

ADOLESCENT BOYS – LIFE SKILLS



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TABLE OF CONTENTS

INTRODUCTION CEFM: Adolescent boys – Life skills tool	1
Introduction to the programme for caregivers	14
SESSION 1 Establishing trust and creating safe space	28
SESSION 3 Our emotions	34
SESSION 3 Effective communication	43
SESSION 4 Understanding stress	54
SESSION 5 Decision-making and problem solving	63
SESSION 6 Gender and social norms	72
SESSION 7 Boundaries and healthy relationships	83
SESSION 8 Securing healthy relationships: power, violence and consent	96
SESSION 9 Sexual and reproductive health	105
SESSION 10 Making decision about sex	123
SESSION 11 Contraception, safer sex and sexually transmitted infections	139
SESSION 12 Committing to healthy lives	178
SESSION 13 Creating change in our community	186
RESOURCES	196

INTRODUCTION

CEFM: ADOLESCENT BOYS – LIFE SKILLS TOOL

WORKSHOP FOR ADOLESCENT BOYS ON CHILD, EARLY AND FORCED MARRIAGE (CEFM)

This manual is part of a holistic programme, called **ENGAGE**, for preventing, mitigating, and responding to child, early and forced marriage (CEFM) through community outreach and gender-based violence (GBV) response service provision. **ENGAGE** – Enhancing Girl’s Agency and Gender Equality Programme, aims to empower and provide additional support to adolescent girls, mobilise families and communities, whilst improving the capacity of frontline workers.

OBJECTIVES

The ‘**Adolescent Boys – Life Skills**’ is a learning tool, which is designed to be adapted based on the needs of adolescent boys in a given context.

INTERMEDIATE OUTCOMES:

- Adolescents are aware of physical and emotional changes that boys and girls experience during puberty, understand main parts of male and female sexual and reproductive health systems and healthy behaviour.
- Adolescents recognise the importance of good information to help them make decisions about sex, relationships and consent.

LONG-TERM OUTCOMES:

- Adolescents engage in healthy relationships
- Adolescents minimise risks of getting or passing on sexually transmitted infections (STIs); minimise risks of unplanned pregnancies
- Boys prefer not to get married early and not to marry girls who are still children



TOOL STRUCTURE

The **'Adolescent Boys – Life Skills' tool** is intended to assist facilitators through each session, as they engage with adolescent boys. Facilitators should be familiar with the sessions' content; understand the concepts of gender-based violence, child, early and forced marriage; recognise the particularities of working with adolescents, before commencing implementation. This tool is intended to be a flexible, modular approach rather than a prescriptive manual.

The course is a cycle-based intervention designed for adolescent boys 10-14 and 15-19 years old. It consists of the following structure:

- 13 sessions, with necessary resources for each session included as Annexes.
- Up to 15 individuals will participate in each cycle. The participants should be the same throughout the cycle, with no new persons enrolled during the cycle.
- Sessions take place once a week.
- Each session is 1.5 – 2 hours in length. Additional time may be allocated to activities depending on the group dynamics (e.g. age, persons with disabilities).

The tool includes a short section, which is an introduction to the programme for caregivers, followed by the main part of the toolkit – sessions to engage with adolescents. It is critical to start the work with adolescents by first outlining and explaining the programme to caregivers. It will allow facilitators to get parents/caregivers' buy-in and support for their young person's attendance and participation. This introductory section also provides information about the Caregivers Sessions to encourage caregivers to make an informed decision to join the group and be active participants of the **ENGAGE** programme.

STRUCTURE OF SESSIONS

The sessions in the **'Adolescent Boys – Life Skills'** course are all structured in the same way. The following activity types are found in each session in the order below:



Warm Up Activity

Quick activity at the beginning of each session to energise the participants and set up a relaxed atmosphere for interaction. It is an opportunity to view together the aims of a particular session, as well as to recap on what was done during the previous sessions.



Discussion Activity

The discussion activities are the core learning activities, organised as group discussions around a specific skill or an emotion identified. Through such group discussions participants understand why it is important and how they can apply a certain skill or competence to their life.



Positive Strategies Activity

The positive strategies activities are designed for creating positive reinforcement and building individual and peer coping mechanisms. These activities also focus the participants' attention on the learning planned for that session.



Reflection Activity


The reflection activities allow participants to consider what they have learnt throughout the day. They also provide a chance for the participants to explore their feelings and the changes that take place in their thinking and actions over the learning course. Participants will keep learning journals to record their reflections and learnings from the sessions. As a facilitator, you should review these journals to monitor participants' growth and development throughout the course. Participants also get information and opportunity to access to one-to-one support, as required.



Monitoring & Evaluation Activity

Monitoring activities are incorporated throughout the Tool as a regular part of the learning system with the participants. Those are designed to elicit feedback from participants and facilitators on the course activities, which will then be used to inform the decision-making and revision of the toolkit.

Baseline assessment and evaluations activities are also included in the course, focusing on assessing the relevance, performance and success of the broader programme.



Before the first session takes place, the individual needs assessment should be conducted with adolescent boys that have been selected for the **ENGAGE** programme. The information generated as a result of this assessment will constitute the baseline data for the adolescents (*Refer to Implementation Guide “Individual Adolescents Life Skills Assessments” section for the details*). There is also a pre/post questionnaire included in the Implementation Guide to be used for the assessments. It is required to use the same questionnaire again, after the end of the last session, to document the progress on the intervention on the participated adolescents’ personal wellbeing.

Many of the monitoring and evaluation tools included in the toolkit require the facilitator or interviewer to obtain informed consent from participants before administering the tool. Gaining informed consent and assent for children generally requires more stringent standards of consent, thus specific guidance are provided in the respective parts of the sessions.



Facilitator Notes

Each session contains key notes for the facilitators to emphasise critical facilitation points and objectives for various activities. Throughout the toolkit the respective instructions icons are used to help you to facilitate the sessions.

INDIVIDUAL SESSIONS OVERVIEW

SESSION FOR CAREGIVERS

INTRODUCTION FOR THE PROGRAMME FOR CAREGIVERS	
OBJECTIVES	<ul style="list-style-type: none"> • Understanding the Adolescent Boys Life Skills programme and the commitment required of interested participants • Covering health and hygiene topics, discussing questions or concerns • Introducing caregivers to each other
WARM UP & INTRO (15MINS)	<ul style="list-style-type: none"> • Welcome and introductions • Sharing hopes for our children.
DISCUSSION ACTIVITIES (30-45MINS)	<ul style="list-style-type: none"> • What is the Adolescent Life Skills course about? • Relevance and importance of ASRH topics
POSITIVE STRATEGIES (30-45MINS)	<ul style="list-style-type: none"> • What is the Adolescent Life Skills course about? • Relevance and importance of ASRH topics
REFLECTION & CLOSING (15MINS)	<ul style="list-style-type: none"> • Remembering our childhood and the positive things our caregivers did that made us feel loved, happy and safe • Sharing and discussing positive and nurturing parenting practices • Questions & Answers

SESSIONS FOR ADOLESCENTS

⚠ **NOTE:** Conduct individual needs assessment/baseline data collection for participating adolescents.

SESSION 1

ESTABLISHING TRUST AND CREATING A SAFE SPACE	
OBJECTIVES	<ul style="list-style-type: none"> • Understanding the purpose of the programme; getting to know each other • Agreeing on the group rules • Sharing ideas about being an adolescent boy • Introducing the personal 'learning journal'

SESSION 1

<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Welcome and introduction to the programme • Programme Agenda
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Group agreement
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Collage poster • What it feels like to be a young person in (your country)?
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round activity • Closing comments

OUR EMOTIONS

SESSION 2

<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Exploring a range of emotions • Thinking about how feelings can change and how this affects our behaviour with others • Understanding the importance of emotional literacy
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Selecting an Emotion • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Identifying our Emotions • Consequences: the story of Omar • Thoughts, feelings and behaviours
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • ‘How I Feel’ exercise • Opposite Action: Emotional Regulation Skills
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Relaxing exercise • Circle round • Closing comments

SESSION 3

EFFECTIVE COMMUNICATION

OBJECTIVES

- Developing listening and communication skills
- Agreeing on a name for the group

WARM UP & INTRO

(15MINS)

- ‘Back to Back’ exercise
- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- Communication Skills
- Communication in all life situations, including with parents and in relationships

POSITIVE STRATEGIES

(30-45MINS)

- Active Listening
- Practicing Communication Skills

REFLECTION & CLOSING

(15MINS)

- Circle round
- Closing comments

UNDERSTANDING STRESS

OBJECTIVES

- Identify and cope with our psychosocial and emotional needs

WARM UP & INTRO

(15MINS)

- ‘Happy Sing Song’ exercise
- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- What is stress
- Practicing relaxation techniques

POSITIVE STRATEGIES

(30-45MINS)

- Caring for ourselves
- Breathing Techniques

REFLECTION & CLOSING

(15MINS)

- Circle round
- Closing comments

SESSION 4

SESSION 5

DECISION-MAKING AND PROBLEM SOLVING

OBJECTIVES

- Learning to identify personal decision-making styles and strategies
- Applying critical thinking skills to evaluate possible outcomes and solutions to a problem

WARM UP & INTRO
(15MINS)

- ‘Marshmallow Tower’ exercise
- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Everyday decisions
- Role-play
- How do we decide?

POSITIVE STRATEGIES
(30-45MINS)

- Making decisions

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

GENDER AND SOCIAL NORMS

OBJECTIVES

- Understanding the difference between sex and gender and how gender roles are assigned by society, including negative masculinity
- Promoting healthy constructs of gender
- Familiarising with Child Rights

WARM UP & INTRO
(15MINS)

- Gender in my community
- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Gender versus sex
- Gender Boxes
- Fishbowl exercise to understand the opposite sex

SESSION 6

SESSION 6

POSITIVE STRATEGIES
(30-45MINS)

- Persons and Things

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

BOUNDARIES AND HEALTHY RELATIONSHIPS

OBJECTIVES

- Learning what constitutes personal boundaries and what makes relationships healthy
- Understanding reasons and consequences of child marriage: love and marriage

WARM UP & INTRO
(15MINS)

- 'My boundaries' exercise
- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Healthy Friendships and Healthy Relationships
- Case Studies
- Child Marriage

POSITIVE STRATEGIES
(30-45MINS)

- 'Big Deal or No Big Deal' exercise
- Boundaries

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

SESSION 7

SESSION 8

SECURING HEALTHY RELATIONSHIPS: POWER, VIOLENCE AND CONSENT

- OBJECTIVES**
- Recognising breaches of healthy boundaries and what can be done about it
 - Learning about interacting in intimate relationships

- WARM UP & INTRO**
(15MINS)
- Charades
 - Recap

- DISCUSSION ACTIVITIES**
(30-45MINS)
- What is Violence
 - Consent

- POSITIVE STRATEGIES**
(30-45MINS)
- ‘In Their Shoes’ exercise
 - ‘Empathy Clothes line’ Activity

- REFLECTION & CLOSING**
(15MINS)
- Circle round
 - Closing comments

SESSION 9

SEXUAL AND REPRODUCTIVE HEALTH

- OBJECTIVES**
- Understanding the physical and emotional changes that boys and girls experience during puberty
 - Learning the main parts of the male and female sexual and reproductive health system and discussing them in a safe and positive way
 - Understanding menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women (optional).

- WARM UP & INTRO**
(15MINS)
- Confidence Boost
 - Recap

- DISCUSSION ACTIVITIES**
(30-45MINS)
- ‘Feeling Different’ exercise

SESSION 9

POSITIVE STRATEGIES
(30-45MINS)

- What is Puberty?
- Understanding girls experience of puberty (optional)
- Reproductive health system
- Menstruation (optional)

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

MAKING DECISIONS ABOUT SEX¹

OBJECTIVES

- Discussing different reasons why people decide to have or not have sex
- Recognising the importance of good information to help us make decisions about sex
- Explaining the meaning of informed consent and coercion in relation to sex
- Demonstrating key social and emotional skills, including communication, teamwork, and focusing attention

WARM UP & INTRO
(15MINS)

- ‘Pass the Beat’ exercise
- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Comfort and confidence in talking about sex

POSITIVE STRATEGIES
(30-45MINS)

- Why We Do or Don’t Have Sex
- Sexual Consent and Checking In

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

SESSION 10

¹ International Rescue Committee Supporting Adolescents and their Families in Emergencies (SAFE) Curriculum for Adolescent Boys, with additional adaptations from IRC Girl Shine Early Marriage Curriculum

SESSION 11

CONTRACEPTION, THE RESPONSIBILITIES AND RIGHTS OF BOYS AND GIRLS

OBJECTIVES

- Learning about contraceptive methods and discussing male involvement in contraceptive use and choosing a suitable method.
- Identifying ways to reduce the risk of getting or passing on a sexually transmitted infection
- Exploring the causes and consequences of unplanned pregnancies and the options available to the people who find themselves in this situation (optional)

WARM UP & INTRO

(15MINS)

- Staying Healthy
- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- Consequences of Unprotected Sex

POSITIVE STRATEGIES

(30-45MINS)

- Family Planning and Contraception
- What are Sexually Transmitted Infections and How Do We Know If We Have One?
- How to use a Condom
- Sexually Transmitted Infections and HIV Myths
- Consequences of early/unintended pregnancy (optional)

REFLECTION & CLOSING

(15MINS)

- Circle round
- Closing comments

COMMITTING TO HEALTHY LIVES

OBJECTIVES

- Reflecting on the various positive coping strategies
- Making a personal wellbeing plan for the future

WARM UP & INTRO

(15MINS)

- Hearing from you
- Recap

SESSION 12

SESSION 12

<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • ‘Who am I?’ exercise • Adjustments to Life
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Appreciation activity
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Setting Goals • Closing comments

CREATING CHANGE IN OUR COMMUNITY

SESSION 13

<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Developing a group project for adolescents to share the information they have learnt with others in the wider community • Identifying who can support adolescents to implement their group project • Celebrating the achievement of completing the course
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Act how I feel today • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Out Project
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • N/A
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Closing Ceremony

INTRODUCTION TO THE PROGRAMME FOR CAREGIVERS

🎯 SESSION OBJECTIVES

By the end of the session, caregivers will:

- Understand the Adolescent Boys Life Skills programme, including: topics covered, purpose of the sessions and the commitment required of interested participants
- Get further information about health and hygiene topics, and opportunity to discuss questions or concerns
- Introduce and get to know each other

👉 FACILITATORS NOTES

The key messages below should be the background with which the facilitator can guide the discussion.

The word “**nurture**” means – to give tender care, to protect, and help a young child to grow, develop, thrive and be successful.

There are several principles that underline positive, nurturing parenting:

- ✔ Children need to not only survive, but also to thrive. This requires nurturing their physical, emotional, mental, and social wellbeing. Caregivers play the most important role in children’s development and wellbeing.
- ✔ Healthy feelings of love between caregivers and children help children develop socially, emotionally and mentally, which contributes to children’s growth and strength.
- ✔ A nurturing family is safe, supportive, caring and non-violent. Children learn from their environments and model their behaviour on the behaviour of those around them.
- ✔ Nurturing children requires empathy: the ability to feel, see, understand, value what children are feeling and experiencing.
- ✔ Both children and caregivers benefit when caregivers have realistic, age-appropriate expectations of children.
- ✔ All caregivers, regardless of gender or culture, have the capacity to be nurturing caregivers.

Prior to facilitating the Introduction to Adolescent Sexual and Reproductive Health (ASRH) topics for caregivers of adolescent boys, please read Facilitator Guidance on Sensitive Topics and Tips for health sessions under 'Individual life skills and focused care activity assessments' in the **ENGAGE** Implementation Guide, before facilitating this section with the caregivers.

