting skills in good communication with children so as to promote health, wellbeing and positive relationships

b. Explain that across the various sessions they will do lots of activities which will help them to develop good relationships with each other. They will also learn about gender and sexuality and how to support their children to deal with many of the issues of growing to adulthood.
2. The name call game

      5+ minutes

a. Stand participants in a circle. Go around the circle and ask everyone to say his or her 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. Happy Hamina, Super Sam. As each person says their name (e.g. Happy Hamina) the rest of the group echoes in one voice (HAPPY HAMINA!).

c. (Optional) In a third round, ask each person to add a movement as they say their name (e.g. jump in the air and say Super Sam!). 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

      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 the rules 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 between 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 should be things that you can only find out by talking to each other.

c. Ask a few pairs to report back on one interesting similarity and one difference.

d. Ask for some key messages from this activity.

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

5. Parents' worries for children's futures

- 10+ minutes

a. Ask the participants to talk to the person next to them about some of the worries that they have for children and adolescents as they grow up in a changing world. Ask:
   - What worries do you have for children growing up into a changing world?
   - What strengths or skills will they need?

b. Collect some of these concerns and strengths.

c. Tell the participants that this program aims to help deal with concerns relating to sexuality, gender and relationships. It aims to help parents help their children grow up to be well-informed and strong in their ability to make healthy choices.

6. Introducing the questions box

- 5+ minutes

a. Introduce participants to the questions box. Explain that you will bring the questions box to each session and that everyone is welcome to write a question any time. The questions can be anonymous.

b. The facilitator will do their best to make sure that all the questions are answered in the following sessions.

c. Allocate each person some slips of paper and a pen. Ask them to write down any of the questions that parents or young people might have about sex and relationships.

   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.
7. The wishing game

5+ minutes

a. Explain that this game is designed to have us think about the protective qualities or strengths that we wish our children to develop.

b. Acknowledge that those who are parents have hopes for their children's lives, and those who are not parents each know the children of a relative or neighbour whose future they can have in mind.

c. Explain that they are going to play a wishing game, and pretend that they can wish for one quality for an imaginary child that will help this person to live their life well. Ask them to think what that quality will be (e.g. loyalty) and how it could be of use (e.g. it could help them to stay close to their family).

d. They will take turns around the circle and ask each person to state one of the qualities they would wish for on the child's behalf. It is alright to repeat something said by another.

e. Start the game yourself by saying: 'For this child I wish for ___ because___'. (e.g. 'For this child I wish for patience because this will help them to learn what they need to know').

f. Ask for key messages from this game.

Possible messages: Parents have many wishes for their children’s futures. As parents and other adults, we can play an important role in helping our children develop the knowledge, strengths and skills to lead positive and healthy lives.

Use the Facilitator Checklist (find this in the Introduction and Facilitator Tips Guide) to reflect on how the session went. Think about what worked well and what could be changed or improved next time. This will inform future sessions.
Exploring gender and sexuality

Objectives

• To encourage participants to mix and get to know each other
• To identify positive and negative aspects of being female/male
• To identify the influence of gender norms and expectations
• To develop confidence in discussing issues relating to gender and sexuality

Equipment

• Object that can easily be thrown between the group (e.g. ball or soft toy)
• Flipchart and markers
• Gender and sexuality fact sheet
• Chopsticks or pens (1 per person)
• Questions box and slips of paper

1. The name toss 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 short game will help everyone remember names and make sure that everyone feels welcome by having their name called.

c. The facilitator holds the soft toy. They first say their own name, then the name of the person they are throwing to. This person then says their own name, and the name of the person they are throwing the toy to.

d. The group members are to use this pattern (their name first, then the name of the person they throw to) to keep the toy moving around the group. The aim is to make sure that everyone has their name called and that everyone is included.

2. Anyone who… game

5+ minutes

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

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

c. The facilitator stands in the centre of the circle. They do not have a chair.
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.

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.

d. 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.

e. Play a few rounds of the game. By this time participants will be seated in a mixed arrangement.

f. 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 give respect to those who are different. We will not be unkind or violent towards them. This will protect their rights. It is also important to help our children understand and respect differences between people.

3. Exploring gender

20+ minutes

a. Explain that there are similarities and differences between males and females. In this activity we will explore the positive and negatives of being male/female. This will help us learn the difference between sex and gender.

b. Organise groups of 4 or 5.

c. Allocate some groups to brainstorm on behalf of females and some males. (If appropriate, assign at least one group to brainstorm on behalf of transgender or third gender people.)

d. Give each group a flipchart and ask them to write Good Things on one side of the page and Bad Things on the other side of the page.

e. Ask one group from each category (male, female, transgender) to read their positive list. Ask others to add additional items that were not on this list.

f. Ask a different group to read their negative list. Ask others to add additional items that were not on this list.

g. Ask people to comment on what they see are the key differences between the different lists.

h. Point out that some of the items on the list are to do with sex – they are biological differences. Point out that other items on the list are to do with gender – they are affected by our culture and history and the way that we organise what men and women do. We come to believe that these things are part of being female or male because this is how things normally happen. These things can be changed, and many of them do change over time. They are to do with gender rather than sex.
i. 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 negatives when their parents and grandparents were young?

j. Ask one person to summarise what differences or similarities there were.

k. Return to the group. Ask them to talk about anything they hope will be different for their daughters or their sons.

l. Ask one group to summarise this discussion for the whole group. Invite a few additional suggestions that came from other groups.

4. 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 an 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, women and men 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>
</tr>
</thead>
<tbody>
<tr>
<td>Clothes and presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play or leisure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possessions/toys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour at school or work</td>
<td></td>
<td></td>
</tr>
</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, women and men. 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).

i. Ask for key messages from the activity.

*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.

5. 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 on the next page and use the fact sheet provided to give more detailed information and to answer questions from participants.

c. Ask participants to find a partner and practice explaining the meaning of the key terms they have just learned to each other. These terms include: biological sex, intersex, gender, gender identity and sexual orientation. Remind the group to explain in a factual and non-judgemental way.

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.
### Biological sex: *The physical body a person is born with*

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Intersex</th>
<th>Male</th>
</tr>
</thead>
</table>

### Sexual orientation: *Who a person is attracted to*

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>Bisexual</th>
<th>Homosexual</th>
</tr>
</thead>
</table>

### Gender identity: *Who a person feels they are*

<table>
<thead>
<tr>
<th></th>
<th>Woman</th>
<th>Transgender, third gender or gender fluid</th>
<th>Man</th>
</tr>
</thead>
</table>

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e. 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.
- Supportive parents accept their child’s gender identity and sexual orientation and help to educate their child about their rights. They provide information and guidance about how to make healthy choices.

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### 6. 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.

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In a statue characters stand in a pose to represent a certain scene. It is useful as a tool to generate discussion in the group. The frame can then be further enhanced by asking each character to tell their personal thoughts regarding the situation, giving the audience further insight into the meaning.
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 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 for key messages from 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.