It is very helpful to have already conducted an assessment, outreach and community engagement on the **ENGAGE** programme before the introduction of the **ENGAGE** curriculum to the caregivers to have an in-depth understanding of the community perceptions, attitudes, beliefs and norms towards ASRH and their concerns and needs, and to secure community and caregiver participation, comfort, trust and support.

There are various ways to introduce the health topics depending on your context, the sensitivity and taboos involved. Consider the best way to introduce the health topics based on your context. Consider the following:

- Norms, beliefs and attitudes towards ASRH, how controversial, sensitive, taboo the topics are, the potential for backlash and resistance amongst the caregivers, the potential for risks or harm for the adolescents participating.
- How much trust and comfort the caregivers have in you.

TWO OPTIONS INCLUDE:

You **ALREADY HAVE**
the caregivers' comfort and trust

If you have already engaged with the caregivers previously, have comfort and trust from the caregivers, and if there is some acceptance to discuss ASRH topics with caregivers, then include the introduction to and discussion about the ASRH topics together with the initial session.

You **DO NOT YET HAVE**
the caregivers' comfort and trust

If you have not yet engaged with the caregivers, do not yet have the caregivers' comfort and trust, and if there are worries about strong resistance and backlash to the ASRH topics, then have one initial session to introduce the **ENGAGE** curriculum, and after continuing to build trust with the caregivers facilitate the session on health at a later time (but still before delivering the health sessions to the boys!).

You can adjust the introduction based on the caregiver's priority concerns for their sons and use locally appropriate language and examples. You may need to adapt the ASRH sessions based on the caregivers' concerns to ensure some life-saving information can be given to the boys in an appropriate and safe way.



PREPARATION AND MATERIALS

- Flipchart paper, markers
- Information Sheet for Caregivers



WARM UP (15 MINS)

- DO:** Ask participants to move and sit in random pairs, asking the following questions to each other:
 - ✔ What is your name?
 - ✔ How many children do you have?
 - ✔ What is one hope that you have for your children?
 - ✔ Describe one thing that your caretaker or parent did when you were a child that made you feel loved, happy, and safe. For instance: "I remember when my mother taught me how to cook her favourite meal"; "I enjoyed going to the market with my father".
- DO:**
 - ✔ Allow the participants to discuss for a period of 10 minutes.
 - ✔ Ask the participants to introduce their partner to the rest of the group only by name and one hope for their children. Example: "my friend is called Jane, one thing that she hopes for her children is....."
 - ✔ Ask the participants to hold on to the positive memories of their caregivers they shared. We will come back to this later in the session!



DISCUSSION ACTIVITY (30-45 MINS)

DO: Introduce today's session to the caregivers and its objectives (listed under Session Objectives).



EXPLAIN: that the objective of the **ENGAGE** programme has two components to be aware of – one is designed for adolescent boys and girls, and the other – for male and female caregivers.



SAY:

The boys and girls activities are designed to support adolescents and provide them with tools so they can manage challenges that they might face in the community. The activities are to support boys and girls to reinforce their sense of safety and stability.

There will be 13 sessions that your adolescent boys will need to commit to, to gain the most out of this programme. Each session will be around 2 hours. The boys register and sign at the beginning and at the end of each session.



DO: Hand out the Information Sheet for Caregivers (Caregiver Resource 1) and seek informed consent from the caregivers.




EXPLAIN: Once caregivers have had an opportunity to revise the topics in the boys programme, explain that the curriculum includes 3 sessions related to sexual and reproductive health. Explain that the reason why we discuss these topics is to help adolescents to be prepared for the physical, mental, psychosocial and emotional changes that take place during this phase of life so that they have information and understanding about their bodies, are not anxious about unknown changes and can respond in positive, safe and healthy ways. This information can help them to make smart choices, give them information to stay safe and to protect themselves.




SAY: We understand that these issues are sensitive, and it may be very difficult to discuss these topics with adolescent boys. We are here to support this process and provide you with skills and strategies to navigate these conversations. If you would feel more comfortable, we can request a health professional to also attend these sessions with the adolescent boys and girls.


1 INTRODUCTION TO ASRH TOPICS FOR CAREGIVERS

 **NOTE:** *The next section should be done with caregivers only due to the sensitivity of the topic.*

 **SAY:** Girls and boys will learn information and skills that will be useful to them. This includes information about health, how to communicate well with their parents and caregivers, how to stay safe, and how to make good decisions about their future.

 **EXPLAIN:** some of the topics you plan to cover with boys.

 **SAY:** We would like to share with you some of the things that we might talk to boys about. We want to get your approval to discuss some of these topics with boys, especially when talking about sexual reproductive health, contraception and other sensitive topics.






 **DO:** Introduce caregivers to the topics you plan to cover (not in too much detail).

Some examples include:

- We talk about the physical and emotional changes that boys and girls experience during puberty.
- We explain the main parts of the male and female sexual and reproductive health system and discussed them in a safe and positive way.
- We will identify and discuss different reasons why people decide to have or not have sex.
- Boys will recognise the importance of good information to help them make decisions about sex.
- We will explain the meaning of informed consent and coercion in relation to sex.
- Boys will understand the contraceptive methods and discuss male involvement in contraceptive use.
- We will identify ways to reduce boys risk of getting or passing on a sexually transmitted infection.
- Boys will understand menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women. (optional)
- We will explore the causes and consequences of unplanned pregnancies and the options available to the people who find themselves in this situation. (optional)

 **ASK:**

- ① Do you think the topics are suitable to meet the needs of boys?
- ① Are there any other topics related to health that you would like us to cover?
- ① Are there any topics that you do not want us to discuss? If yes, which topics and what are your concerns?

 What would be your concerns about your sons attending sessions at the centre?	 How can we resolve these concerns?	 Does anyone have any additional questions or concerns about the ASRH sessions?
 What kind of skills or information could be useful for your son and for your family?	 Under what circumstances would it be ok to give this information to boys? (For example, give it on a one-to-one basis, or provide information to female caregivers to pass it on to boys).	

 **FACILITATOR NOTE:**

This is a facilitators guidance, which should be used to respond if these questions arise from caregivers. Facilitators can role play these questions and answers together before the session, to support their confidence in responding to caregivers.



Do you show images of genitals?



We only show images that are illustrated or drawn in marker pen. We do not show any real-life pictures/photos or videos.



This will encourage boys to have sex.



The information we give is scientific and has been adapted according to age. The sessions do not encourage sex, they simply explain certain processes that are crucial for boys to understand when it comes to their sexual and reproductive health.



You are exposing boys to information that is not appropriate.



The information we give is based on science, not on opinion. The information boys will receive is accurate and delivered by mentors/facilitators who have been trained on these topics. Sometimes boys may seek this type of information from other people, including friends, who may not give accurate or correct information. Sometimes the information they receive might be harmful if coming from someone who is not trained. This is why it's important that they receive this information from trained mentors/facilitators. These sessions have been specially designed for boys, and based on different age groups, so you can be assured that the information they receive is accurate, scientific, and helpful.



We do not discuss these things in our community.



We understand that this may not be something that is openly discussed, which is why we try to give this information in a safe space, where the boys are free to ask questions and get clarification on things they may have heard. It is important to help boys feel prepared for these changes.


If caregivers are still against the sessions, perhaps you can ask them the following:


If you prefer that boys do not receive this information from a stranger, is there another way to get this information to boys? Through mothers, fathers, older brothers? If so, would you like the session information so that you can talk to boys and give accurate information? ²

² Adopted from IRC (2022) Girl Shine

POSITIVE STRATEGIES (30-45 MINS)

 **NOTE:** *This discussion is to introduce the Caregiver's Sessions and is suitable for male and female caregivers of adolescent boys and girls.*


 **SAY:** To help us achieve the goal of supporting boys and girls to lead healthy and happy lives and achieve their dreams, we feel it is critical to involve you, as important decision-makers in their lives, who help shape the lives of boy and girls.


 **EXPLAIN:** to participants that the programme also facilitates specialised sessions for male and female caregivers of adolescent girls and encourage them to attend. Explain that the purpose of the Caregivers Sessions is to:

Share ideas and feelings with other caregivers who may be going through similar challenges.

Draw upon our collective experience and knowledge to understand how to support adolescent to achieve their hopes and dreams and how to keep them safe, happy, and healthy.



Learn information and skills to help strengthen relationships with our adolescents and family in general.

 **SAY:** Each week, the Caregivers Sessions will start with a check in on how everyone is doing and then move on to activities on the subject we are discussing. After the activities we will think about how we can use what we have learnt in our homes and community. There are 22 topics, which are included for your information in the handout.

 **DO:** Hand out the Information on Caregivers Programme (Caregiver Resource 2), provide details and answer any additional questions caregivers might have to support them joining the programme.

REFLECTION (15 MINS)

DO:

-  Ask participants to reflect on when they remembered positive things that their caregivers did that made them feel loved, happy and safe. Based on these, and what they observe in their community, ask participants to share and discuss parenting practices that they consider to be part of positive, nurturing parenting which can foster support for their children.
-  After all ideas have been exhausted, recognise that they already have many positive parenting practices.



SAY: These sessions will also help us to understand the importance of nurturing ourselves and our children: we cannot be nurturing caregivers if we do not nurture our own physical and emotional well-being.

CLOSING COMMENTS:

Thank everyone for their participation and remind caregivers that you are available to answer any further questions about the boys' programme or the caregiver's programme that they have been invited to attend (if they have adolescent girls also).

CAREGIVER RESOURCE 1: INFORMATION SHEET FOR CAREGIVERS

The aim of the **ENGAGE** programme is to ensure that children who might need support are provided with the tools to help them feel strong and cope with challenges which they might face. The programme also aims to foster peer support networks. The boys and girls have been identified because we think they could benefit from life skills and/or emotional support. Please note that all information shared will be treated with confidentiality, however information that may raise protection concerns will require a referral on our part to appropriate child protection agencies, which can provide one-on-one support to the child and family. In this case, consent will be obtained from both you and the participants before doing so.

The programme consists of 13, 1.5/2-hour sessions once a week. It is important that children are supported and encouraged to attend on a regular basis and not skip sessions, as they are delivered in a sequence. Regular attendance will benefit them more.

PARTICIPANTS: Girls and boys (separate groups) 10-19 years are invited to attend.

TOPICS for the Boys Programme include:

Session	Topic
1	Establishing Trust and Creating a Safe Space
2	Our Emotions
3	Effective Communication
4	Understanding Stress
5	Decision-Making and Problem Solving
6	Gender and Social Norms
7	Boundaries and Healthy Relationships
8	Securing Healthy Relationships: Power, Violence and Consent

Session	Topic
9	Sexual and Reproductive Health
10	Making Decisions About Sex
11	Contraception, Responsibilities and Rights of Boys and Girls
12	Committing to Healthy Lives
13	Creating Change in Our Community

Do you give informed consent for your adolescent boy to participate in the Adolescent Boys Life Skills programme?

YES

NO

Here is some important information about the sessions:

VENUE:

DAY & TIME EACH WEEK:

FACILITATOR'S NAMES:

**FOR ADDITIONAL INFORMATION
OR DISCUSS ANY CONCERNS,
CONTACT:**


CAREGIVER RESOURCE 2: INFORMATION ON CAREGIVERS PROGRAMME

Specialised sessions for male and female caregivers have been designed in order to:

- Share ideas and feelings with other caregivers who may be going through similar challenges.
- Draw upon our collective experience and knowledge to understand how to support adolescent boys and girls to achieve their hopes and dreams and how to keep them safe, happy and healthy.
- Learn information and skills to help strengthen relationships with our sons and daughters and family in general.

The Caregivers' Sessions consist of 22 sessions (1 session per week for 22 weeks or 2 sessions per week for 11 weeks), with adaptations for male and female caregivers, and caregivers of unmarried and married girls. The sessions are available for caregivers who have adolescent girls aged 10-19 that are participating in the **ENGAGE** programme.

Topics for the male and female caregiver's programme include:

SESSION	TOPIC	
	Pre-Session	♀ ♂
1	Introduction to the ENGAGE Programme	♀ ♂
2	Celebrating Our Family	♀ ♂
3	My Experience as a Caregiver	♀ ♂
4	The Family Environment	♀ ♂
5A	Exploring our Relationships with Adolescent Girls	♀ ♂
5B	Exploring our relationships with boys	♀ ♂
6	Power in the Home	♀ ♂
7	Communicating with adolescent girls and boys about their aspirations	

8	Parenting for Equality	♀ ♂
9	Marriage in Our Community	♀ ♂
10	Dowry/Bride Price	♀ ♂
11	Household Decision Making (with additional session for male caregivers on anger management)	♀ ♂
12	Planning the Family Budget	♀♂
13	Violence Women and Girls Experience	♀
13	Safety and Violence	♂
14	Supporting Girls who Experience Violence	♀ ♂
15	Family Honour and CEFM	♀ ♂
16	Our Vision for the Family	♀ ♂
17	Adolescent Girl Development	♀ ♂
18	Supporting Adolescent Girls	♀ ♂
19	Change Begins with Us	♀ ♂
20	Supporting Girls in our Community	♀ ♂
21	Leading the way to Change	♀♂
22	Forming caregiver support groups (follow up sessions)	♀ ♂

If you have a girl/boy enrolled in the **Adolescent Girls Life Skills** programme also, you are encouraged and welcome to attend this caregiver's programme.



ADOLESCENT BOYS – LIFE SKILLS TOOL

SESSION 1

ESTABLISHING TRUST AND CREATING SAFE SPACE

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Understand the purpose of the programme
- Agree to the rules of the group
- Start to get to know each other and share ideas about being an adolescent boy
- Get their own 'learning journal'

👉 FACILITATORS NOTES

- The purpose of this session is to create a safe and fun environment for the participants.
- Activities need to focus on getting to know each other, team building and creative activities, which encourage cooperation. Do not discuss anything too intense, we do not want them to feel intimidated!
- Make sure there are opportunities for everyone to speak and engage. Move around the small groups to check-in on group dynamics.
- Sharing food is also a good way to bring people together.
- Establish ground rules related to interviewing the adolescents or taking their photos. Make sure you explain what you are doing, why, how the material will be used and shared, and then ask permission of the adolescent to continue. Ensure getting informed and written consent from adolescents and, as required, from their caregiver, prior to interviewing, taking photos and videos (use the Consent Form attached in Resource 1.1). Make clear that the adolescent does not have to agree, and that there will not be any negative consequences if they choose not to speak or have their photo taken.
- If among participants there are members who are unable to read, make sure to read respective session instructions aloud to the group. Allow participants to draw their responses or just share verbally, if they are unable to write.



PREPARATION AND MATERIALS

- Flip chart paper and pens
- Old magazines and newspapers or print outs of popular male youth (also, anything with words and images that represent popular culture) relative to their own environment
- Glue sticks and scissors
- Learning journal



WARM UP (15 MINS)



1 WELCOME AND INTRODUCTION TO THE PROGRAMME



DO: Sit in a circle



SAY: Turn to the person next to you and in pairs introduce yourself, share something about yourself (e.g. favourite food, music, etc.).



DO: Go around the circle and introduce your pair to the whole group.



NOTE: *Facilitator repeats the participants' names and welcomes them to the group.*



As an alternative activity, boys could be invited to participate in a sports activity for no more than 15 minutes. These activities could include a football match, volleyball, basketball, traditional games, cooking competition.



2 PROGRAMME AGENDA


- ✓ **DO:** Go through the programme sessions and the objectives of each session. You can use the summary outline presented in the section “Structure of Sessions”.