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 the group to think of some key messages or information from this session that they can pass on verbally to their children, friends and family. Ask for some volunteers to share.
8. 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).

e. Distribute chopsticks to each pair and allow them to practice.

f. Once partners have had a chance to practice 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.

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.
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
- To build confidence in talking about gender and rights

Equipment

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

1. Keeper of the keys game

1. 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.

2. 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.

3. 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 paper into a tube). Place a set of keys at their feet.

4. 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.

5. 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 in this session.
2. Rights and responsibilities

15+ minutes

a. Remind the group that in every society, expectations on girls, boys, women and men 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: Human rights aim to ensure that all people can live a safe and healthy life. 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 be aware of the people's rights.

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 Rights dilemmas card 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

中毒 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. Give out slips of paper and invite people to add new questions if they want 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?

中毒 10+ minutes

a. Explain that the final game will help the group think about leadership and change.

b. Participants stand 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 scenario 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's husband is having problems at work. It makes him angry. Sometimes when he comes home from work he shouts at Mina and threatens to hit her.

- 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)

Suna and Jayden have a 15 year old son and a 17 year old daughter. When they get home from school, the son is allowed to spend time with friends or play computer games and he has still got plenty of time to do his homework. The daughter 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 they 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)

Nishat became pregnant soon after her marriage. Late into her pregnancy her husband insists on having sex with her. When she refuses he argues that it is her duty to please her husband in the bedroom and becomes forceful. She doesn’t know how to stop this happening.

- 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)

A daughter is 15 and doing well at school. Her father says it is time for her to leave school and get married. Her mother wants her daughter to be able to finish high school and go on to further study. The father says that he knows best.

- 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 social and emotional needs of children as they develop
- To develop understanding of the physical and social changes that occur when children reach puberty

Equipment

- Large sheets of paper and sticky tape
- Changes at puberty fact sheets (optional)
- Role play cards (copy and cut up enough for one per pair)
- 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 seated in a mixed arrangement.

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 workshops, all people are included and respected regardless of any differences between them.

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

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. Talking about puberty

30+ minutes

a. Ask if anyone in the group has had a child ask a question about changes that happen at puberty or remember asking a question when they were young. Collect these questions and add them to the role play cards provided.

b. Point out that it is common for adolescents to have questions but not to ask them, because they do not feel their parent will be comfortable to answer. This exercise is to practice talking about puberty so we can be more relaxed when we talk about sex. This can make it easier for our children to talk to us. We should also realise that we should not wait for their questions as they may never feel comfortable to ask, so we may need to bring the topic up.
c. Organise the players into pairs. Give each pair a role play card. Alternatively, read one of the questions aloud to the group. Ask one person in the pair to play the role of the adolescent and one to play the mother.

d. Give them 2 to 3 minutes in role for the parent to respond to the adolescent's questions.

e. Ask them to role-swap and then move on to a new partnership and take a different role play card. Allow 2 to 3 minutes to role play.

f. Ask the players to say what they think it might be like for the adolescent to ask these questions. Ask when they think adolescents need to know about puberty, and what other sources of information can be used.

g. If they have an older child, encourage them to use one of the fact sheets to help them bring up the topic for conversation. Ask them to talk also with their partner about how they can be involved. They may also like to talk with a friend or family member. Useful questions to get this conversation started with other adults could include:

- *Who do you think should teach children about puberty?*
- *At what age do you think children should be told about puberty?*

4. Questions and reflection

1 5+ 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.

Inviting all to role play at once gives time for those who are shy to build more confidence without an audience. Everyone can experiment without fear of observers.
5. Sitting circle game

1+ 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 they are 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 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.
Role play cards
(Copy and cut up enough for one card per pair)

13 year old girl

I think I might have breast cancer – one breast is growing a lump but the other one is small.

13 year old girl

One of the girls at school had to go home today because she had blood on her dress. Everyone was talking about it – they say it will happen to all of us. What happened to her?

15 year old boy

There was a wet patch in my bed this morning. I don’t know what happened.
15 year old girl

The other girls are getting their figures. Why do I still look like a baby?

15 year old boy

My voice is going all funny. People laugh when I answer the teacher in class. Why is this happening to me?
The menstrual cycle

Objectives

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

Equipment

- Menstrual cycle fact sheet (optional)
- Collection of commonly used feminine hygiene products (e.g. sanitary pads, paper and/or cloth)
- Measuring jug
- Emotions cards (copy and cut up 1 set per group of 4 or 5)
- Questions box and slips of paper
- Balloons

1. The nodding 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). The way you get to try out a new spot is to nod at a person across the circle. If they nod back, then you swap spots.

d. Aim to get as many swaps as you can.

e. Ask for key messages from the 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.

d. Highlight that the onset of menstruation can be distressing if we don't understand it or can't talk openly about it.

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]

Provide participants with a copy of the fact sheet if they would like to read more.

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.
4. Building the story

5+ minutes

a. Ask the group to imagine that they are talking to an 11 year old girl. She has never heard about menstruation. Between us we will tell her all she needs to know.

b. Ask for a volunteer to sit in the middle of the circle to be the 11 year old girl.

c. Have participants take it in turns around the circle to add just one piece of information.

d. If the 'girl' has a question – she may ask for a clearer answer. If she does not know all she needs to at the end of the tour around the circle, she can continue to ask questions.

5. 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.

6. 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).
7. Talking about emotions

20+ minutes

a. Explain that when children reach adolescence, they may find it to be an emotional time and they experience changes in themselves and in their relationships with family and friends. They may also begin to have romantic feelings. This time can also become hard for parents. It is useful to be able to talk about our feelings, especially when we need to solve problems in our relationships and work out the actions that are right for us. One way to do this is to talk with others about how we feel. This game is based on the idea that we can learn to understand ourselves by also hearing what things are like for others. It is a game that can be played at home with family members.

b. Organise groups of 4 or 5.

c. Give each group a set of emotions cards in a bag or box

d. Ask one person to put their hand in and select a card. They read out the emotion and then ask people in the group to each speak about when they may have this emotion. (e.g. I may feel happy when my daughter gets a good report from her teacher, or when I get to spend time with my sister).

e. When they have talked about one card, they should select another card and continue with giving examples for the new card. (e.g. I may feel embarrassed when my son is rude to his grandmother, or when I say something silly to my neighbours and they laugh at me).

f. After the exercise, ask players which feelings they found easier to express and which were harder to talk about. Ask:

- Are there some feelings that girls, boys, women or men are discouraged from expressing or find it hard to show?
- What effect can it have if we feel we have to hide our feelings?
- What effect might it have if our children think they have to hide their feelings from their parents?

8. Questions and reflection

5+ 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. Ask if anyone wants to share what they learned in the session.
9. The partners balloon game

징 5+ minutes

a. Organise people into pairs.

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

c. The partners take hold of each other’s hands and stand facing each other. Without letting go of either 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).

d. Play for about 5 minutes.

e. Ask for key messages from the game. Ask them what players must do when working together if they want to be successful in keeping the balloon in the air.

Possible messages: Many of these actions (e.g. staying close to your partner, communicating with them, staying focussed on the task rather than worrying too much about your own comfort level) are those that are needed if we are to help our children to be able to talk with us about sensitive or serious issues.
Emotions cards
(Copy and cut up one set per group of 4 or 5)

sad

happy

worried

disappointed

loving

angry

proud

embarrassed

scared
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 conception, sex and relationships to children and young people

Equipment

- Blindfold
- 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 stays 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 our children are ignorant about their partner, or about what can happen if they start a relationship, then they may come to harm or make choices that they later regret.

2. Sharing myths and funny stories about where babies come from

10+ 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

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. Informing daughters and sons

15+ minutes

a. Organise the group into pairs. Ask them to organise one person to play the parent and one to play the child (if there is a trio one will act as observer and coach).

b. Read out the following scenario:

*A daughter is to be married soon after her 20th birthday. Her birthday is next month. Her parents have not yet explained to her about reproduction. What will the parent say to her before she gets married?*

c. Ask the person in role as the parent to give the correct information about how babies are conceived and to give as clear and honest an answer as possible. The person playing the role of the child can continue asking questions to get more information.

d. Allow 2 or 3 minutes.

e. Ask them to swap roles, and read out a second scenario. Allow 2 or 3 minutes for this role play.

f. Repeat the exercise with one of the scenarios provided below:

*A son is 20 and he has a girlfriend. What will the parent say to him about sexuality?*

*A daughter is to be married soon after her 20th birthday. Her birthday is next month. Her parents have not yet explained to her about reproduction. What will the parent say to her before she gets married?*

*A 17 year old is to leave to study at university in the city. They will be living far away from parents. The parents have not yet explained to about reproduction or contraception. What will the parents say before their child leaves home?*

*An 18 year old is to leave to home to seek work in another city. They will be living far away from parents. The parents have not yet explained to about reproduction or contraception. What will the parents say before their child leaves home?*

g. Repeat with additional scenarios if you have time. After the role plays are complete, ask players what they found hard when in the role of the parent. Collect a list of the barriers to talking about sex.

h. Choose to either complete the activity here by taking a short (20 second) look at each of the scenes, or by asking if there is one partnership who felt that they got the explanation out clearly who would be happy to show their scene to the group.

Point out that if our parents were shy to talk about reproduction then it can be hard for us to find confidence to do this. But because the world is changing for young people, it is important for parents to learn how to do this.

The group might notice that if the parent is embarrassed, the child becomes embarrassed too and thus learns to avoid this sensitive topic.
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.

c. They may like to share these books with friends or family to read with younger children.

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.
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.

Sperms 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. Breast 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 consent
- To provide information about different forms of sexual activity
- To develop confidence to talk about consent and sexual activity
- To understand the negative effects of pornography on behaviour

Equipment

- Bell
- What can I do? Cards (copy and cut up 2 or 3 sets)

1. The greetings 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 the game will focus on the theme of friendship and belonging.

c. Ask group to walk around inside the space. When the bell rings they take a nearby person as their partner (if there are odd numbers, make a trio). This person is Partner Number 1. They have one minute to make up a special greeting (e.g. a handshake, special movement). The greeting should include a sound as well as a form of physical contact.

d. Ask the pairs to practice their greeting a few times.

e. Then ask them to walk around in the space. When the bell rings they are to find their partner as quickly as they can and do their special greeting.

f. Once this is done, ask the group to walk on again. Ring the bell. Now the players must find a new partner. This is Partner Number 2. Together they must design a completely new greeting. Give them one minute to practice it.

g. Ring the bell. Ask them to move on. When the bell rings again they are to find Partner Number 2 and do that greeting. Then they must find their Partner Number 1 and do that greeting.

h. Repeat with another round, but in the final round have them form a group of 4 and do the greeting for the 4 people to do together.

i. Ask participants for key messages from the game.
Possible messages: It is good when people receive a friendly greeting as everyone likes to know that they are welcome. One way we give support to friends and family is to find ways to show that they have good friends they can turn to for advice and support.

2. Talking about sexual expression

20+ minutes

a. Use the information below to help you to teach about:

- different kinds of sexual activity
- consent
- sexual pleasure
- sexual preference

b. Tell the group that they are welcome to ask questions or to use the question box.

Types of sexual activity

Explain that there are many forms of sexual expression. Some of the main ones to know about include kissing, cuddling, stroking, touching of different parts of the body, touching of genitals, vaginal intercourse (in which the man’s penis is inserted in the woman’s vagina), anal intercourse (in which the penis is inserted in the anus), oral sex (in which the male or female genitals are kissed), and masturbation in which a person strokes their own genitals or the genitals of their partner. Vaginal intercourse is how children are conceived (except if the woman uses invitro fertilisation).

Ideally sexual activity happens between people who agree to express themselves in this way. This is called consenting sex. If one party does not want to engage in a particular sexual activity but their partner forces them, this is called non-consenting sex. Non-consenting sex which involves vaginal or anal intercourse is called rape. It is a serious crime.

Consent

Nobody should be forced to have any sexual activity against their will. When adults force children into some form of sexual activity this is called molestation. This may or may not include rape. Whether it does or not it is also a serious crime. We call that crime ‘sexual abuse’. It happens to many children and can happen to boys as well as girls though it more commonly happens to girls. Women and girls should not be forced to have any form of sexual activity that they do not choose. They should not be forced physically, or by emotional threats, not even by their husband, wife or partner.
Sexual pleasure

Sex should be pleasurable for both of the parties. People may need to talk about it to make sure that this happens. Sex should also be consenting for both parties. The word orgasm is used to describe the climax or peak moment of sexual pleasure for men and for women. The muscles contract and pleasurable tingling sensations are felt. During orgasm for men, semen is ejaculated. The sperm are inside the semen. If the semen is ejaculated inside the vagina and no contraception is used, the woman may become pregnant.

Sexual preference

Sexual activity most commonly occurs between men and women. This is called heterosexuality. Some people prefer same-sex relationships. This is called homosexuality. This is the word to describe when men prefer to have sex with men, or when women have sex with women. Some people have same-sex relationships just for a while during their youth. Other research suggests that they are born with a particular sexual orientation. This means they 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 judgement, but increasingly it is accepted that there is nothing wrong with them and they should have the right to fair treatment and acceptance. Some people like to have sex with people of the same sex and people of the opposite sex. This is called bisexuality. Research suggests that around one in ten people may prefer to have sex with the same sex.

When a parent has a child who is same-sex attracted, it is important that the parent provide love, acceptance and information.

3. What can I do?

20+ minutes

a. Explain that when young people show signs of becoming sexually attracted to others, parents may feel uncertain about what to do. It can be helpful for parents to talk with their children about how to manage the choices they will make and how to deal with the pressures and influences they may encounter.

b. Arrange participants into groups of 4 or 5.

c. Give each group a set of What can I do? Cards (make sure each group gets at least 6 scenarios).