DISCUSSION ACTIVITY (30-45 MINS)



3 GROUP AGREEMENT

-  **EXPLAIN:** that over the following weeks you will be discussing a whole range of issues. To help create a safe environment, so that everybody feels comfortable to contribute, it is important to agree on rules for the group.

- ✓ **DO:** Invite participants to turn to the person next to them and think about what rules they would like to have for the group. Wait a few minutes. Ask the pairs to make groups of 4 and agree on a few rules. Go around the groups.

-  **ASK:** Who has more ideas for ground rules?

- ✓ **DO:** Go around the groups and ask for ideas. Discuss each one and make notes on the flipchart paper.

-  **NOTE:** *This paper will need to be displayed on the wall each week.*

EXAMPLES OF RULES:



Have fun and be creative	Be on time	Get involved	Speak one at a time/ listen to others*
Be respectful and a good listener	There is never a wrong or silly answer	Take time out if needed	Confidentiality/child protection*

**These are essential rules to be included and discussed.*



For younger boys, it is good to do this as a group activity. The facilitator should lead the discussion and elicit feedback from the participants.

4 RECAP QUIZ ROSTER

-  **EXPLAIN:** to boys that each session moving forward will start with a three-question quiz, facilitated by one or two participants. The questions should be written about key learning points, or something interesting learnt during the session.
-  **DO:** Ask the boys to create a roster on a flip chart with at least one person's name next to each session. Hang this next to the group norms and at the end of each session remind boys of the responsibility to facilitate the recap quiz.




POSITIVE STRATEGIES (30-45 MINS)


5

COLLAGE POSTER.


WHAT IT FEELS LIKE TO BE A YOUNG PERSON (IN YOUR COUNTRY)?

- DO:** Split the participants into groups of 4 and give participants flipchart paper, scissors, glue, pens and printed materials (if available). If you do not have newspaper/magazines available, try printing some images of famous male youth in their country for the boys to select, cut out and collage.

-  **ASK:** What it is like to be a youth / male today?

-  **EXPLAIN:** to the group that they should think about any feelings, expectations, challenges and opportunities they have in their context and use the newspaper to cut and glue images to create a collage poster.

- DO:** Give the boys 20 minutes to complete the task then ask each group to present their poster.

-  **NOTE:** *This activity should encourage the boys to reflect and share thoughts on a common topic – youth, and help the facilitator understand and get to know the group.*



For younger boys, they can also draw and write on the poster should they feel more comfortable with this form of expression.







REFLECTION (15 MINS)

6 CIRCLE ROUND

- DO:** conduct a circle round by asking each participant what was one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.

7 CLOSING COMMENTS

- DO:** Thank everyone for their participation.
-  **REMINDE:** everyone about the time, location and the person/s responsible for the recap quiz questions for the next session.
-  **EXPLAIN:** the boys that your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.
- DO:** Give everyone a blank notebook and explain that this is a learning journal, that will be used for every session. Explain that handouts can also be stuck in the learning journal. Encourage everyone to write/draw something in the learning journal after every session.
-  **EXPLAIN:** to the boys that journaling has positive outcomes on wellbeing: it can reduce stress, increase happiness and improve self-esteem. The boys can journal about anything that they would like: anything at all. These journals are confidential although they can share entries if they feel comfortable.
-  **TELL:** boys that if they do not feel comfortable bringing their journals home, you are able to safely and securely keep them until the next session.

SESSION 2

OUR EMOTIONS

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Name and explore a range of emotions
- Think about how feelings can change and how this affects our behaviour with others
- Understand the importance of emotional literacy
- Practice positive social skills with peers

👉 FACILITATOR NOTE

- The purpose of this session is to provide plenty of different ways to express different emotions; some boys might have difficulty as they may have never articulated their feelings before.
- Triggers are stimuli that contribute to an unwanted emotional or behavioural response. Learning to identify triggers can be an effective approach to develop strategies to either avoid or cope with triggers.

You can help the individual by:

- Identifying the problem
- Exploring specific emotions that act as triggers (e.g. people, place, thing, thoughts)
- Developing a plan for dealing with triggers:

Strategy for avoiding or reducing exposure to each trigger

Strategy for dealing with the trigger when it cannot be avoided

- Disclosure of traumatic events can occur during group activities. However, the aim of the session is not to force or invite participants to disclose traumatic events in one's life but rather your role is to facilitate discussions and manage expectations while providing support tools. If disclosure does occur, thank the individual for sharing the information and for trusting the group. Remind the individual that you or one of your colleagues are available to speak with the individual privately or to refer appropriately. Share positive and supporting statements with the individual and thank them again for sharing.

Additional information about referrals, confidentiality and disclosure is found in the Implementation Guide.



PREPARATION AND MATERIALS

- Flip chart paper, markers and pens.
- Individually cut emotion faces from Resource 2.1.
- Make large print out of the Wheel of Emotions (Resource 2.2) or draw the Wheel on a flipchart.
- Print out Resource 2.3: Consequences Strip: Omar, for all the participants to use for group work.
- Drawn on a flipchart paper 'Thinking-feelings-behaviour' (as per Resource 2.4).
- Print out Resource 2.5 – 'How I Feel' for each of the participants.



WARM UP (15 MINS)

1 SELECTING AN EMOTION



DO:

- ✓ Place the cut emotion faces (Resource 2.1) into a bowl.
- ✓ Ask the participants to sit in a circle.



EXPLAIN:

- Take turns by having each boy choose a card from the bowl.
- The boy should act an emotion.
- The person who guesses correctly will go next.



NOTE: *Ensure that everyone gets a turn.*



2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Importance of the rules of the group
- ✓ Shared ideas about being an adolescent boy



DO: Support the boy(s) responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)



3 IDENTIFYING OUR EMOTIONS



SAY: The ability to understand, use, and manage your own emotions in positive ways can be difficult. By simply identifying our emotions, we can determine how we are feeling, and then allow ourselves to feel the emotions. Just like waves on a beach, the emotions will come and go. If we try to control them and resist them, it will only cause them to linger for a longer time. There are two simple steps

that you can take to identify your emotional state. This includes 1) asking yourself how well you feel right now - do you feel good, does it feel good to be in your shoes right now? Or maybe it's not so pleasant? 2) What's happening in your body right now? How much energy do you feel? Do you feel restless, agitated, energised, or maybe dull and lethargic?

☑ **DO:** In their learning journal, ask the participants to rate both their **emotional feelings** on a scale from -5 (unpleasant) to +5 (pleasant) and their **physical feelings** from -5 (low energy) to +5 (high energy).

🗣️ **SAY:** Developing emotional intelligence can be difficult, matching a word to a feeling can be difficult for everyone.

☑ **DO:** In pairs, ask the boys to brainstorm:

- ✔ What are emotions?
- ✔ Are emotions easy or difficult to talk about? Why?
- ✔ What can cause our feelings to change? When does this happen?

⚠ **NOTE:** *After 5 minutes, reconvene in a large group and discuss the answers.*

🗣️ **SAY:** It can sometimes be challenging for youth to find the right word to describe a feeling.

💬 **ASK** the participants to choose an emotion from the Wheel of Emotions (Resource 2.2) and to tell a quick 30 second story (fact or fiction) about that emotion. For example, a boy chose 'happy' and shared a story about winning a football match. He said he felt joy (an emotion listed under happy).

🗣️ **SAY:** Sometimes it can be challenging for us to understand our own feelings. The more we "check in" with ourselves, the easier this will become. The more we listen to our bodies, the easier it becomes to identify how we feel. Also, emotions – even difficult ones – are normal to experience. The more we are aware of them, and allow them to exist, and feel them within our bodies, the easier it will be to deal with them. Even anger and sadness are human and natural emotions. Think of them as waves crashing on a beach – they will come, and they will go. We need to allow them to be. All emotions are valid.

4 CONSEQUENCES: THE STORY OF OMAR

☑ **DO:** Divide the participants into groups of four and then ask within each group to form two pairs.

☑ **ASK** each group of four to sit in a circle and explain that you are going to read a story about a young male named Omar.

☑ Read the story (Resource 2.3) and explain that there are two different responses that Omar could choose – either positive or negative.

Read both the 😞 and 😊 scenarios.

☑ Hand out the strips to one member from each pair to start off.

(Make sure that one pair has the 😊 and the other pair has the 😞 version – which show different responses.)

☑ **ASK** the member of 😊 to come up with a response for the first ‘What happens next?’ question and write their answer. Then ask them to fold over the first scenario and pass it to their partner to complete the next ‘What happens next?’, then back and forward until the strip is completed.

☑ **DO** the same for the group with the 😞 scenario.

☑ Once complete, **ASK** the pairs to exchange their strips and read the other answers with the opposite emotion.

🗣️ **SAY:** We will look at the difference between the two consequences, and how decisions we make can have a big impact on “what happens next”.



5 THOUGHTS, FEELINGS AND BEHAVIOURS

DO:

- ✔ Draw the cycle of thinking-feelings-behaviour³ on a flip chart (as per Resource 2.4) and relate this to the story of Omar.
- ✔ Facilitate a discussion on how the different ways in which we think about things can affect how we feel or choose to react.



SAY: Because we have the ability to change the way we think, we can learn how to have better control of our feelings and our actions. Sometimes, we struggle with thoughts, feelings and behaviours that are not productive and it can be difficult to change our mindset with healthier, positive actions. Sometimes negative thoughts keep us unmotivated and “stuck”. Let’s look at what happened to Omar when he was feeling down. What were his thoughts? What were his feelings? What did he do?



ASK:

- ? What happened to Omar when he was feeling more positive?
- ? What were his thoughts?
- ? What were his feelings?
- ? What did he do?



SAY: Do you see how these different components are connected? Try thinking of a situation you went through recently that brought up feelings of being upset or anxious. Look at what your thoughts, feelings and behaviours were in that situation and then look at if there is a different thought that could apply to it and see if that changes your feelings and behaviours.

³ Activities adapted from Heads Up! A toolkit of sessions to run with young people to promote mental health and emotional wellbeing. (2015) UK Youth/Paul Hamlyn Foundation.



POSITIVE STRATEGIES (30-45 MINS)

6 HOW I FEEL



EXPLAIN: It is important for adolescents to learn about their feelings and thoughts and how to manage these emotions, just like Omar did. Sometimes you might become frustrated with someone or something. For example, your parents might ask you to do something you do not want to do. It is important to be able to take a deep breath and think about why you might be feeling frustrated or angry.



ASK: the participants to reflect on the previous discussion about associating feelings with action.



DO:

- ✔ Give each participant the 'How I Feel' Worksheet (Resource 2.5). Ask them to try and feel it in, remembering emotions they recently felt.
- ✔ Then go through the worksheet together to help the boys identify healthy ways to manage their emotions.

7 OPPOSITE ACTION: EMOTIONAL REGULATION SKILLS




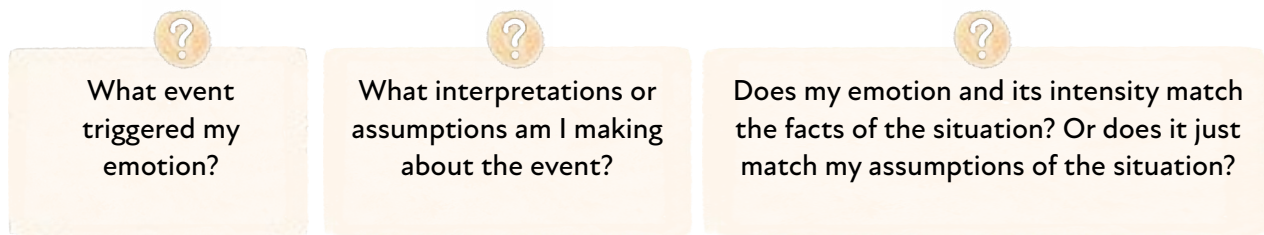
EXPLAIN:

- When you experience an emotion, a behaviour usually comes with it. If you are frustrated, you might yell at someone. If you are sad, you might withdraw from your friends. Your body might cause you to react to emotions in a specific way.
- Doing the opposite action will help you change your emotion. If you feel like yelling at someone when you are frustrated, try talking quietly and politely. If you withdraw when you are sad, you should ask for support from a friend.

 **ASK:**

- ② What are common emotions you feel and what are some opposite actions that you can do?
- ② Think of a few situations where you overreacted or when you might have felt like something was a bigger deal than what it was.


 **EXPLAIN:** That sometimes you need to check the facts:




 **REFLECTION (15 MINS)**




8 RELAXING EXERCISE

 **SAY:** We are now going to practice a calming, relaxing exercise that you will be able to do on your own anytime you would like to relax. Everyone should stay seated where you are while we are practicing this technique. You can do it with your eyes open or shut.

 **TELL** the participants to:

- Slow your breathing. Take slow, deep breaths and exhale slowly each time.
- Pay close attention to physical sensations throughout your body. The goal is not to change or relax your body, but instead to notice and become more aware of it.
- Begin by paying attention to the sensations in your feet. Notice any sensations such as warmth, coolness, pressure, pain, or a breeze moving over your skin. Slowly move up your body – to your calves, thighs, pelvis, stomach, chest, back, shoulders, arms, hands, fingers, neck, and finally your head. Spend some time on each of these body parts, just noticing the sensations.
- After you travel up your body, begin to move back down, through each body part, until you reach your feet again. Remember: move slowly, and just pay attention.

 **DO:** After a few minutes, ask participants to begin to bring awareness back to their breathe and slowly begin moving around again.



9 CIRCLE ROUND

ASK:

- ① What's one thing you have enjoyed about today?
-

10 CLOSING COMMENTS

DO:

- ① Thank everyone for their participation.
- ② Encourage everyone to write/draw something in their learning journal about their emotions and what thoughts and actions they should take to change that feeling.

REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 3

EFFECTIVE COMMUNICATION

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Develop listening and communication skills in all life situations, including relationships

Listening in pairs

Transferring messages

Two-way communication

Become empowered in their choice to say “no”

- Agree on a name for the group⁴

👉 FACILITATORS NOTES

- Mapping relationships can help children understand them better, especially to identify important people in their lives and how they treat us, how we can treat them, including with family and in relationships.

📝 PREPARATION AND MATERIALS

- Flipchart paper and pens
- Green and red markers
- Paper or sticky notes
- Bowl / hat
- Print out and cut the shapes from Resource 3.1: Back to Back, for working in pairs
- Print out Resource 3.2: Communication Styles, to distribute to the participants

⁴ Part of experiential learning and building trust within a group. Group names provide a sense of identity and sense of belonging. It is formative of a collective vision – important for developing peer to peer support.

- Prepare two flipcharts listing Good and Bad Listening Skills.

BAD LISTENING SKILLS

When we are not listening well we:

- ✗ Summarise information and leave out important details
- ✗ Remember unimportant details
- ✗ If we do not understand, we add details to try and make the story better
- ✗ Make guesses about why something happened

GOOD LISTENING SKILLS

When we are listening well we:

- ✓ Summarise all the important details
- ✓ Ask questions about things the person said that we do not understand
- ✓ Repeat what the person just said to make sure we understood correctly
- ✓ Think about what the person is saying



WARM UP (15 MINS)


1

BACK TO BACK





DO:


- ✓ In pairs, give one participant – “the listener”, a blank piece of paper and pen, and give the other participant – “the speaker”, a geometrical image (Resource 3.1 – different images for younger and older boys).
- ✓ Ask the participants to NOT SHOW the geometrical image to their partner.
- ✓ Tell participants that the “speaker” must describe the first shape to their partner in detail while the “listener” acts as an artist and attempts to draw the shape using only the verbal instructions. Encourage the speaker to describe each of the individual shapes, to create the entire image.
- ✓ After 2-3 minutes, tell participants to compare the drawing with the printed shape.
- ✓ Allow participants to switch roles and repeat the activity with the second image.