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. In the middle they place a pen or a bottle. 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 parent. They should try to think of as many actions as possible that they 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.

If there is a low level of literacy in the group, arrange one set of scenario cards at the front of the room. Ask one person from each group to come up the front one at a time to spin for a scenario. Read the scenario aloud. Give groups 5 minutes to discuss the questions before spinning for a new one.
f. Using the scenario cards gives permission for people to talk about sexual expression without having to share their own situation or experience. This helps to protect people's privacy.

g. Stop the activity and ask each group to choose the scenario they would most like to see role played.

h. Select one of the scenarios from the popular choices and ask for a volunteer to play each of the roles while the class watches.

i. Ask the audience to watch as if they are the coach for the parent.

j. Play the scene, stop for advice and coaching from the observers.

k. Ask for other volunteers to show how to follow their suggestion.

l. If time allows, assign people to pairs and have them role play together one of the other popular scenarios.

4. Pornography

1 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 guide your children to work out if something is right or wrong for them 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\(^1,2\). 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\(^1,3,4,5\). 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.

5. Questions and reflection

\(\text{⏲} 5+ \text{ minutes}\)

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.

6. The knots game

\(\text{⏲} 10+ \text{ minutes}\)

a. Explain that if people can trust and respect each other, they will be more likely to be able to talk about sensitive topics with friends, family or partners. The first game is designed to remind us that even when a problem looks difficult, if people work together it can often be solved well.

b. Arrange participants into groups of 6 or 7.

c. Ask each group to huddle in a circle and reach out, taking someone else’s hand in each of their own hands. The group will then be linked in a knot.

d. Without letting go of each other’s hands, they should untangle the knot, working cooperatively with each other to do this.

e. When they have done this they will find that they are linked in a circle, holding hands.

f. If there is time to play the game again, challenge the players to do the activity without speaking.

g. Ask for key messages from the game.

This game involves touch. You may prefer to organise participants into single sex groups for this game. Some may not want to play this game due to physical health issues. Give a ‘helper’ role to those who prefer not to play due to physical constraints.
What can I do? Cards

*Originally developed for Viet Nam, Bangladesh and Indonesia*

*(copy and cut up 2 or 3 sets)*

A father has a 17 year old son. One night, when he is walking home, he passes a group of young men who seem to be calling out and harassing some girls who are passing by. They are noisy and behaving in a rough way and the girls seem frightened. He sees his son is in this group.

*Should the father talk about this? What could he say to his son? What else could he do?*

Maya is 17. She is about to leave home to go to study at the university in a distant town. Her boyfriend is to go and study at this university as well. Her mother is concerned that they may start a relationship. She has never talked to her daughter about romantic relationships. The night before Maya leaves for the university, mother finds herself home alone with her daughter, and is helping her to pack her bag.

*Should the mother talk about this? What could she say to her daughter? What else could she do?*

A father has an 18 year old son. The son has left school and now works in a factory. He has been coming home late some nights. The father is worried about what he has been doing after work and who he has been with.

*Should the father talk about this? What could he say to his son? What else could he do?*

A mother has a 15 year old son, Johan. One day, a close neighbour comes over and yells at the mother. She says that Johan has been having sex with her daughter, who is now pregnant. Johan’s mother did not know that her son was having sex.

*Should the mother talk about this? What could she say to her son? What else could she do?*
A mother has a 13 year old daughter. She has dropped out of school and has been coming home late at night. The mother is worried. One day, she sees her daughter outside the shopping centre kissing a boy who looks much older than her.

*Should the mother talk about this? What could she say to her daughter? What else could she do?*

A 20 year old son has never shown any interest in girls. He spends a lot of time with one boy just a little older than him. When his father sees him on the back of his friend’s motorbike he notices he holds him very closely. He has begun to think that perhaps his son is homosexual.

*Should the father talk about this? What could he say to his son? What else could he do?*

A father has an 18-year old daughter. The daughter has recently started working at a factory. One day his wife tells him that the daughter wants to quit her job because the boss, a man in his 40s, has started trying to touch her in a sexual way.

*Should the father talk about this? What could he say to his daughter? What else could he do?*

A father has an 18 year old son. The son is going to study at the university in the city. His long-term girlfriend is going to the same university. The father is worries that when they are away from home, they might begin a sexual relationship.

*Should the father talk about this? What could he say to his son? What else could he do?*
Sumi is about to get married. She is 16 but is small for her years. Her mother knows it will be better if she does not have her first child until after she is 18. She is not sure whether she should talk about this with her daughter or the husband and mother in law.

*Should she talk about this? What could she say? What else could she do?*

A parent finds a packet of condoms in their son’s bag. The son is 19.

*Should they talk about this? What could they say? What else could they do?*

A father has an 18 year old son. He has found pornography on his son’s mobile phone.

*Should the father talk about this? What could he say to his son? What else could he do?*

A father has a son who is about to get married. When he tells his son that this means there will be a baby coming within the next year, his son says he is not sure if this will happen. His wife-to-be has a good job and she is only young (18). He says he agrees this is a good idea and he asks his father for advice about what to do.

*Should the father talk about this? What could he say to his son? What else could he do?*
A father has a 17 year old son. One night, when he is walking home, he passes a group of young people in the village who are drinking homebrew alcohol. They are noisy and behaving in a rough way with some girls. He sees his son is in this group. He thinks these girls are often with older men and sometimes exchange sex with them for money.

Should the father talk about this? What could he say to his son? What else could he do?

A father has a 13 year old son. One morning his son comes to him. He is looking upset. When the father asks what is wrong he explains that when he woke up in the night the bed had a wet patch and his penis was straight. This had happened a few times and he did not know what it meant.

Should the father talk about this? What could he say to his son? What else could he do?

A father has a 9 year old son. One morning his son asks him how babies are made. He says none of his friends know and he wants to find out.

Should the father talk about this? What could he say to his son? What else could he do?

A father has a 15 year old son. He has left school and now works in a factory. He has been coming home late some nights. The father is worried about what he has been doing after work and who he has been with.

Should the father talk about this? What could he say to his son? What else could he do?
A mother has a 17 year old daughter. The daughter has just got her first boyfriend. The mother knows that some of the other girls her daughter’s age have started having sex and she is worried that her daughter will be pressured into having sex with her boyfriend. The mother has never talked to her daughter about sex, except to explain menstruation.

Should the mother talk about this? What could she say? What else could she do?

A mother has a 17 year old daughter. The daughter has recently started working at a local hotel. One day after work, the daughter tells her that her new boss, a man in his 50s has started touching her in private places. She is distressed and does not know what to do.

Should the mother talk about this? What could she say to her daughter? What else could she do?

A 20 year old son has never shown any interest in girls. He spends a lot of time with one boy just a little older than him. When his mother sees him on the back of his friend’s motorbike she notices he holds him very closely. She has begun to think that perhaps her son is homosexual.

Should the mother talk about this? What could she say to her son? What else could she do?

A mother comes home early from work one day to find her 17 year old daughter talking to a young boy outside the house. They are standing very close. The boy is embarrassed and leaves. He is the son of a respected family friend.

Should she talk about this? What could she say? What else could she do?
Contraception and family planning

Objectives

- To build supportive relationships between the 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

Equipment

- 3 balls or soft toys
- Music
- 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

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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.

It is important that parents teach their children about condoms and other contraceptives. This is so as 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).

Same-sex partners also need to be aware of the importance of protecting themselves against STIs and HIV.

Additionally, if young people get married, they may want to control the spacing between their children. They use contraception to help them space their children and limit the number of children that they conceive.
2. Information about contraception

15+ 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

25+ 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 (abstinence, condom, pill, implant, 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

20+ 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. Talking about contraception

20+ minutes

a. Explain that to know about contraception is one thing, but additional effort is needed to make sure that we teach our children well. This activity will give us a chance to try out what that might be like.

b. Organise people into groups of four or five. Ask them to organise to play the parts of members of the family who are eating dinner together: mother, father, child (8 years old), adolescent (14 years old), and grandparent.

c. The scene is to start as the young child asks: ‘Mummy – what is a condom?’

d. Adult family members are to make sure that a good explanation is given which will also meet the needs of the 14 year old. Those playing the child can ask other questions to help keep the conversation going.

e. Allow some time to try out the scene (2 to 3 minutes).

f. Ask for one family group to re-play their scene for everyone to watch.

g. Discuss what the benefits might be of talking openly in the family setting.

h. If time allows, play a new scene in which the children are older (14 and 17). Begin the scene by having one of the parents ask: ‘Have they taught you about condoms at school?’ To which the children should answer ‘No’. The adults should then make sure that the information-giving conversation takes place.
6. To tell or not?

20+ minutes

a. Ask for three volunteers to role play one of the following scenarios.

(Originally developed for China)

An 18 year old son is going to university. He will study for at least three years. This means it will be many years before he can marry. The father worries that if he teaches his son about contraception that he will think this means that his son will have sex. The father remembers that what helped him wait until he was married was the fear of getting his partner pregnant. But then he married young, whereas now people are marrying later. And maybe his son will go to a sex worker. How long should his son have to wait? Should he talk to his son about contraception? He is not sure. He talks about this with his wife. She says she thinks that he will have sex before marriage so the father should say something. However she does not think she should be the one to talk with the son. The father asks his two friends. Bingwen argues ‘yes’ he should teach his son, and Niu argues ‘no’.

(Originally developed for Indonesia)

Maria’s 18 year old daughter has a boyfriend. She worries that if she teaches her about contraception that she will think this means that she will have sex. Maria remembers that what helped her say no to her husband before they were married was her fear of getting pregnant. Should she talk to her about contraception? Maria talks about this with her two friends. Dwi argues ‘yes’ she should teach her daughter, and Gracia argues ‘no’.

b. Ask one half of the group to suggest arguments to the ‘yes’ parent and the other half of the group to suggest arguments to the ‘no’ parent.

c. Play the scene.

d. After the role play is complete, ask those who have watched to say which side of the argument they felt really had the greatest wisdom.

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

5+ 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, abstinence, pill, implant).

d. Divide all players into four groups of contraceptives by going around the circle and naming each of them condom, pill, abstinence, implant. 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

- Scarves or cloths to use as blindfolds (1 per pair)
- 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)
- Questions box and slips of paper

1. Talking about trust

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 sexually transmitted infections (STIs).

b. The first game will help the group to think about both trust and responsibility.

c. Organise people into pairs.

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

e. 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.

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

g. Ask for key messages from the game. Ask the group to name some ways in which trust is important in relationships.

Possible messages: 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.
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.
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, son or daughter.

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.

j. Remind the group that when used correctly and consistently, condoms are a reliable method to prevent the spread of STIs and HIV and to prevent unplanned pregnancy.
5. Condom interview

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

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

   - Some people are embarrassed to talk about you. What have you got to say to them?
   - 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?
   - Some people think you are a hero and that you can help save many lives? Why is this?
   - Some people think you might be difficult to use. What do they need to know about how to use a condom?
   - Some people think that condoms are all the same. What have you got to say about that?
   - Some people do not know where to get you. How can people in your area get their own condoms?

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

g. Following the chat show, highlight that 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. Questions and reflection

1. 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.

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

7. Moving the message game

a. Point out that one of the aims of this session has been to improve the confidence and skills of the participants to pass on the message about how important abstinence and condoms are in protecting same sex and opposite sex couples from STIs.

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

c. 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.

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

e. 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.
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.
Condom interview question cards
(Copy and cut up one set)

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?
Communication skills

Objectives

- To build friendship and support between participants
- To practice communication skills
- To promote confidence in talking about issues relating to gender and sexuality

Equipment

- Statements handout (one copy per pair)
- Reflective listening scripts (two copies)

1. The mirror 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 provide an opportunity to talk about good communication and practice communication skills.

b. Explain that this game will help us think about how to communicate well with others.

c. Organise the participants into pairs.

d. Ask the partners to stand opposite each other. One will take the lead first.

e. The lead person will make slow movements and the partner will copy them, trying to create the effect of a mirror. It is good to start with slow movements of the hands or head. Persons watching should not be able to tell who is leading and who is following as both will be moving in the same way.

f. After some time ask the player to swap the lead from one to the other. They may also try some harder moves and see if they can still stay together.

g. Ask for key messages from the game.

Possible messages: Good communicators pay attention to each other. In the game people work well as partners when they focus on the other person.
2. Using ‘I’ statements to express your concerns

15+ minutes

a. Explain that when we are talking with people we are close to, we will often have strong emotions. Sometimes it is helpful to tell people how we feel. This can be done through an ‘I’ statement in which we explain the feeling quite clearly along with any request that we have.

b. The following format can be useful:

   When you . . . (name the action)
   I feel . . . (name the emotion)
   So can you please . . . (make a request)

c. For example: ‘When you come home late, I feel scared that something has happened to you. So can you please call me if you are going to be late and let me know?’

d. In a ‘you’ statement, people make the other person responsible for how they feel. For example: You make me angry, you were lazy and untidy and you are wearing me out.

e. Explain that this activity will help us distinguish between ‘I’ statements and ‘you’ statements.

f. Organise participants into pairs.

g. Give each pair a Statements handout. Ask one person in the pair to read some of the statements aloud to their partner. Ask the listener to reflect on how they are different.

h. Swap the roles of the speaker and the listener.

i. Ask some volunteers to comment on the difference between the ‘I’ statements and ‘you’ statements for the listener.