 **NOTE:** It is ok if they cannot draw the image correctly, this is part of the fun of the activity! They should not spend more than a few minutes on each turn, the idea is that the speaker verbally communicates exactly what he sees, and the listener draws this based on his understanding.


 **ASK:**


How it felt when you were trying to draw the image?


What skills did you need to use?


Are these skills important in your everyday lives?

2 RECAP

 **REVIEW:** last session objectives (below) and review the aims of this session (above).

Last session objectives:

- Named and explored a range of emotions
- Thought about how feelings can change and how this affects our behaviour with others


DO: Support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.

DISCUSSION ACTIVITY⁵ (30-45 MINS)

3 COMMUNICATION SKILLS

 **SAY:** Communication skills are an important foundation for school, work, friends, family and relationships.

⁵ Adapted from Non-focused Children's Psychosocial Program (2016). Danish Refugee Children, Lebanon.

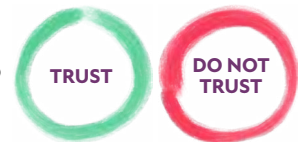
 **EXPLAIN** that the purpose of the activity is to remind them of all the people in their lives, especially of the ones that make them feel safe and happy and empower positive, healthy relationships.


 **DO:**


- ✔ Give each participant a piece of paper and two colours: red and green. (The boys can choose to keep the paper after the session or return it to the facilitator to destroy).
- ✔ Ask them to draw a small circle in the middle of the page and write their names or draw themselves in it.

 **SAY:**

Use **GREEN** to draw circles for friends or family members who make you feel good (to identify those we trust). Use **RED** to draw circles for people who make you feel scared, angry, confused or sad (those we do not trust).





 **EXPLAIN:** to the participants that one person can make us feel good and bad emotions and so can have both a green and red circle.

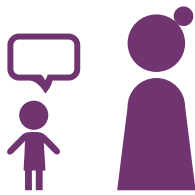
 **DO:** After the relationship map is completed, it is important to discuss how to talk and interact with the major people in our lives. Emphasise that positive communication helps us have healthy, fair and supportive relationships – with friends, girlfriends / wives, parents and family.



4 COMMUNICATION IN ALL LIFE SITUATIONS, INCLUDING WITH PARENTS AND IN RELATIONSHIPS

 **SAY:** A technique called reflection can help us become a better communicator. When reflecting, you will repeat back what someone has just said to you, but in your own words. This shows that you are listening. Try to reflect emotions, even if the person you are listening to did not clearly describe them. You may be able to pick up on how they feel by the tone of their voice or body language. For example, you parents might say, “I am so frustrated with you. You always are out with your friends!” You, as a listener, might reflect and say, “I sometimes like to see my friends when I get frustrated so I can talk to them. I will be sure to let you know before I go out next time.”

 **DO:** In pairs, say the following sentences out loud and ask the participants to think about a reflection. They should take three minutes per statement and write their responses in their journal.



CHILD TO PARENT:

"I was in a bad mood yesterday because school is so stressful. I just can't keep doing everything I have to do."



WIFE TO HUSBAND:

"I feel like I am doing a lot of the housework. I need you to assist me with the dishes."



FRIEND TO FRIEND:

"I am worried when I don't see you at school. I always think something might have happened to you."



POSITIVE STRATEGIES (30-45 MINS)

5 ACTIVE LISTENING



EXPLAIN: that active listening is an active process. This means participating in conversation rather than just acting as a passive audience. Active listeners show they are listening, encourage sharing and strive to provide the speaker and the listener an equal opportunity to participate in the discussion.



SAY:

- There are several ways to practice active listening. You can put away distractions, this will allow you to focus on the conversation and help the speaker feel heard. This can also be done through verbal and non-verbal communication like body language and verbal cues that show empathy. An example could be "that's interesting" or nodding. What are some other examples?
- You can also encourage sharing by asking open-ended questions. These are questions that encourage elaboration, rather than "yes" or "no" responses. Open-ended questions tell the speaker you are listening, and you want to learn more. Examples are "how do you _____?" "can you tell me more about _____?" What are some other examples?
- It is also important to be present and listen with an open mind. Your job is to understand the speaker's point of view, even if you don't agree.

- ✓ **DO:** Show the participants the flipcharts listing good and bad listening skills. Explain that during our session we will keep practicing good listening skill that will help us to be effective communicators.

BAD LISTENING SKILLS


When we are not listening well we:

- ✗ Summarise information and leave out important details
- ✗ Remember unimportant details
- ✗ If we do not understand, we add details to try and make the story better
- ✗ Make guesses about why something happened

GOOD LISTENING SKILLS

When we are listening well we:

- ✓ Summarise all the important details
- ✓ Ask questions about things the person said that we do not understand
- ✓ Repeat what the person just said to make sure we understood correctly
- ✓ Think about what the person is saying

-  **EXPLAIN** that it is important to practice communication skills in all life situations.

- ⚠ **NOTE:** Depending on the age of participants, choose the respective set of activities below – for younger boys conduct Activities 6 and 7, for the group of older boys, move to Activity 8.



6 CHAMPION OF SCHOOL (TEAM BUILDING ACTIVITY)


 **FOR YOUNGER
BOYS**


- ✓ **DO:** In groups of 3 or 4, tell participants that they are in competition to create the best group in their school. They need to think of a name, motto and a badge for their group and design this on a poster using paper and markers. Encourage boys to think about what their group will focus on, i.e. football, science, friendship, etc. The boys present the poster and campaign back to the larger group after 20 minutes. Encourage the boys to do this in a creative way.

- ✓ **DO:** All together, vote on the best team and crown the champion team of the school.

- ⚠ **NOTE:** Encourage positive communication and negotiation skills between the groups by asking the boys to take turns communicating and drawing.


7 RESPONDING TO “NO”⁶

 **DO:** Have the boys make two lines, facing each other, they will be paired with the person opposite them. One group will be the “ask line” and the other group the “no line.”


 **SAY:** to the “asking line”:

You are Tom. Imagine your partner in the “no line” is Tom’s mother. You are going to ask your mother if you can join the children’s team (the group you’ve just created in the previous activity).


- If the boys need more guidance, you can explain to the boys that they can say things like “Please, can I join the group,” “It’s really important to me,” or “I would really love to go to this course, it would be so helpful for me.”


 **SAY:** to the “no line”:

- You are the “no line” and it is your job to say no to Tom’s request.
- Have one pair practice this once for everyone to see how it should go, then ask all the boys to practice.
- After they practice, tell the “ask line” that when Tom’s mother says no, they must ask a “what”, “how” or “why” question, which will make their partner explain their reasons.
- If the boys need more guidance, you can say for example “What would convince you to let me go?” or “How can we compromise?” or “Why don’t you think it’s a good idea that I attend?”
- The “ask line” will then ask their question again with the new information given from the “no line.” The person in the “no line” can then decide if they accept the request of the person in the “ask line.”
- Each pair should practice this down the line. And then switch roles once they have all had a turn.
- Have a few volunteers share their practice with the group to see whether the communication they were using was assertive.
- Ask boys from the “no line” why they maintained saying “no” or why they changed their mind and said “yes.”

 **EXPLAIN:** It’s important we say what we want clearly. For example, Tom could say to his mother that it is something that is very important to him, that he will make sure he goes with a group and that it will really benefit him in the future, etc. If Tom says to his mother that he really wants to go and it is unfair that she won’t let him, his mother might be less likely to listen to his request.

⁶ Adapted from Girl Shine Life Skills curriculum, IRC

 **ASK:** What did we learn from this activity?

 **EXPLAIN:** This activity helps us to not be afraid when someone says “no,” and teaches us how to be assertive by asking probing questions and re-stating what we asked for. Often, assertiveness is hard when you face a challenge or need to ask for something. This activity can help us to feel more comfortable when dealing with this situation.




8 EFFECTIVE COMMUNICATION SKILLS


 **FOR OLDER BOYS**

 **ASK:** the boys to come up together with a name for the group.


- Check how the boys would like to customise the space where they are meeting as a group.
- If the space is permanently dedicated to boys:


 **ASK:** the boys to use the different art supplies to customise one wall.

- If the space is used by other groups:

 **ASK:** the boys to use the different art supplies to create a banner with the name of their boy group, and then ask them to individually add their personal touch to the banner.

- The banner should be colourful and big enough for everyone to see. The banner will be put up at the beginning of each group session. Remind the boys that everyone’s contribution to the banner is welcome and reflects our commitment to creating a safe space.
- Each boy can put his name, a symbol, or draw himself. It should be something that makes it personalised for him.

 **NOTE:** *Encourage positive communication and negotiation skills between the group members by asking the boys to take turns in giving suggestions, sharing ideas, communicating and drawing.*

 **SAY:** Now we will practice more different communication styles through role plays.


 **DO:**





- ✔ Divide participants into three groups.
- ✔ Hand out to the participants the description of three communication styles (Resource 3.2)


 **EXPLAIN:**


- In each group there will be “Askers” and “Deciders”. Each group will have a scenario and will prepare a 2-minute drama whereby the “Askers” try to convince the “Deciders” and agree to what the “Askers” are proposing.
- However, each group will use a different communication style and need to create a drama that matches the style assigned to them.
- Randomly divide participants in each of the three groups on “Askers” and “Deciders”.
- Give each group their scenario and their group’s communication style.
- Give the participants about 10 mins to plan their drama. Each group should present their 2-minute drama back to the larger group.

GROUP 1 SCENARIO	GROUP 2 SCENARIO	GROUP 3 SCENARIO
Your friends “Askers” want to borrow some money from you – “Deciders”, but you don’t want to give it to them as they never pay you back.	A group of strangers, “Askers”, makes comments about you – “Deciders”, as you walk down the street and asks you to stop to talk to them.	Your friends “Askers” want you – “Deciders”, to miss the school and have lunch with them instead.
Group 1 should use NEGATIVE COMMUNICATORS style.	Group 2 should use AGGRESSIVE COMMUNICATORS style.	Group 3 should use ASSERTIVE COMMUNICATORS style.

 **ASK** the boys to think about this activity.


-  Which type of communication style do you think is the most challenging to respond to?
-  Do you think our responses and certain communication style could have caused us more harm or could it have helped the situation? How?
-  How can we respond to negative and aggressive communication?
-  How can we practice positive communication rather than negative and aggressive communication.


 **NOTE:** *Guide the boys in the discussion to use the different ways to say “no.” Encourage them to think about whether saying “no” or avoiding confrontation would be the best choice for their safety. For example, if someone is angry and seems aggressive, maybe backing away would be the best option. If someone is trying to physically hurt someone, maybe it’s better to be aggressive to alert others to the situation. Also get them to think about when it is appropriate to say “no” and when it isn’t. Could it cause more harm to respond with “no” to their parents, for example?*

 **SAY:** Assertive communication is often challenging and often involves re-framing or re-stating our request. “I” statements are a simple way of speaking, which empowers you to take responsibility for own feelings and explanation of a problem! Ask the group to practice an “I” statement both as “Askers” and “Deciders”.

REFLECTION (15 MINS)

CIRCLE ROUND



 **ASK** each participant: What’s one thing you have enjoyed about today?

 **DO:** Paraphrase and repeat any responses which are related to the session objectives.



10 CLOSING COMMENTS

DO:

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about a previous conversation and/or communicating with someone particular in their lives, if it's positive/negative, what they would like to change or keep about it?



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.



SESSION 4

UNDERSTANDING STRESS

SESSION OBJECTIVES


By the end of the session participants will:

- Identify and cope with their psychosocial and emotional needs

FACILITATORS NOTES

- Explain to participants that sometimes the process of facing their difficult situation or their past experiences can cause emotional turmoil and pain; this is part of the healing process. Explain that we are here to continue to learn how to cope with these emotions and feeling stressed.
- Some children may feel uncomfortable closing their eyes. Instead, they can just gaze down toward the floor and keep their eyes soft.
- While facilitating relaxation exercises with boys, particularly for younger children who may have shorter attention spans, you may want to focus on just a few of the major muscle groups, or not have them hold the muscles quite as long.
- It is advisable to do a shorter demonstration and a briefer exercise.

PREPARATION AND MATERIALS

- Flipchart papers and markers
 - Small objects, such as books or small stones, for the participants to use for the breathing exercise
 - Print out Resource 4.1: Meditation Script for the facilitator's use
- 



WARM UP (15 MINS)

1 HAPPY SING SONG



DO:

- ✔ Choose 2 or 3 popular culturally appropriate songs from the boy's childhood.
- ✔ Ask the boys which is their favourite and then encourage them to sing the song together as a group

2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Developed listening and communication skills in all life situations, including relationships
- ✔ Became empowered in their choice to say “no”



DO: support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)

3 WHAT IS STRESS?



EXPLAIN that sometimes being an adolescent in our community can be challenging whether you are going to school, working or not or hanging out with friends. When we are worried, anxious or hurried, our body begins to feel tense.



ASK participants if anyone has experienced similar emotions or situations. (Let participants share experience if they want to, but do not spend too much time on negative feelings and experience).




SAY:

- Stress is necessary for life. We need to distinguish between healthy stress that helps us to survive as human beings and toxic stress, repeated or intense stress that overwhelm our systems to the point that it is harmful and becomes a problem to us and the ones around, including children. We need to be aware and to tackle it. Stress is only harmful when it becomes overwhelming and interrupts the healthy state of equilibrium that your nervous system needs to remain in balance.
- When stressors throw your nervous system out of balance, relaxation techniques can bring it back into a balanced state by producing the relaxation response, a state of deep calmness that is the opposite of the stress response.
- What is relaxation? We define relaxation as a mental and physical state in which the individual is able to feel relieved from strain or tension. Reaching a relaxed state means to control our emotions. When stress affects a person's normal functioning, relaxation has proved to be effective in lowering it.


2 PRACTICING RELAXATION TECHNIQUES


 FOR YOUNGER BOYS⁷

 **EXPLAIN:** that it is important to learn how to relax when we are stressed, angry, scared or overexcited.

 **SAY:**

- This is just a practice. Watch me and copy what I do. We're going to focus on different muscles in our body, first making them tense and hard, and then releasing them and relaxing them. I'll explain to you the different muscles, one by one. Make sure you're comfortable. Just breathe nice and steady.
- First, your hands and arms. Make a fist with both hands, and clench them really hard – as hard as you can. Feel how tense it is. Feel the tension in your hands and forearms. Hold it [hold the tension for each muscle group for roughly a slow count of five]. Now relax. Let it go. Good. Now your upper arms. Bend your arms at the elbow, as if you are lifting a heavy weight. Make them really tense. Feel the tension in your upper arm muscles. Feel how hard it is. Now relax, let it go. Good.
- Now straighten your arms and your hands down at your sides. Keep your arms straight and push them back behind you. Feel the tension in the back of your arms (your triceps). Now, let it go.
- Continue in this way for other major muscle groups as follows: neck and shoulders; face; stomach; legs; feet.