3. Making your own ‘I’ statement

15+ minutes

a. Explain that talking in ‘I’ statements may require some practice and the next exercise will give them a chance to make up their own ‘I’ statements.

b. Each person should choose a situation that is not too private for this exercise as they will share it with their partner.

c. Ask the first person to tell their partner of a situation in which they could use an ‘I’ statement. Tell them what your main emotion is. Make a statement and try it on your partner. Then swap so as both people get to have a turn.

d. Ask if some people would like to share their ‘I’ statement with the bigger group.
4. Reflective listening

20+ minutes

a. Explain that when we are trying to talk with children or partners about issues that are sensitive or cause some upset, it can be easy to end up in an argument, or with people taking the wrong message. One technique that can help to avoid this is called reflective listening and it combines well with ‘I’ statements.

b. How reflective listening works is that you listen carefully to what the other person is trying to say to you. Then, instead of responding with what you want to say back, first take the time to make sure you have understood them, and to let them know you understand what they feel or are trying to say by summarising or checking it back with them.

c. You do this by summarising their main point, or sometimes by adding a guess or a question as well.

d. Here are some examples:

   It sounds like you really do not like school and want to leave.

   So am I right in thinking that you are afraid that if you do not have the right clothes the other girls will not want you as a friend?

   So you feel embarrassed if I come on the motorbike for you tonight because you think none of the other girls will be having a parent collect them, and you think this will make you look like a baby. Is that right?

e. Explain that to make this clearer we will read some scripts to see some differences that can happen when reflective listening and ‘I’ statements are used.

f. Give the Reflective listening scripts to two volunteers who will read them to the class. Give them a few minutes to look over them.

g. Watch the performances. After each set, ask the audience to note the differences they observed, including what the difference may be for the child.
5. Practicing reflective listening

債 20+ minutes

a. Explain that reflective listening is a skill that improves with practice. The next exercise will provide a chance to practice.

b. In pairs, one person will tell their partner about some situation that they feel is quite annoying or frustrating.

c. The partner will then use reflective listening to sum up and check back.

d. Give your partner some feedback on how well they did the reflective listening.

e. Then the pairs should swap roles and repeat the exercise.

7. How do I say it?

債 20+ minutes

a. Arrange chairs in two circles, one facing in and one facing out.

b. Pairs sit on chairs facing each other. Assign the people on the inner circle as Person A and people on the outer circle as Person B.

c. Tell participants the first scenario:

_A parent is worried, their 15 year old son has started hanging out with and copying the behaviour of some of the older boys in the neighbourhood. How can the parent talk to their son?_

d. Ask Person A to start the role play in the role of the father explaining his worries to the son (Person B).

e. When you have given the groups 2 minutes to role play, select one pair to watch for a short time.

f. Use the following role play techniques to take a deeper look into the scenario:

**Hidden thoughts:** Ask those observing the pair to become the ‘hidden thoughts’ of the characters. These volunteers should come and stand behind the characters. Interview the ‘hidden thoughts’, asking:

- _What might this person be thinking or feeling but not saying aloud in this situation?_
- _What might they be afraid of?_
- _What might they be hoping for?_

Ask these questions a number of times to get multiple answers. Some other observers may also be able to add some answers._
Giving advice: Now they understand the ‘hidden thoughts’, ask for the group to talk and think up some advice for the parent about how to speak to the son. Collect the different advice and then re-play the scene a number of times, trying out the advice. (Some volunteers can show their advice in action or the original players may show it in action.) Return the players to their own pairs, and ask each pair to try out one piece of advice that they like.

g. Ask the participants sitting on the outer circle to stand up and move one seat to their left (so that they have a new partner). Also swap from parent to non-parent role by then swapping seats with your new partner.

h. Repeat the activity with a selection of the following scenarios:

(Originally developed for China)

A parent is upset because they have found that the young man who is to marry their daughter has been having sex with other women in the village. The parent wants the young man to get a test to make sure he has not got any infections that should be treated before the marriage takes place. The parent decides to talk to the young man.

Guoliang is concerned because he knows his neighbour is violent and beats his wife. Sometimes he sees the bruises on the woman’s face and sometimes he hears her cries. He thinks it is wrong for a man to do this to a woman. He decides to speak to his neighbour to ask him to stop the violence.

Guang is concerned because his wife has started smacking their child when he does the wrong thing. He wants her to discipline the child in a non-violent way. He decides to talk to his wife about this.

A parent is upset because they have found that their 15 year old son has been running off with older boys when he should be at school. The parent wants him to get a good education and not fall under bad influences. The parent decides to speak to the son.

A parent is embarrassed because the teacher has told them that their 13 year old and his friends have been bullying some of the girls and trying to touch them on the way to school. The parent decides to talk to the son.

A parent is worried because their 15 year old daughter has been seen talking and laughing with some older boys. The parent is worried his daughter will get a bad name or begin risky relationships with the. The parent decides to speak to the daughter.
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 one or two participants to say how they might use the communication skills they have practiced today in their day-to-day lives.
‘You’ statement: You have to be careful when you go out. Boys could take advantage of you. If anyone you do not know tries to talk to you, you must walk away, or turn and talk to your girlfriend.

‘I’ statement: When you want to go out with your friends, I worry that you will get hurt or that someone will take advantage of you. Can you tell me what ideas you have about how to keep yourself safe?

‘You’ statement: Make sure that you are never alone with a boy, especially if you like him or he likes you as things can happen that you would regret.

‘I’ statement: Now that you are getting to the age when you might be getting interested in boys, I worry that you might fall in love and then get involved sexually. I know that it is very easy for people to get carried away when they are in love. Can you tell me what ideas you have about how to keep yourself safe if that happened to you?

‘You’ statement: You are spending too much time on the internet. It is not good for you to go to the internet café so much.

‘I’ statement: When I see you spending a lot of time on the internet I worry that you might end up on sites that are bad for you. Can you tell me how you work out what is good or not good for you on the internet?

‘You’ statement: You are spending too much time with your friends

‘I’ statement: When I see you spending a lot of time out with your friends I worry that you are not getting your studies done and that you will then not do well in school and get the sort of job you want. Can you tell me your plans to get your study done?

‘You’ statement: You are being very moody. You need to do something to cheer up or to get on top of your stress. It is not good to let things get to you like this.

‘I’ statement: When I ask you how you are you tell me you are OK, but when I look at you I think you might be stressed or sick or feeling upset about something. I am guessing that maybe school is worrying you, or that you are worried about how things are with you and your friends, or maybe you feel bad about something you did.
Reflective listening script 1

‘You’ statements / telling

Son: Can I go out with my friends tonight?
Parent: No you cannot go to the internet café tonight! You are letting your school work mount up and you just need to sit down and make a plan about how to get all your study done! If you do not do that you will not pass this exam.
Son: I need a break! I cannot study all the time.
Parent: I have not seen you study at all tonight.
Son: I'm not a baby. I can work out myself when I need to study.
Parent: Going out with friends is not going to help with that.
Son: You do not understand.

‘I’ statements / reflective listening

Son: Can I go out with my friends tonight?
Parent: No, not tonight!
Son: I need a break! I cannot study all the time.
Parent: You’ve told me school is very stressful right now and I am guessing you want to go play on the internet to help you forget about that. Is that right?
Son: Yes
Parent: I can see that having a break can sometimes help. How long do you think you need?
Son: A couple of hours
Parent: So until bed time?
Son: Yes
Parent: What ideas do you have about when you will get your study done?
Son: I’ll get it done!!
Parent: It sounds like you think I am nagging at you.
Son: Yes!
Parent: I am worried about when you will get to study.
Son: I will do it when I get home.
Parent: I am guessing that maybe your school work seems so bad you just cannot face doing it. Is that right?
Son: Yes
Parent: Can you tell me what your worst fear is about the school situation?
Son: Failing
Parent: And what are you most worried about if you fail?
Son: You and dad getting angry.
Parent: So what do you think you need to do?
Reflective listening script 2

‘You’ statements / telling

Daughter: Why can’t I go to school
Parent: I am sorry – you have to mind your brother while I am at work
Daughter: It’s not fair – everything is for him and nothing matters about me!
Parent: That is not true.
Daughter: Then why am I never the one who gets to do anything?
Parent: You should be grateful for everything we give you. When I was your age I had to leave school and get married.
Daughter: Well I might as well do that because I am missing so much school!
Parent: Alright we will arrange the marriage. You know your father wants it to happen this year.
Daughter: You don’t understand – I’m too young. I need a chance!
Parent: You will stay home today and watch you’re your brother and you will have no dinner if you do not learn to treat me with more respect!

‘I’ statements / reflective listening

Daughter: Why can’t I go to school?
Parent: I am sorry – you have to mind your brother while I am at work.
Daughter: It’s not fair – everything is for him and nothing matters about me!
Parent: It sounds like you are angry about how we ask you to help.
Daughter: Yes – I never get to have my chance.
Parent: Maybe you think we do not appreciate that this is hard for you – especially missing out on school when it is so important to you?
Daughter: Yes – I might fail my exam and then father will make me leave school and get married.
Parent: So you are worried because you think Father will insist you get married this year.
Daughter: Yes – You know that I don’t want to. Not until I am older. Not before 18. I want to finish high school
Parent: I can see why you are getting upset – you are scared you won’t get to do well and scared you will be married at 16 like I was. But you know we are supporting you to finish. It is just a little time to help with your brother and I will leave you to study in the evenings. What can I do to help?
Daughter: Can I visit Preena this evening to catch up and study?
Parent: OK – I will permit this. Thankyou. I know it is hard for everyone with the little one sick all the time. I have to go now or I will be late for work, but I will get your father to take you to Preena’s house tonight when he gets home.
Reflective listening script 3

‘You’ statements / telling

**Parent:** I want us to have a talk about safe sex.

**Daughter:** I already know everything – I don’t want to talk about it.

**Parent:** OK then – but are you sure you know everything?

**Daughter:** Yes.

**Parent:** Do you know about condoms?

**Daughter:** Yes!

**Parent:** OK – but if you have any questions you must ask me.

‘I’ statements / reflective listening

**Parent:** I want us to have a talk about safe sex.

**Daughter:** I already know everything – I don’t want to talk about it.

**Parent:** Sounds like you think this is not a good topic for us, and I know it is pretty embarrassing – but I think we can manage anyway.

**Daughter:** So what do you want to tell me?

**Parent:** I want us to look at these condoms together and then I will not have to worry that you will grow up and not know for sure how to use them or how to explain to a friend. This does not mean I think you are about to have sex. I just want to know that you are well-educated and know that if one day you want to ask me things then that is OK.

**Daughter:** Erk – I do not want to do that.

**Parent:** I know you think this is a bit strange. But you open that pack and I will open this one and we will see if they are the same.
Problem-solving skills

Objectives

- To build friendship and support between participants
- To promote negotiation and problem-solving skills
- To promote positive attitudes toward help-seeking
- To promote confidence in talking about issues relating to gender and sexuality

Equipment

- Families cards (make one copy and cut up) ✕
- Envelopes
- Mystery envelope cards (copy and cut up enough to make a set of 5 per group or 4 or 5. Put each set into an envelope or paper bag) ✕
- Balloons

1. Family support

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 provide an opportunity to develop problem-solving skills.

b. Point out that for most people the main source of support in life is their family. This game will help us to think about the importance of providing support and of communicating in our families.

c. Give each participant one of the Families cards.

d. Ask them to find all those others who are in the same family as them. Their family is indicated by a shape. For example, there is a circle family, a square family etc.

e. They must then arrange themselves with Grandmother sitting on the chair, Father sitting on her knee, Mother sitting on Father’s knees, Child sitting on Mother’s knees, and Baby sitting on Child's knees.

f. The first family assembled in the correct formation and including all those with their family name is the winning family. (Players should note that, just as in life, not all families will be the same size).

This game involves touch. You may prefer to organise participants into single sex groups for this game. Some may not want to play this game due to physical health issues. Give a ‘helper’ role to those who prefer not to play due to physical constraints.
2. Predicting and problem-solving

- 20+ minutes

a. Point out that across previous sessions people have considered a range of information that young people and adults need to help them make good decisions about relationships, gender issues and sex. Now they will apply some of their knowledge and thinking to some situations that could occur in life and predict the sort of outcomes that could occur depending on the choices that people make. The situations will be randomly selected in the 'mystery envelopes', as we never quite know what life will bring to us.

b. Organise participants into groups of 4 or 5 and give each group a bag of scenarios.

c. Ask them to select one scenario from the bag and read it aloud, discussing the questions provided.

d. When they have finished one, they should choose the next one.

e. Ask each group to tell what scenarios they worked on and what advice they come up with.

3. The problem-solving panel

- 30+ minutes

a. Explain that the next activity encourages us to think creatively about solving a problem by bringing in different viewpoints.

b. Organise six groups. Randomly assign each group one character from the list below.

- Teacher
- Movie star
- Sports coach
- Banker
- Parent
- Doctor

c. Explain that you will read out a problem. The group's job is to come up with some advice from their character's perspective.

d. Read out the first problem: *A neighbour tells a father that his 17 year old son has been seen harassing local girls on their way to school. What could he do?*

e. Once the groups have had time to prepare, ask them to each nominate one member to come to the front to be part of a 'problem-solving panel'.

f. Interview the panel members to seek their perspectives.
Example advice from teacher: Tell the son that girls deserve to be treated with respect. When girls are harassed on their way to school – sometimes this stops them from wanting to come to school because they do not feel safe. Harassment is disrespectful.

Example advice movie star: Girls do not like boys to harass them. Tell your son that if he disrespects girls with unwanted attention and harassment, he will never get a girlfriend!

Example advice sports coach: Tell your son not to waste his time being disrespectful to girls. He should join a sport’s team and put his energy into exercise! After each member of the panel has presented, ask groups to reconvene and discuss what they thought was the best piece of advice.

g. If you have time, repeat with another problem from the list below.