 **ASK:** the children how it went and if they understand how to tense their muscles.


 **DO:** Tell them that now we are going to do the exercise properly and try to relax. Have the children first stand up, move around and shake themselves. Then, have them sit or lie around the room with space between them, so they don't touch their neighbour. Go through the muscle relaxation again in a regular pattern. Speak slowly, in a calm and steady tone of voice. Emphasise the relaxation in contrast to the tension. Make suggestions that help them feel relaxed. For example, you can suggest that their bodies feel heavy and warm. You can use or adapt the script below, or develop your own script to guide the children through, one that you are comfortable with:


⁷ Adopted from 'The Activity Catalogue for Child Friendly Spaces in Humanitarian Settings', International Federation of Red Cross and World Vision International


 **SAY:**

- Make sure you're comfortable. Just breathe calmly, deeply and steadily. When you're ready, let your eyes close. Notice your breathing, steady and slow. With each breath out, you begin to feel a little more relaxed. Steady breathing, feeling calm and relaxed.
- Now we'll go through your muscle groups tensing and relaxing. First, your hands and arms. Make a tight fist with both hands. Clench your fists really hard. As hard as you can. Feel how tense it is. Feel the tension in your hands and forearms. Hold it [you may want to count to three slowly] ... and relax. Let it go. Notice how the tension leaves your arms.
- Now your upper arms. Hold your arms bent at the elbow as before. Make them really tense. Feel the tension in your upper arm muscles. Feel how hard it is. Hold it. ... and relax. Let it go. Notice the difference between the tension and relaxation.
- Next your back of your arms. Hold your arms and hands straight won by your sides – then push them back behind you. Make them really tense. Notice the tension in the muscles at the back of your arms. Hold it. Feel the tension. Hold... and relax.
- Now your arms are relaxed. They begin to feel heavy by your sides. Notice how the tension has left your arms. Steady breathing. You're feeling calm and relaxed. With each breath out, a little more tension leaves your body.
- Now your neck and shoulders. Shrug your shoulders up to your ears. Feel the tension around your shoulders and neck. Hold it, feel how tense it is. Hold it... and relax. Notice how the tension has left your neck and shoulders. You're feeling calm and relaxed.
- Now tense all your face muscles – your nose and forehead and cheeks – hold the tension... and now relax your face, and soften your forehead.
- Now your stomach. Make your stomach really hard and tense. Hold it. Really hard. See what the tension feels like. Hold it... and relax. Feel the tension leave your stomach.
- Your stomach... and shoulders... and arms feel relaxed. The tension is leaving your body. You're feeling calm, and relaxed, and warm. With each breath out, you feel a little more relaxed. Your body feels heavy against the floor. Steady breath, relaxed.
- Now your legs. Hold your legs out in front of you. Make them really tense. Feel the tension in your legs. Notice what it feels like. Feel it really hard. Hold it... and relax. All the tension is leaving your legs. Steady breathing, and you're feeling heavier, and calm... and relaxed, and secure.

- Now your feet. Point your feet away from your legs and tense your feet and toes. Feel the tension in your feet and calf muscles. Hold it. Feel the tension. Hold it... and relax. Let it go. Notice how the tension is leaving your legs and feet and toes, and you feel calm and relaxed and secure.
- Now your body is relaxed. Breathe steady. With each breath out, you feel more relaxed. The tension is leaving your body. You feel heavy, and relaxed, and calm, and warm. Just steady breathing. Good. Heavy, warm, relaxed. Think about your arms... and the tension leaves them. And your neck... feels relaxed. Notice your stomach, and the tension is just leaving your stomach. Legs... feel heavy and relaxed. And feet... relaxed.
- You feel calm and steady... and relaxed. Just stay like this for a minute. With each breath out, say the word relax to yourself. Feeling calm and relaxed. And when you're ready, let your eyes open slowly. Just sit. Notice how you feel. Relaxed. Good.

 **DO:** Give the group time to come back in a circle to discuss the activity and how they feel. Ask the children what it was like to tense the muscles and then relax them.

 **SAY:** Relaxation is like learning any skill – you need to practise to get better. The more you do it, the easier it will come.

 **DO:** Discuss with the boys what types of situations might be useful for them to do this exercise (for example, when they cannot sleep, when they feel angry, when they feel they have too much energy). Ask them to practise this at home. Let the children know that this exercise can also be really helpful for them if they can't sleep at night. Even if they cannot sleep, it will help their body to be relaxed.

ALTERNATIVE EXERCISE FOR OLDER BOYS

 **DO:** Read the meditation script (Resource 4.1) and practice the relaxation technique



POSITIVE STRATEGIES (30-45 MINS)

3 CARING FOR OURSELVES



DISCUSS how can you participate in caring for yourself, even when it feels like you do not have the time or space to do so? What do you need to do to stay safe and healthy? What are some ways in which you have successfully coped with difficult situations? What resources do you have to turn to when you feel overwhelmed?



SAY: Research demonstrates that mindfulness meditation reduces anxiety and increases positive emotions. Meditation is a skill and does require practice! We can meditate by:

PLANNING:

If possible, meditate daily. Start with just a few minutes a day.

POSTURE:

Make sure you are comfortable, but not too comfortable that you fall asleep!

THOUGHTS:

Allow your thoughts to come and go. The more you try to control them, the more distracting they will become. Acknowledge them and let them pass.

BREATHING:



Focus on your breathing. Take full, gentle breaths through your nose and notice the rise and fall of your belly.

4 BREATHING EXERCISE⁸



SAY: Let us practice the belly breathing technique as a group.

⁸ Adopted from 'The Activity Catalogue for Child Friendly Spaces in Humanitarian Settings', International Federation of Red Cross and World Vision International

- 
-  **DO:** Invite the boys to lie down on the floor face up and with their legs stretched out or bent with the soles of the feet on the ground, whichever is more comfortable. Ask to put an object (a book or small stone) gently on their bellies – or as the facilitator, gently place the object on each child’s belly.

 **SAY:**

- Now begin by noticing and observing your breath... Just quietly notice the breath for a moment. Don’t force your breath... just allow the breath to happen.
- Maybe you can feel the air in the nose or mouth, when you breathe in...Notice how the air fills the lungs and how the belly moves so that your hands (or the object) on your belly is moving. Up.... and... down, up... and... down, up... and... down...
- Take a deep breath so the belly becomes very big and the weight on your belly is rising upwards... Then let the outbreath be long, so the belly comes down really slowly.
- Fine... repeat that one more time... Follow the in-breath with your full attention, all the way to the end of the in-breath... Then follow the out-breath with your full attention, all the way to the end of the out-breath.
- Now return to your normal breathing where you notice the movement of the belly.... Up and down... up and down... and a final time...
- Take away the object (book/stone),.and notice how it feels now without this added weight on your belly. Can you still feel the movement of the deep breathing in the belly? If your eyes are open, close them and feel the movement from inside your body.
- Now we will end the breathing exercise. Open your eyes, and slowly, gently come up to a sitting position.


 **ASK:**

- ① How do you feel after the exercise?
- ① How was it for you to do the deep breathing?
- ① Why do we need deep breathing?
- ① What other methods do you use to calm yourself?
- ① When do you need to calm yourself?
- ① Where and when could you practice this breathing exercise at home?





REFLECTION (15 MINS)

5 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

6 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about what can make them have stress and reflect on a favourite technique to help them relieve stress in the future.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 5

DECISION-MAKING AND PROBLEM SOLVING

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Learn to identify personal decision-making style and strategies
- Apply critical thinking skills to evaluate possible outcomes and solutions to a problem

👉 FACILITATOR NOTE

- In a family, friendships and relationships, both small and large problems will arise which will require boys (and girls) to think effectively to assess problems and find solutions.

📝 PREPARATION AND MATERIALS

- Flipchart papers and markers, tape, pens.
- Print out of Resource 5.1: Good Decision-Making Role Play, for group work
- Print out Resource 5.2: Problem Solving, to hand out to each of the participants
- Prepare a flipchart with the following:

Steps to making a smart decision:

- | | | |
|--------------------|------------------------------------|--------------------------|
| • List my options. | • Think about the “pros and cons.” | • Ask others for advice. |
|--------------------|------------------------------------|--------------------------|



WARM UP (15 MINS)

1 HUMAN KNOT



DO:

- ✔ Divide the participants to form two groups.
- ✔ Each group has to form a tight circle while facing each other.
- ✔ Everyone has to extend their hands in the circle and have to interlock their arms and hands with the other boys of the group. Make sure that the two hands they are holding do not belong to the same person.
- ✔ The goal of the group is to untie the knot. They can climb under, over and even through each other's arms to untie the knots.
- ✔ If groups finish before 10 minutes, they can change teams and play again.

2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Boys identified and coped with their psychosocial and emotional needs



DO: support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)

3 EVERYDAY DECISIONS



SAY: Everyone makes decisions every day. Sometimes decision-making is easy and you know right away what to do, but sometimes it is a hard decision, especially in a difficult or challenging situation. Let's reflect on the warm-up activity. How did you decide which way to go and where to start to untie the knots?



EXPLAIN that it is good to think of all your options before you act.



ASK the group what type of decisions they make every day using examples relevant to the context (e.g. What to wear? What to eat for lunch?). Ask the group to think of a situation in the last couple of days where they did not know what to do.



NOTE: Move to the next exercise for the group of younger boys. For older boys, you may continue the discussion, using the additional guidance below.



FOR OLDER BOYS, CONTINUE:




ASK:

- ① How your reaction to information, value and behaviour affects your decision-making process? Is this a skill which was taught to you?
- ① Does anyone in the group have personal rules for making decisions at school, home, with friends, how to interact with girls in your community, etc.?
- ① What about ethics and norms? How ethics and norms affect our decision-making?







EXPLAIN: that ethics and social norms are generally understood principles for a specific group, form of conduct or standards of behaviour and values in a community. These are expected ideas about how people should behave within a particular community.



 **NOTE:** Illustrate the concept of norms and ethics, using an example, as per below.

 **ASK:** for examples of possible student ethics at school?

Examples may include:


-  Be responsible
-  Show up on time
-  Respect the values, rights and choices of all boys and girls at school


 **ASK:** for a list of possible school ethics for a student?


-  Provide a safe space to learn
-  Treat all with dignity and respect



4 GOOD DECISION MAKING ROLE PLAY

 **EXPLAIN** that there are a few steps you can take to make a good decision about different things in your life.

 **DO:** Divide participants into three groups. Give one scenario to each group (use Resource 5.1). As a group, they should discuss their scenario for five minutes and then problem solve some solutions.

 **EXPLAIN** that the boys should develop a 2-minute role-play, demonstrating the scenario, and how they would solve that problem. After 10 minutes to plan, each group should present their role-play to the larger group, making it clear what steps they would take to address the problem in the scenario.

SCENARIOS

SCENARIO 1

Hassan increasingly notices that his best friend, Joseph, is spending time with a girl, but he is keeping the relationship a secret. Joseph is concerned because Hassan's family does not let him date.

 Discussion question:

 Should Joseph speak with Hassan? What should he say?

SCENARIO 2

Mark is so angry. His father told him that he was able to join the school football club which practices every day after school. His father just told Mark that he is not allowed to play on the team anymore and now he will not be able to spend time with his friends.

 Discussion question:

 What should Mark say to his father?

SCENARIO 3


Rafiq has two school exams tomorrow. He has not studied at all and realises that he is unprepared. Rafiq asks his sister to do his chores so he can study. She refuses.

 Discussion question:

 What should Rafiq do?




5 HOW DO WE DECIDE?




 **SAY:** There are three simple steps to making a smart decision. These are:

- List my opinions
- Think about the “Pros and Cons”
- Ask others for advice

NOTE: Show the steps written on a preprepared flipchart.

 **EXPLAIN:** to participants that “Pro” means good things and “Con” means bad things. You can explain this by saying, “Imagine what might happen if I made each decision. What bad things would happen? What good things would happen?”


 **DO:**

-  Divide participants in pairs and ask for real or made-up situation where they had to make a decision and they did not know what to do. If participants are having difficulty, ask them to pick one scenario from the previous activity.
-  Ask them to go through the steps that they would take to decide. What specifically they would do?
-  Go through some of the scenarios as a group.

 **NOTE:** *Keep referring back to three steps for smart decision-making as you discuss with the group.*

 **FOR OLDER BOYS**

DO: Hand out Resource 5.2: Problem Solving, to the participants. Ask the participants to work individually or in pairs to complete the questionnaire.


 **NOTE:** *Ensure you walk around the room throughout the exercise to clarify any questions/issues and support with resolving any problems/challenges, the participants might have. If among participants there are members who are unable to read and write, put them in pair with someone who can, or read respective questions to them. Allow participants to draw their responses or just share verbally if they are more comfortable to do so.*



POSITIVE STRATEGIES (30-45 MINS)



6 MAKING DECISIONS

 **ASK** participants to stand in a circle and read the story of Amar and Leila. Explain that Leila will need to make decisions which may affect her wellbeing. Tell them that this is just a hypothetical story and intended to help them understand the importance of decision making.

STORY OF AMAR AND LEILA:

Leila is 15 years old and stayed after school. She is walking home alone. Leila sees Amar across the street when she leaves school. Amar is someone from her class; he stops and asks Leila if she wants him to walk her home.

ASK:

- ① What could happen if Leila walks home with Amar?
- ② What can happen if she does not walk with him?
- ③ What does Leila know about Amar?

Leila agrees and accepts the offer. Amar offers to stop by the kiosk and buy a soda on the way to her house. Amar says that she is pretty and he is going to marry her.

ASK:

- ① What could happen if Leila agrees to have soda with Amar?
- ② What could happen if Leila does not have soda with Amar?
- ③ Why is Amar offering to buy Leila a soda?


Leila tells Amar that she will go to the kiosk with him if he agrees to have only one soda and then takes her home. He agrees. Inside the kiosk he orders one soda for each of them and then several more for himself. They are inside the kiosk for a long time. Leila tries to leave, but Amar grabs her and harasses her. Amar says that he will tell her father that she tried to leave. Leila is able to make it outside the kiosk but once she gets outside, she sees that it is dark. She needs to get home.

ASK:

- ① How could she get home safely?
- ② What could happen if she tries to walk? Or goes and waits for him?
- ③ What could happen if she contacts a friend or family member?
- ④ What are her other options?
- ⑤ Can she ask someone else? Or call a person for help?

- ✓ **DO:** Ask the participants to reflect on the decision-making strategies already learned. As a group, discuss how Leila should decide to get home.

Alternative scenario on CEFM for discussion

-  **SAY:** We are now going to read another story, this time related to CEFM.

STORY RELATED TO CEFM

Stella is 15 years old and married to Ben. One day, she stayed after school. She is walking home alone. Stella sees Tarek across the street when she leaves school. He is also a family friend. He stops and asks Stella if she wants him to walk her home because he finished work early. She feels like she needs to accept, but she is afraid of her husband.

-  **ASK** (If needed, prompt participants to raise their hands):


- ① What would happen if Stella refuses?
- ① How does Stella feel?
- ① What would be Ben's reaction? Would Ben's reaction be different, depending on the relationship within the family? How?


Stella is scared of her husband. He does not treat her well. She does not want to leave him but would rather get advice from a friend.


-  **ASK:**

- ① What can she say to Ben for him to treat her well?
- ① What could happen if she contacts a friend or family member?
- ① What are her other options?
- ① Can she ask someone else? Or call a person for help?

 **ASK:** participants to again reflect on decision-making strategies, including how Leila could:

 List her options


 Think about the
“Pros and Cons”

 Ask others for advice

REFLECTION (15 MINS)





7 CIRCLE ROUND

 **ASK** each participant: What’s one thing you have enjoyed about today?



8 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about a time when they had to make a challenging decision. What techniques could they have used to solve the problem?

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 6

GENDER AND SOCIAL NORMS

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Understand the difference between sex and gender and how gender roles are assigned by society, including negative masculinity
- Reflect on:
 - ✔ Gender roles and the division of labour
 - ✔ Relationships with sisters and other girls
- Promote healthy constructs of gender
- Familiarise with Child Rights

👉 FACILITATOR NOTE

⚠️ **IF APPROPRIATE**, the following activity on sexual orientation can be added to the session.