Additional questions for the panel:

- A woman is shy to talk with her husband about family planning. What could she do?
- A man notices that his son is now old enough to show interest in girls. What could he do?
- A woman notices that her 17 year old daughter seems to really like the 18 year old boy in the next street. What could she do?
- A man finds pornography on his son’s mobile phone. What could he do?

h. Remind the group that different people in the community will bring different perspectives to problems and it is useful to consult a range of people to help us solve our problems.

4. What I liked and what I learnt

10+ minutes

a. Go around the circle. Ask each person to share either one thing that they liked about the program or one thing that they learnt from being in the program.

b. Thank everyone for their participation to make the group work and to help them learn together. Share your own learning from working with
them. Invite everyone to play a last game and enjoy it as an experience of teamwork. This game can help us to remember that we need to attend to others and be able to work well with them to accomplish many of our goals.

5. **Grouped balloon game**

- **5+ minutes**
  a. Organise players into groups of about 5 or 6 in size.
  b. Give each group two more balloons than there are group members.
  c. Ask them to inflate and knot the balloons.
  d. When the whistle blows 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.
  e. On the second round, play as a competition. If a balloon hits the ground then the team is eliminated. The last remaining team wins.

If you are running a simultaneous adolescent program, consider organising a joint session between parents and adolescents. The [joint session instructions can be found here.](#)
Families cards

*(make one copy and cut up)*

<table>
<thead>
<tr>
<th>Grandfather</th>
<th>Father</th>
<th>Mother</th>
<th>Child</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Grandfather" /></td>
<td><img src="image2" alt="Father" /></td>
<td><img src="image3" alt="Mother" /></td>
<td><img src="image4" alt="Child" /></td>
<td><img src="image5" alt="Baby" /></td>
</tr>
<tr>
<td>Grandfather</td>
<td>Father</td>
<td>Mother</td>
<td>Child</td>
<td>Baby</td>
</tr>
<tr>
<td><img src="image6" alt="Grandfather" /></td>
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Mystery envelopes
Originally developed for Viet Nam and Bangladesh

(copy and cut up enough to make a set of 5 per group. Put each set into an envelope or paper bag)

A seventeen year old unmarried daughter has started to work in an office and there are young unmarried men working there as well.

What is the parent worried about? (name as many worries as you can)
What could they do? (name as many actions as possible)

A cousin who lives in the city tells a mother she can get her 18 year old daughter a job in the city working in her hotel. The family needs the money since the father became too sick to work and the daughter has not been able to get a job close to home.

What is the mother worried about? (name as many worries as you can)
What could she do? (name as many actions as possible)

A neighbour tells a parent that their seventeen year old son has been seen drinking alcohol and racing motorbikes with other local boys.

What is the parent worried about? (name as many worries as you can)
What could they do? (name as many actions as possible)

A young married woman has a new job. Her boss tells her she is very beautiful and has started giving her presents. He has told her he wants her to work late with him on Friday night but he will take her out to a very nice place for dinner first. On Friday morning there is a very expensive necklace on her desk.

What is the young woman worried about? (name as many worries as you can)
What could she do? (name as many actions as possible)
A parent is very worried about her daughter who is now 15 and wants to go to study at her friend’s house. But there is an older brother there.

*What is the parent worried about? (name as many worries as you can)*

*What could the they do? (name as many actions as possible)*

A mother has noticed that her daughter has not been washing and drying menstrual cloths for two months now. It seems that she has not had her period. They have never talked about sex. She does not know if her daughter has been with a man. She has always been a good girl at home and at school and now she has a good job, so the mother has never worried before.

*What is the mother worried about? (name as many worries as you can)*

*What could she do? (name as many actions as possible)*

A young wife knows that her husband is doing well at work. His boss is very excited about how well the business is doing. When a new contract comes in the boss always takes all the men to celebrate. Tomorrow they will celebrate again and her husband tells her it will give offence if he does not go. Last time he came home smelling of a woman’s perfume.

*What is the young wife worried about? (name as many worries as you can)*

*What could she do? (name as many actions as possible)*

A woman believes that her husband visits sex workers when travelling away from home on business.

*What is the woman worried about? (name as many worries as you can)*

*What could she do? (name as many actions as possible)*
A woman's husband is not well and has had to leave his job. The wife now has to find enough income to support her family. The small amount of money that she earns is not enough for the family. One evening, her employer says that if she stays late and meets with his friend, she will get a pay rise.

*What is the woman worried about? (name as many worries as you can)*

*What could she do? (name as many actions as possible)*

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A seventeen year old unmarried daughter has started to work in an office and there are young unmarried men as well as older men working there.

*What is the parent worried about? (name as many worries as you can)*

*What could they do? (name as many actions as possible)*

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The father in the rural area has become too sick to work. The family is struggling for money. A friend tells him that he can get the 16 year old daughter a job in the city working in a factory.

*What is the father worried about? (name as many worries as you can)*

*What could he do? (name as many actions as possible)*

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A neighbour tells a parent that their seventeen year old son has been seen harassing local girls on their way to school.

*What is the parent worried about? (name as many worries as you can)*

*What could they do? (name as many actions as possible)*
A father is concerned that his 16 year old daughter is spending too long talking on her mobile phone. He wants to discuss his concern with his wife.

What is the father worried about? (name as many worries as you can)

What could the father do? (name as many actions as possible)

A daughter has just finished Class 8. The neighbours tell the parents that she is now old enough to marry and they should find her a husband. The father feels that he needs to discuss this with his wife.

What is the father worried about? (name as many worries as you can)

What could the father do? (name as many actions as possible)

A wife tells her husband that they need to talk. She has found pornographic videos in her 17 year old son’s game console. She and her husband have never talked about sexual and reproductive health with the son.

What is the father worried about? (name as many worries as you can)

What could he do? (name as many actions as possible)

A parent has found out that some of the young men that his unmarried 22 year old son spends time with have been seen outside a hairdressing shop that is also known to be a place where sex work happens. The parent has never talked about sexual and reproductive health with their son.

What is the parent worried about? (name as many worries as you can)

What could he do? (name as many actions as possible)
A father has a 16 year old daughter. One day his wife comes to him and tells him that she caught a male cousin harassing the daughter. She is concerned and needs her husband’s advice about what to do.

What is the man worried about? (name as many worries as you can)

How could he advise his wife? (name as many actions as possible)

The father has a 17 year old daughter. His wife died one year ago. Now his daughter is soon to get married. The father is not sure if his daughter knows anything about sex.

What is the father worried about? (name as many worries as you can)

What could the father do? (name as many actions as possible)

The mother has a son who is about to get married. When she tells the son that this means there will be a baby coming within the next year, the son says he does not want this to happen so quickly. His wife-to-be has a good job and she is only young (18). He asks his mother for advice about how to delay the pregnancy.

What is the mother worried about? (name as many worries as you can)

What could she do? (name as many actions as possible)
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 Dwikutari 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), Aladin 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.