🗨️ **ASK** the participants, “What is sexual orientation?” Do not write anything down. When they are finished, explain the following (after explaining, write it down on the flip chart):

SEXUAL ORIENTATION*⁹

- Sexual orientation is whom you are romantically, emotionally, and/or sexually attracted to.
- People who are attracted to those of the opposite sex are referred to as heterosexual (man attracted to women, woman attracted to men).
- People who are attracted to those of the same sex are referred to as homosexual (man attracted to men, woman attracted to women).
- Some persons may feel sexual attraction to the same sex as well as both sexes. Such people are referred to as ‘bisexual’ (man attracted to women and men; woman attracted to men and women).
- People who are not sexually attracted to any person (but may be attracted emotionally or romantically) are referred to as asexual.

**Please note that terms might differ, depending on the context.*

⁹ CARE USA. “Facilitator’s Manual for Adolescent Boys: CARE’s Tipping Point Phase 2, Nepal.” Cooperative for Assistance and Relief Everywhere, Inc., 2019.



PREPARATION AND MATERIALS

- Flipchart papers and markers, coloured pens/pencils, art supplies, papers, sticky notes.
- Prepare flipcharts with the following:

SEX

Biological
Universal
Born with (but can change)
Does not vary between cultures

GENDER

Socially constructed roles, responsibilities and behaviours
Cultural
Learned
Changes over time
Varies within and between cultures



FOR A BOY/MAN:

- What message does your community send to a boy when he is told to act like a man?
- What is he expected to do?
- How is he encouraged to act? What is he discouraged from doing?



FOR A GIRL/WOMAN:

- What message does your community send to a girl when she is told to act like a woman?
- What is she expected to do?
- How is she encouraged to act? What is she discouraged from doing?

- Print out 4-5 copies of the Resource 6.1: Convention on the Rights of the Child, to use for group work.



WARM UP (20 MINS)

1 GENDER IN MY COMMUNITY



DO:

- ✔ Divide participants into groups of 4-5. Give each group two flipchart papers and some drawing/art supplies.
- ✔ Tell the groups that they will be making a presentation about the differences between men and women in their community.
- ✔ Explain that groups need to prepare two posters – one poster representing “being a girl/woman in our community” and the other one – “being a boy/man in our community”. The posters should show the activities and works that women and men do in their culture.
- ✔ Give the groups about 10 minutes to prepare their posters.
- ✔ Display the posters on the walls and organise a gallery walk, allowing each group to present their posters.



ASK the groups if these are good “references’ for learning what men and women were supposed to act/be like in (their) culture.

2 RECAP



REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Learned to identify personal decision-making style and strategies
- ✔ Applied critical thinking skills to evaluate possible outcomes and solutions to a problem

- ✓ **DO:** support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.

DISCUSSION ACTIVITY (30-45 MINS)

3 GENDER VERSUS SEX

- ? **ASK** participants to reflect to themselves for 3 minutes about their earliest memory of when they had an experience related to discovering that they were male or female or that there is a difference between the sexes. Ask 1-2 participants to share if they feel comfortable.
- ✓ **DO:** Show participants the definitions of sex and gender on the flipchart papers and explain the difference.

SEX	GENDER
Biological	Socially constructed roles, responsibilities and behaviours
Universal	Cultural
Born with (but can change)	Learned
Does not vary between cultures	Changes over time
	Varies within and between cultures

- ✓ **DO:** Read a few statements and ask participants to move to the flipchart paper that they think is correct (gender or sex):
 - ✓ Women give birth to babies, men do not (sex)
 - ✓ Women cook, clean and take care of the children (gender)
 - ✓ Boys should not cry (gender)
 - ✓ Girls menstruate at puberty (sex)
 - ✓ Girls clean the latrines and the school (gender)

- ✔ Boys are the only people who should have freedom to go about in the community (gender)
- ✔ Men have paying jobs outside of the home (gender)
- ✔ Girls should not be able to get an education (gender)

4 GENDER BOXES

- ✔ **DO:** Bring participants' attention back to the posters they prepared during the "Warm-up" activity. Show the following questions written on a flipchart. Facilitate the discussions around these questions. Capture participants responses on separate flipcharts



FOR A BOY/MAN:

- What message does your community send to a boy when he is told to act like a man?
- What is he expected to do?
- How is he encouraged to act? What is he discouraged from doing?




FOR A GIRL/WOMAN:


- What message does your community send to a girl when she is told to act like a woman?
- What is she expected to do?
- How is she encouraged to act? What is she discouraged from doing?







⚠ **NOTE:** Make sure to mention things like:


- *Girls are expected to clean the school and the latrines.*
- *Girls should do the chores at home and care for children.*
- *Girls sometimes do not receive the same access and opportunity to an education.*
- *Girls might have restricted mobility in the community.*
- *Girls sometimes have to marry people who are chosen for them.*


 **DO:** Draw a box around the answers and explain that this is a Gender Box.


 **SAY:** This is a Gender Box. This is how we expect boys and girls, men and women to act based on what society's idea of masculine and feminine behaviour is.

 **ASK** the group the following questions:

-  What happens when a boy behaves in a way that is not in the Box? What happens when a girl behaves a way that is outside of the Box?
-  Does your community have expectations of how adolescents should act, feel or behave? Are they different for boys and girls?
-  Are children in your family treated differently if they are boys or girls? For example, what chores do male and female students do?
-  Do you think it is fair that there are different expectations and treatment of boys and girls?
-  What can you do if you are told to 'act like a man'? What are some things you could say?
-  How can you treat your sister? What about your classmates?

 **EXPLAIN** that girls and boys are raised very differently in different cultures. These differences are called gender differences because they are based on society's definition of the difference between men and women, not on the biological differences between female and male biology. Children learn about the gender difference between being a girl and being a boy very early – usually between the ages of 5 and 10. Sometimes children start learning even younger.

 **NOTE:** *It is important for the facilitator to emphasise how power is played out in relationships and in our lives. Emphasise that some men (and women) use power over others, which is harmful to others.*

 **SUMMARISE** the key points by saying that males and females are usually restricted in their behaviours, responsibilities and life choices because of "gender roles" and "gender stereotypes". You have the power to change gender roles and treat girls equally and with respect regardless of their sex. This includes the right for boys and girls to choose and decide whom to marry after the age of 18.

5 FISHBOWL FOR UNDERSTANDING THE OPPOSITE SEX

☑ **DO:** Divide the participants into pairs.

🗉 **ASK:** one person to read the first three questions and the other one to answer and share how he feels. Then tell the pairs to switch roles so the other partner can answer the final three questions from the list.



What do you think is the most difficult thing about being a boy in your community?



What do you think girls need to understand better about boys?



How can your peers/friends better support you?



What do you remember about growing up? What did you like about being a boy? What did you not like?



Who are some of the positive male influences in your life? Why are they positive?



Who are some of the positive female influences in your life? Why are they positive?

☑ **DO:** Bring back participants to the larger group and ask a few pairs to share their answers.



POSITIVE STRATEGIES (30-45 MINS)

6 PERSONS AND THINGS



DO:


- ✔ Divide the boys into two lines, with each line facing the other. Each participant should have a partner.
- ✔ Assign one group to be '**THINGS**' and the other '**PERSONS**'.
- ✔ Explain that **THINGS** cannot feel, think or make decisions. They have to do what the **PERSONS** tell them to do. If they want to do something, they must ask for permission. **PERSONS** can feel, think and make decisions; they can also tell the **THINGS** what to do.
- ✔ Tell the **PERSONS** to begin the activity by ordering the **THINGS** to do any kind of (reasonable) activity.
- ✔ Give the group two minutes to carry out the roles.

In the same pairs, ask the boys to think about and share:

- ? For the **THINGS**, how did your **PERSONS** treat you? What did you feel? Why? Did you feel powerless?
- ? For the **PERSONS**, how did you treat your **THINGS**? What did you feel and why? Did you feel in control?
- ? Can you think of relationships in your daily lives where someone treats another person like a thing? Why do you think people act / treat each other this way?
- ? What are the consequences of a relationship in which a person might treat another person like a thing?
- ? Do you have any examples about how this can affect relationships?




DO: Bring all the participants back to the plenary. Invite the boys to reflect on what they have learned.


 **ASK:** How can you possibly make changes in your own relationships with family, friends (and girlfriends and wives)?

 **NOTE:** *Ensure that the boys who acted as THINGS understand this exercise was a role play only and that they are all equal and valuable.*



7 CHILD RIGHTS (RESOURCE 6.1)


 **DO:** Divide participants into groups of 5. Hand out markers, sticky notes and paper to each group.

 **EXPLAIN** the instructions:


- Each group draws an outline of a body.
- Instruct the groups to imagine that this paper person represents a child, someone under the age of 18. Groups should give their child a name.
- Groups brainstorm all of the things their child will need to have and be able to do now, in their childhood, to grow up happy and healthy. Explain that some of their ideas will be things that we can touch and have physically (like nutritious food). Other ideas will be things that we can do or have but that can't be seen or touched (like privacy). Each idea should be recorded on a different sticky note and placed inside the child's outline. No more than 20 sticky notes should be placed.
- After brainstorming, groups should decide what are the 10 most important ideas inside their child's outline. They set the others aside in a pile. Then each group shares some of their ideas about their child and the things he or she needs to grow up happy and healthy.
- Ask groups why they have chosen to eliminate the ideas that they did?
- Announce that unfortunately, circumstances in their child's life mean that they will not be able to have or be able to do all of the things the group feels are necessary. Each group must choose the 5 least important items (leaving 5 remaining) to remove from their outline. They set these aside in a separate pile.
- Ask if the second round of eliminations was more difficult than the first? Why?
- Explain that sadly their child will have and be able to do even fewer things in their childhood. The group must choose the 5 least important items inside the outline and remove them to a separate pile. They will have 5 items remaining.

 **ASK:**

- ② What are some of the things you have remaining inside your child's outline? Do we see similar ideas among the groups?
- ② What were some of the items you removed in the first elimination? What about in the second? Or in the third?
- ② Did it get harder to decide which items to remove the more you were asked to take away? Why?
- ② What can we say about the items remaining on your paper versus the ones you removed in the first elimination?


 **DO:** Discuss the difference between 'needs' (the things that are absolutely necessary for all children to have or be able to do to live a happy and healthy life) and 'wants' (the things that are nice to have but are not necessary for a full life).

- ② Introduce the Convention on Rights of the Child and explain that it is a list of children's rights that governments have agreed to uphold. All the rights in the Convention are considered equally important and necessary for a full life.
- ② Hand out a copy of the Convention (Resource 6.1) to each group. Have boys draw a line down the middle of their drawing, splitting them into two. They label one side 'rights' and the other side 'wants'. Then boys categorise their sticky notes under the two categories. They can use the Convention for help.
- ② Post the papers, prepared by children, up around the room and have participants circulate to see the ideas of other groups.

 **SAY:** All children have the right to be safe and live freely in a supportive environment. Our rights are what every boy, girl, woman and man deserves, no matter who they are or where they live, so that all can live in a world that is fair and just. While governments are responsible for the protection of rights of all citizens, parents and caregivers are primarily responsible for the protection of children.



REFLECTION (15 MINS)

8 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

9 CLOSING COMMENTS

DO:

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about what positive male gender norms. What can they do to encourage equality at home, at school, in relationships?

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session.

Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.



SESSION 7

BOUNDARIES AND HEALTHY RELATIONSHIPS

SESSION OBJECTIVES

By the end of the session participants will:

- Learn what constitutes personal boundaries and what makes relationships healthy
- Understand reasons and consequences of child marriage: love and marriage

FACILITATOR NOTE

- The session contains exercises that focus on older and younger boys. Follow the instructions to facilitate the activities for respective groups of adolescents.
- As the participants explore the linkages with the Convention on the Rights of the Child, build on the information shared and discussions facilitated during Session 6.

PREPARATION AND MATERIALS


- Flip chart papers and markers
- Prepared flipchart with “Healthy Relationships and Boundaries Questions”
- Prepare flip chart with the list of “Common Elements of Healthy Friendships and Healthy Relationships” for Activity 3.
- Print out 4-5 copies of the following resources to use for group activities: Resource 7.1 – Case Studies, Resource; 7.2 – Advice for a Friend, Resource 6.1: UN CRC.
- Print out Resource 7.3 – CRC and Child Marriage to distribute to each participant as a handout.
- For Activity 8 cut the individual statements from Resource 7.4: Stop and Go or write each of the statements on a small piece of paper. Add couple of blank pieces of paper.







WARM UP (15 MINS)


1 MY BOUNDARIES


 **ASK** half the room to stand in a line on one side of the room and the other half to stand in a line facing them.

 **EXPLAIN** the exercise by noting:

- There are many types of boundaries, including physical boundaries, emotional boundaries and professional boundaries.
- Boundaries exist in all our relationships, but they are not something we usually talk about. We often do not know we have a boundary in place until we feel that someone has crossed over it.
- Physical boundaries are the most obvious, and in this exercise, we will explore our physical boundaries.
- I will be asking you to take steps toward the person on the opposite side of the room until you feel uncomfortable moving closer.
- This will help us to see how different people have different physical boundaries.


 **EXPLAIN:** that when you say “step”, you would like them to take a step toward each other. When they start to feel uncomfortable, they should raise their hand. This means that the person opposite them should stop and not come any closer.

 **SAY:** “Step” out loud and wait for participants to take a step forward. Continue to do this until either all participants have their hands up, or participants are as close as they can be.

 **ASK:** When the activity is finished, encourage the group to reflect on their boundaries with the following questions:

- ② For those of you who put your hand up, how did it feel to have someone getting close to your boundary?
- ② Why do some people have different boundaries than others?
- ② Do your physical boundaries change in different situations?
- ② How do we know a person's physical boundaries without them telling us?
- ② What are some examples of other boundaries, such as emotional boundaries?

2 RECAP

 **REVIEW:** last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Understood the difference between sex and gender and how gender roles are assigned by society, including negative masculinity
- ✔ Reflected on:

Gender roles and the division of labour

Relationships with sisters and other girls

- ✔ Promoted healthy constructs of gender
- ✔ Familiarised with Child Rights

✔ **DO:** support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY¹⁰ (30-45 MINS)

3 HEALTHY FRIENDSHIPS AND HEALTHY RELATIONSHIPS



SAY: Today we will talk about relationships. A relationship is the way in which 2 or more people are connected. Let's discuss what a healthy relationship is. Can you think of one relationship you have that is very healthy and good? What qualities make it so good?



DO:

- ✔ Divide the participants into groups of 4 and hand out flip charts and markers.
- ✔ Ask the groups to brainstorm what makes a healthy friendship?
- ✔ Give participants 5 minutes to come up with a list and write on a flip chart
- ✔ Ask what makes a healthy romantic relationship between a boy and a girl (or husband and wife)? Think about if this is the same or different from a friendship.
- ✔ Give participants 5 minutes to come up with a list and write on a flip chart



DO: Show the “Common Elements of Healthy Friendships and Healthy Relationships” flipchart and discuss

COMMON ELEMENTS OF HEALTHY FRIENDSHIPS AND HEALTHY RELATIONSHIPS:

- ✔ Accepting each other for who you are
- ✔ Honesty
- ✔ Being comfortable being yourselves around each other
- ✔ Being trustworthy
- ✔ Kindness
- ✔ Being there for each other

¹⁰ Adapted from CARE USA. “Facilitator’s Manual for Adolescent Boys: CARE’s Tipping Point Phase 2, Nepal.” Cooperative for Assistance and Relief Everywhere, Inc., 2019.

- ✔ Respecting each other
- ✔ Making each other laugh when one of you is sad
- ✔ Being able to tell each other anything
- ✔ Treating information shared with respect and trust
- ✔ Looking out for each other/protecting one another/ caring for each other
- ✔ Supporting each other when one needs help or advice
- ✔ Letting the other make their own decisions without interference

✔ **DO:** Highlight that in both friendships and romantic relationships, people want the best for the other person. In both friendships and romantic relationships, people should be able to express themselves openly, and be able to listen to, appreciate, and accept the other person's needs.

⚠ **NOTE:** *If elements of healthy relationships and boundaries in the context of mobile phones, WhatsApp, Facebook/social media and internet comes up, note these down. Mention that they are very important and that we will discuss these in more detail in the next step.*

4 HEALTHY BOUNDARIES

✔ **DO:**

- ✔ Split boys into 3 or 4 groups.
- ✔ Give each group a story to read and questions to discuss (use Resource 7.1).
- ✔ Give the groups 15 minutes to discuss, then bring all the participants back together.

⚠ **NOTE:** *For boys who may have challenges reading, consider for the facilitator to read the story and questions for the groups.*

 **requires CONTEXTUALISATION**

STORIES:






STORY 1: Sara has a crush on a boy named Nimo. Nimo knows that Sara likes him. Nimo has asked Sara if he can take a picture of her to 'keep' safe. Sara allows Nimo to take the photo but her friend later tells her that it is being shared over WhatsApp/social media.


STORY 2: Juliet is 22 years old and so is her husband Simon. They are in a love relationship and got married last year. Simon and Juliet respect each other and both share in household responsibilities. Juliet is happy that she is friends with her husband.

STORY 3: Josephine is friendly with her brother's friends and wants to get to know Joseph more as friends. Josephine tells her brother who teases her and tells Joseph.

STORY 4: Amira is a 16 year old new bride to her father's friend Malik. Prior to marriage, Malik promised the family that Amira could continue her education after marriage. Malik has now refused. Amira is home alone all day and is now responsible for all of the chores that Malik tells her to do.

Group discussion questions:

-  Which relationships did you think were healthy and which were not? What are the reasons?
-  Were healthy boundaries maintained in the above situations?
-  If not, then in what way were boundaries violated?
-  What were or could be the consequences for the women? How about the men?
-  What behaviour do you think should not be a part of healthy friendship or healthy relationship?


 **DO:** Ask the groups to share the highlights from their group discussions.

 **NOTE:** Add anything the group may have missed.

The following **SHOULD NOT** be a part of a healthy friendship and a healthy relationship:

- Reading your friend or romantic partner's phone messages, pictures, recordings without their consent.

- Secretly taking and storing pictures of the other person without their knowledge.
- Sending or sharing the other person's pictures or personal information with anyone without their consent.
- Recording personal phone conversations in general because they may be misused, but especially without the other person's consent.
- Sharing mean comments made about a person on phone or online.
- Sharing nude or objectionable pictures of your friend on your phone, WhatsApp or Facebook or other.

 **EXPLAIN:** There are different levels of friendship:

ACQUAINTANCE

Someone you know, who you say "Hi" to when you see them and exchange friendly small talk.

FRIEND

Someone you chat with at school, hang out with during extracurricular activities, and/or who may live in your neighbourhood, etc.

CLOSE FRIEND

Someone you hang out with at school and/or outside of school / someone you've known for a long time, who you trust to confide in.

Regardless of the type of friendship, healthy boundaries need to be maintained in all relationships. There is no excuse for breach of boundaries in any relationship.

 **NOTE:** Skip Activity 5 for younger boys.



5 MARRIAGE AND BOUNDARIES

 **FOR OLDER BOYS**

- DO:** Divide the participants into two teams: team A and team B.
- DO:** Ask questions alternatively to each team (A and B); in a team the same person cannot answer twice. Ask them to imagine that they are in a romantic relationship or married if they are not already. Read the statement and ask the respondent if the statement should be 'true' or 'false' for a healthy relationship.

STATEMENT	TRUE	FALSE
You enjoy spending time with each other	✓	
You need to spend all your time together		✗
You look out for each other OR care for each other	✓	
You read messages on each other's phones without asking		✗
You are good friends	✓	
You share personal stories and trust each other	✓	
You say mean things, but then say you are kidding		✗
You care about and respect each other's limits	✓	
You do whatever the other person wants (even sexual requests)		✗
You try to change things about the person that you don't like		✗

✓ **DO:** If the teams have opposing responses, ask them to discuss and clarify why they feel this way.

🗣️ **SAY:** Relationship boundaries tell us what behaviour is ok in a healthy friendship and what behaviour is not. Both physical and relationship boundaries are important at all times. Consent is important in both places.



 **ASK:**

- ② How do you know when you want to get married?
- ② What are some reasons that you want to get married?
- ② How about girls who are your age? What are some reasons why they might want to get married?



EXPLAIN that there are many different reasons why people might want to get married: some get married for love, some are asked and forced to do so by their family or community leader. Some get married even if they are not ready to get married. Some boys and girls choose not to marry as well.

 **DO:**

- ② In their groups, ask the participants to discuss: What age is appropriate to get married? How can you ensure that you get married when you are ready? Should you be involved in the decision-making process?
- ② Brainstorm with the participants some of the potential risks to marrying before the age of 18. What are some of the benefits of marriage before the age of 18? What are some of the benefits of marrying after the age of 18? What about some of the risk to marrying before 18? And after?
- ② Ask if marrying before 18 is common in your community?




6 **ADVICE FOR A FRIEND**


 **DO:**

- ② Divide the participants into two groups.
- ② Give each group a scenario (as per Resource 7.2) and ask them to answer the discussion questions provided. Give the groups 15 minutes to prepare and 5 minutes each to present their plays/answers.

 **FOR YOUNGER BOYS**


 **ASK** participants to develop a role play or capture their discussion points on a flipchart – what advice they would give to the person from the case study, as a friend, including important information they could share.

 **FOR OLDER BOYS**

 **ASK** participants to have a discussion and write down possible advice they should give for the persons in the scenario.

7 UN CRC AND CHILD MARRIAGE (RESOURCE 7.3)

 **DO:**

-  Divide boys into small groups. Ask the boys to think about the previous session on the Conventions of the Rights of the Child.

 **NOTE:** *Distribute to the groups the copies of the Resource 6.1 with the Convention.*

- Ask the groups to discuss how child marriage violates child rights and write down as many rights that they can think of that are violated due to child marriage.*
- Ask groups to present their answers, explaining why they think that way.*

 **SUMMARISE:**

- Distribute Resource 7.3: CRC and Child Marriage to each of the participants.
- Go through the handout out with the boys.
- Ensure to highlight each right and explain how CEFM prevents girls and boys from accessing this right.



POSITIVE STRATEGIES (30-45 MINS)

8 STOP AND GO¹¹

DO: Tell participants to line up along one side of the meeting area. Explain that you are going to play a game. The objective of the game is to get from one side of the meeting area to the opposite side.



EXPLAIN the rules of the game. **SAY:**

- I will pass a bag down the line and everyone will take out a piece of paper.
- Some of the pieces of paper have descriptions of relationships on them and some are blank.
- You will open and read your papers one by one, going down the line
- If there is nothing written on your paper, say “pass”. You will remain where you are.
- If the paper describes a healthy relationship, say “go” aloud and take one step forward.
- If the paper describes an unhealthy relationship, say “stop” aloud and take one step backward




NOTE: *If members are unable to read, you can read out what is written on their paper to the group.*







DO: Begin the game. Let each participant to take a piece of paper with a description of a relationship (use Resource 7.4). Once everyone has read or received their first description, repeat the process with the remaining descriptions. Continue until all of the pieces of paper have been read or until one group member reaches the opposite side of the meeting area.



NOTE: *If members have a difficult time deciding if the relationship is healthy or unhealthy, or makes a mistake and misidentify a relationship, ask the rest of the group if they agree.*


¹¹ Adapted from 'Our Peace Road. A Course to Empower Children and Youth with Positive Life Skills' World Vision International, Africa Version, 2014

 After the game, **ASK:**







-  Which relationships do we choose to have in our lives?
-  Which ones are there whether we like it or not?
-  How do we form relationships?
-  Can we make decisions about who to have relationships with?
-  Is it always possible to leave unhealthy relationships? Why or why not?
-  How do you leave an unhealthy relationship?


BOUNDARIES

 **SAY:** Today we learned about boundaries and relationships.

 **EXPLAIN:** that personal boundaries help us understand and provide a degree of measurement for what is OK, not OK, safe and unsafe when it comes to the relationships we have with people.

 **ASK** the following questions, elaborating if necessary:


-  What are the boundaries at school, family or at home?
-  How do other people set boundaries for you?
-  How do you set boundaries?
-  How do you recognise when you have crossed a boundary? What may happen?
-  How do you respond if your personal boundaries are crossed?
-  How do you feel when you are in control of your boundaries?

 **ASK** the boys to reflect on their own personal lives and relationships.





REFLECTION (15 MINS)

10 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

11 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about any concerns they might have on how to set boundaries.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 8

SECURING HEALTHY RELATIONSHIPS: POWER, VIOLENCE AND CONSENT

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Recognise breach of healthy boundaries and what can be done about it
- Learn about interacting in intimate relationships

👉 FACILITATORS NOTES

- If anyone in the group shows a need for special attention from something said during the discussion, ensure the young person knows where to get help, consider referring them to appropriate services, and discuss the issue with other senior staff.

📝 PREPARATION AND MATERIALS

- Clothespins
- String
- Tape
- Task Sheets
- Blank sheets of paper
- Prepared note cards (or flipchart if string is unavailable) with the following:

An example of someone hurting another person

How someone might feel when they are hurt

How I might feel if I hurt someone

How I might feel if I am hurt



WARM UP (15 MINS)

1 CHARADES

- DO:** In pairs brainstorm things that make us feel good/gives us a sense of wellbeing. The pair should agree on one thing that makes them feel good such as swimming or playing football. They have 2 minutes to practice a short 30 second demonstration of them doing this activity. Reconvene as a large group. Each pair acts out their feel good activity without speaking and the group have to guess what they are doing.

2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- Learned what constitutes personal boundaries and what makes relationships healthy
- Understood reasons and consequences of child marriage: love and marriage

- DO:** support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)

3 WHAT IS VIOLENCE



EXPLAIN that violence is not an accident; it is never the fault of the person who is being abused. Remind participants that this is a safe space; all information is confidential and the boys do not need to share unless they feel comfortable doing so.



ASK if boys are stronger than girls in your community? Why?



SAY: In some areas, boys might be perceived to be stronger than girls and have more power.



EXPLAIN: Ask the group about different types of violence. Facilitate a group discussion and explain that there are many types of violence, including:¹²

PHYSICAL VIOLENCE:

an act of physical violence that is not sexual. Examples include: hitting, pushing, using force to hurt or hold someone, or using any kind of material (i.e. hands, stick, harmful tools).

SEXUAL VIOLENCE:

sexual favours in exchange for assistance, making sexual comments, making negative comments about a girl/boy's appearance or anything related to her/his body, or touching a girl/boy without her/his consent.

FORCED MARRIAGE:

the marriage of an individual against his/her will.

DEPRIVATION/DENIAL OF OPPORTUNITIES:

When someone is prevented for example from attending school because she is a girl, or when someone is deprived of basic needs such as water, food and shelter because she is a girl.

PSYCHOLOGICAL/ EMOTIONAL VIOLENCE:

When someone uses threats and causes fear in a person to gain control. Examples include: threats of physical or sexual violence, yelling or shouting, saying hurtful things, or calling someone worthless or stupid.

¹² IRC. "My Safety, My Wellbeing: Equipping Adolescent Girls with key knowledge and skill to help them mitigate, prevent and respond to Gender Based Violence.

4 CONSENT

- ✓ **DO:** Ask participants if they know what consent means? Guide the discussion until you have a basic definition similar to what is below:

CONSENT:

Words or actions that show that someone really wants to do what they are about to do.

⚠ **NOTE:**


- *Consent means giving permission for something to happen or agreeing to do something and being comfortable with that decision.*
- *Consent has to be given freely and no one can be made to consent to something. It's not consent if someone does something because they feel like they have to.*
- *You can never assume that someone is giving consent – you have to be sure.*
- *Consent is an essential part of healthy relationships. Both people in a relationship need to give consent before sex or any intimate activity, regardless of age or gender.*
- *The responsibility to check for consent lies with the person initiating the activity, not with the other person to say 'no' if they don't want to.*

- 🗨 **ASK** participants about the list of activities below.

What kinds of sexual activities do you think you need consent for:

- Kissing
- Holding hands
- Touching or rubbing under or over clothes
- Being naked in front of someone else
- Sending naked pictures of ourselves to someone else

- 🗨 **EXPLAIN** again that each of the activities above need clear consent from each person every time. It is not the other person's responsibility to say no or yes once you start, though they have the right to do that or even change their mind. The responsibility to consent falls on the person who is initiating the touch or activity.

 **SAY:** Everyone has a right to set boundaries around our bodies. Consent is more than a yes or no.

CONSENT MEANS:

At the time of the act, there are words and physical actions indicating that both partners freely agree, and really want to do the same thing. Checking for consent is a process that each person needs to keep doing.

 **SAY:** We are now going to think about how power in a relationship impacts on consent.

 **ASK:**

- ① What are some examples when someone has power or authority over someone else?


 **SAY** the following examples to help explain the concept:


Teacher and student: Teacher can give student bad grades, teacher has authority over student.


Boss and employee: Boss can fire employee if they do not do what the boss wants.


 **ASK:**

- ① What about status? (Someone who is a lot more popular than the other person. A popular person may be more likely to be believed, especially by other community members, if they say something did or didn't happen.)
- ① Developmental differences? (Someone who may have an intellectual disability and may not understand all the consequences. Someone who is much younger or much more immature even if there isn't a huge age difference.)
- ① What about someone who has used violence on the other person or has threatened to? How does this impact power?


 **NOTE:** Discuss adolescents' responses and be sure to stress the two necessary components of consent: that it is informed and voluntary.

 **EXPLAIN:** The person who used violence or threatened to has more power because the other person would be scared of the other, there is not a sufficient balance of power.


 **NOTE:** *Take the time to make sure participants understand what is meant by “informed consent” – namely that the person giving consent has all of the necessary information to decide; and further that “voluntary” means the person is not forced or coerced.*


 **DO:** Read the following examples to participants and facilitate a discussion, using the questions provided.

EXAMPLE: In a very traditional and patriarchal family, the father of a 16 year old boy tells him that he has arranged for him to marry a 14 year old neighbour girl. The boy does not know the girl and he feels like he has no choice but to get married.

 **ASK:** Do you think this kind of situation could happen? Did he give her his informed consent to this marriage? Was there any force used in this incident? Who is more powerful in this example – father or son? What kind of power does this father have?

EXAMPLE: A displaced woman lives in an IDP camp. She is alone with her two children. She does not have much money and is not able to feed her children. The camp leader asks the woman to have sex with him. She will receive a food ration if she does.

 **ASK:** Do you think this kind of situation could happen? Did she give her informed consent for sex? Was there any force used in this incident? Who is more powerful in this example—camp leader or woman? What kind of power does the camp leader have? What kind of power does this woman have? How does power relate to choose in this example?

 **EXPLAIN:** These are examples of sexual harassment and sexual violence. Sexual harassment is a much broader term than sexual assault and includes unwelcome sexual advances, request for sexual favours and other verbal or physical harassment. Sexual harassment does not always have to be specifically about sexual behaviour or directed at a specific person. For example, negative comments about women as a group might be a form of sexual harassment. Regardless, sexual harassment and sexual abuse are unwelcomed behaviours.



POSITIVE STRATEGIES¹³ (30-45 MINS)

4 IN THEIR SHOES



EXPLAIN that the purpose of this activity is to talk about the hurt we cause to others and how that may make others feel and vice versa. To do this, we need to remember that this is a safe space where we provide respect and confidentiality. Ask participants imagine a pair of shoes. Explain that these shoes belonged to a young boy who was bullied by his friend at school.



DO: Tell them to think about who this boy is and what his life is like.



ASK:

- ? Describe the boy they imagined, is he happy or sad?
- ? How might this boy be feeling?
- ? Why do you think it is important to imagine what it is like to be in someone else's shoes, especially if that person has experienced difficulty or sadness?
- ? How can "being in someone else's shoes" (imagining what it is like for someone who has experienced difficulty) change the way we interact with others?

5 EMPATHY CLOTHESLINE



NOTE: A clotheslines could be set up around the room on opposite walls – a string supported by tape.





EXPLAIN that the group will set up four clotheslines and that all of the participants should write a few words on the sheets of paper.


¹³ Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.


 **DO:**

- ✔ Give each participant four note cards.
- ✔ Place on each clothesline the following titles:

 An example of someone hurting another person


 How someone might feel when they are hurt

 How I might feel if I hurt someone

 How I might feel if I am hurt

- ✔ Ask each participant to think for a while about things they may have seen or heard and to write a short response to each title. Each person should write at least one reply for each clothesline (or category).
- ✔ Allow about 10 minutes for this task. Explain that they should not write much, just a few words or a phrase.

 **NOTE:** *Remind them not to put their names on the cards.*


 **DO:** Ask the participants to place their cards face down on a table in the front of the room. Shuffle the cards and begin to place them on the different clotheslines or flip charts for each of the four categories. After all replies are on the clotheslines, allow the group to walk around and read all of the responses.

 **ASK:**


- ❓ What are the most common types of ways we hurt one another?
- ❓ How do we feel when someone uses violence against us?
- ❓ How do we feel when we use violence against other people?
- ❓ What does it feel like when we have been hurt by someone with whom we are in a sexual or romantic relationship?
- ❓ How is this different than if this was someone with whom we were just friends or have a causal relationship?
- ❓ Where might we see cycles of violence occurring? (In our community? In our neighbourhood?)

REFLECTION (15 MINS)

6 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

7 CLOSING COMMENTS

 **SAY** thank everyone for their participation.

DO: Remind participants about the time and location of the next session. Encourage everyone to write/draw something in their learning journal about how they can encourage empathy in their lives. Provide some examples on how to be more empathetic in their family, with their mothers and sisters and with girls in the community.

DO:

- Thank everyone for their participation.
- Encourage everyone to write/draw something in their learning journal about how they can encourage empathy in their lives. Provide some examples on how to be more empathetic in their family, with their mothers and sisters and with girls in the community.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 9

SEXUAL AND REPRODUCTIVE HEALTH¹⁴

TIME: (1:20 min without optional activities, 2 hours 15 minutes with optional activities)

🎯 SESSION OBJECTIVES

By the end of this session participants will:

- Learn the physical and emotional changes that boys and girls experience during puberty
- Understand the main parts of the male and female sexual and reproductive health system and discuss them in a safe and positive way
- Understand how the main parts of the male and female sexual and reproductive health system relate to sex and reproduction
- Demonstrate a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

👉 FACILITATOR NOTES

- This session should be **facilitated separately for younger** (10-14 y.o.) boys' group and **older boys'** (15-19 y.o.) group.
- The content of this session will be considered **controversial** in some cultures and settings, as it empowers boys to know about their own sexual health and wellbeing. These concepts may not even be discussed among close family members or caregivers at home.
- To ensure that we **“do no harm,”** facilitators should take great care to prepare for the delivery of this session in terms of the content chosen and how it is delivered and ensure that consent has been obtained through discussions with caregivers.
- The **more comfortable** you are with the content, the more comfortable the boys and the female and male caregivers will feel as well. You may need to spend more time reviewing the material and concepts for this session than you have done with other modules, especially if they are unfamiliar to you.

¹⁴ Adapted from IRC- Supporting Adolescents and their Families in Emergencies (SAFE) | Curriculum for Adolescent Boys <http://childprotectionpractitioners.org/emergencies/safe/safe/>

- Always use the **correct terminology** for body parts and functions, be clear about how the male and female reproductive systems work and be honest about the impact of reproductive health risks.
- Use **positive body talk**. Now is the opportunity to model positive self-image to the boys.
- Adolescents need to be prepared for the physical, mental, psycho-social and emotional changes that take place during this phase of life so that they are not anxious about them and respond to these changes in positive and responsible ways.

PREPARATION AND MATERIALS

- Flip chart papers and markers, sticky notes
- Prepare flip chart with physical and emotional changes for “What is Puberty?” and “Understanding girls experience of puberty” (optional)
- Revise resource 9.1: Common Questions and Answers
- Print out copies for the participants to use as handouts during the session:

Resource 9.2: Changes in Puberty

Resource 9.3 The Internal and External Reproductive Body Parts of a Male

Resource 9.4: The External Reproductive Body Parts of a Female

Resource 9.5: The Internal Reproductive Body Parts of a Female

Resource 9.6: The Menstrual Cycle

Resource 9.7: Menstruation and the Ovulation Cycle



WARM UP (15 MINS)

1 CONFIDENCE BOOST¹⁵



DO:


- ✓ Divide boys into 2 groups. Instruct one group to sit and the other group to stand.
- ✓ Ask the seated group to close their eyes or face away from the other group. Boys who are standing will walk around or behind the sitting boys.
- ✓ Read the following instructions to the standing group. Explain that they can approach more than one seated person and encourage them to approach different people for each prompt to ensure everyone is included and appreciated.

- Give a pat on the back to someone you would like to get to know better.
- Tap the shoulder of someone who seems confident or sure of himself
- Pat the back of someone who makes his own decisions and sticks to them.
- Give a pat on the arm to someone who works well with others/in a group.
- Tap the shoulder of someone who is recognised and respected in their community.
- Tap the shoulder of someone who has a skill or talent you admire.
- Tap the head of someone who is beautiful inside and out.
- Tap the head of someone in the group who you would like to talk to more.
- Give a pat on the back to someone whose intelligence you admire.
- Tap the head of someone who is a good friend.
- Pat the back of someone who makes you laugh.
- Add more praises and confidence-boosting statements that are context appropriate.



DO: After a few minutes, ask the standing boys to sit down to swap with the previous sitting group, then repeat or continue the phrases for the new groups. In both rounds, continue the activity until everyone seated has been tapped by someone else. Then ask all boys to return to their seats.

¹⁵ IRC, Learn to Earn, "Chapter 1, Unit 1, Activity 3," p20.

 **ASK:** How did you feel when the other boys tapped you?

If not mentioned, share these examples: good, happy, proud, confident.



EXPLAIN:

- Sometimes, we may feel unhappy with ourselves. Maybe we don't feel beautiful, smart, or skilled—especially when we are growing and changing. In this activity, our friends helped remind us of our strengths and what they like about us. You too should recognise that you have strengths, qualities, and values that you can be proud of. It is also good to recognise that we have some areas that we can improve.
- Knowing ourselves and valuing ourselves is called self-confidence, or self-esteem. Having high self-confidence means that we believe in ourselves. This helps us to achieve our goals and improve our relationships.



2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Recognise breach of healthy boundaries and what can be done about it.
- ✓ Learn about interacting in intimate relationships

✓ **DO:** support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)

3 FEELING DIFFERENT

FOR YOUNGER BOYS



SAY: We are going to start with a short story. John just turned 12 years old and recently he has been feeling different. He noticed his body is looking different. John doesn't know who he can talk to about this. He doesn't know if this is normal or if other boys experience this at his age.

FOR OLDER BOYS



SAY: We are going to start with a short story. John has just turned 16 and he has gone through some physical changes during the past few years. He is struggling to control his emotions. One day he feels happy, and the next day he feels angry and impatient with his family and friends, but he doesn't know why.





ASK: What do you think is happening to John?



EXPLAIN:

- Today we are going to talk about the changes we experience in our body as we grow up. These are both changes that we see and changes that we feel. We know that we can sometimes feel shy when it comes to talking about these changes, but it is important that we talk about them because it is a natural part of growing up and not something to be ashamed of.
- Around the world, boys go through changes in their body and how they think about things. When young boys go through these changes it is called, "puberty." They are changing from a boy to an adult.
- This does not mean that boys are adults yet. The time it takes for boys to fully develop emotionally and physically can go well beyond 18 years old. Even if boys look older or like men on the outside, there are still many changes taking place that are unseen, including changes in the brain.

 **SAY:** We understand that these topics are sometimes difficult or embarrassing to talk about, but we are in a respectful environment where we can feel safe in sharing our opinions. However, remember that no one should feel that they must share anything if they do not want to.

 **ASK:** Can somebody remind us of the Group Agreements that we created for these sessions? Allow boys to explain the agreements on behaviour and confidentiality and add or reinforce the key points if necessary.

POSITIVE STRATEGIES


(60 minutes without optional activities, 1 hour and 35 minutes with 2 optional activities)



4 WHAT IS PUBERTY?


NOTE:


- *Be aware that younger boys may be uncomfortable talking about some of the examples, particularly in relation to developing interest in sexual activities or intimate physical development.*
- *Be prepared for questions during these discussions. To support you in your responses, refer to Resource 9.2: Changes in Puberty for information and pictures that you could copy on flipchart paper.*
- *If the information you need is not provided in the resources, or if you do not feel confident or comfortable explaining it, tell the boys that you will find out the answer and get back to them. The question(s) can then be discussed with your supervisor, who may consult a health care professional.*

 **ASK:** Has anyone heard the word, “puberty”? What do you think it means?

 **EXPLAIN:**

- Puberty is the name for the time when we experience physical, social, and emotional changes and developments as we move from being a child to an adult.
- Many of these changes are associated with the body's transition to sexual and reproductive maturity, when our bodies develop the capacity to have children.
- It happens gradually between ages 10-19, but this can vary from person to person. Some go through puberty earlier than others.


 **ASK:** Why is it important to learn about physical changes (in our brains and bodies) and social and emotional changes during puberty?


 **EXPLAIN:** To know our body and understand the changes happening in it. To understand what is normal and what is not. To know how to take care of our physical and mental health. To be able to deal with the expectations that our society/community has of us as we transition into adulthood.


 **DO:**

- ✓ Divide the boys into groups of 3 or 4 and hand out flipchart paper and pens to each group.
- ✓ Ask the groups to draw an adolescent boy who is around their age.
- ✓ Ask boys to mark on the drawing where changes are happening to boys during puberty, specifically where we can visibly observe the changes on or in our bodies. They can circle the area or draw an arrow.
- ✓ After 5 minutes, ask the small groups to share their drawings with the rest of the boys and highlight the changes they have noted.
- ✓ Each group should take no more than 1-2 minutes to present. Ask boys not to repeat what other groups have already mentioned.
- ✓ When the boys have explained their drawings, add the items on the list below if they have been missed:

Boys get taller and gain weight.	Boys grow hair in their genital region, underarms, face, chest, legs, etc.
Boys' voices get deeper.	Boys' skin can get oilier and develop pimples or acne.
Boys may become interested in masturbation, sex, and sexual activities, and have new physical responses to someone they are attracted to, such as erections or experience wet dreams (ejaculation during their sleep).	

 **SAY:** Aside from physical changes, let's also think about changes in emotions during puberty. To help us, we can think back to the discussions we had about our emotions and about our own experiences.

 **DO:** Ask the boys to turn to the person sitting next to them to discuss this question for a couple of minutes.

 **ASK:** What social and emotional changes can happen during this time in a boy's life? (Take an idea from each pair, if possible, to check understanding).

If not mentioned and if relevant for your context, share these examples presented on the prepared flip chart:

- Boys may develop different interests or hobbies.
- Boys may have changing moods, feel easily annoyed, angry, or sad.
- Boys may feel shy or embarrassed easily.
- Boys may want to spend less time with family and more time with friends.
- Boys may worry about their bodies and the way they look.
- Boys may feel curious about love.
- Boys may want to be alone more or be more independent.
- Boys may feel pressure from their friends to behave in a certain way.

 **ASK:** Has anyone heard the word, "**hormones**"? Can you tell us what they are?

 **EXPLAIN:**

- During puberty, your body releases something called, "hormones," which are chemical messengers. They make your body grow from a boy's body into a man's body.
- Hormones come from our brain. They are natural and lead to all the physical and emotional changes we have discussed.

★ KEY MESSAGES:


- All of these physical and emotional changes are normal.
- Everyone grows at their own pace, some earlier, some later.
- It is important not to tease others who may grow earlier or later.
- Young people often feel uncomfortable or self-conscious because of the changes in their bodies.
- Sometimes these changes may be new and interesting, but other times they may be hard and confusing.
- Sometimes it can help to know other boys who are going through many of the same things.

5 UNDERSTANDING GIRLS EXPERIENCE OF PUBERTY (10 MINUTES)

 **OPTIONAL**

NOTE:

- *It may not be appropriate to draw an outline of a girl in relation to puberty. It depends upon the cultural context in which you are delivering this session.*
- *But it is important to include a discussion about the changes and developments that girls experience during puberty, so the connection to their physical role can be made during the discussions about reproduction in the following sessions.*
- *Decide in advance with your supervisor and colleagues if you will use a picture or just have a discussion.*

 **SAY:** Now, let's take a moment to think about some of the physical and emotional changes that girls around your age experience in puberty.

DO:

- ✓ Ask the boys to discuss in their small groups for a few minutes and think of examples of **physical and emotional changes** that girls experience during puberty.
- ✓ If appropriate, draw a simple outline of a girl on flipchart paper.
- ✓ Ask for feedback from the small groups of physical and emotional changes.
- ✓ If using a picture, mark the changes they mention on the outline with a circle or an arrow.

- ✔ If the changes are emotional, either write the change or if the group has low literacy, draw a simple image or symbol to represent the change.
- ✔ *If not mentioned, share some examples of physical and emotional changes that girls experience during puberty, presented on the prepared flip chart.*

PHYSICAL CHANGES

- Girls will start to menstruate/have their period
- Girls breasts grow
- Girls may gain weight
- Girls pelvic bones and hips will grow
- Girls grow hair in their genital region, underarms, and legs
- Girls may get acne
- Girls may become interested in romantic relationships, may develop attraction, desires, or feelings for others, and may be curious about intimate relationships

SOCIAL AND EMOTIONAL CHANGES

- Girls may experience changes in mood or disposition
- Girls may want to be more independent
- Girls may want to spend less time with family and more time with friends
- Girls may worry about their bodies and the way they look
- Girls may feel shy or easily embarrassed



6 REPRODUCTIVE HEALTH SYSTEM (30 MINUTES)


⚠ NOTE: *Always use the correct terminology for body parts and functions and be clear about how the male and female reproductive systems work.*

 **SAY:**

- Today we will talk about the reproductive health system
- Our “private parts” (**NOTE:** *or use a local phrase the boys would be familiar with that is not offensive for genitalia and reproductive organs*) are made up of our reproductive organs.
- Both males and females have reproductive organs.
- One of the male reproductive organs that we will all know is the penis, and female reproductive organs that we may have heard of is **breasts** or the **vagina**.
- But there are also reproductive organs that we don’t ever see because they are inside of our bodies.

 **EXPLAIN:**

- It is important to remember that reproductive health is part of our overall health, and we must make sure we take care of all parts of our health, including **physical health, emotional health, and reproductive health**. To do this, we need to understand our reproductive organs.
- The pictures we are going to look at today may look funny or strange, but all boys and girls have these parts. It’s completely normal and it’s very important for us to learn about how they work, how to protect them, and keep them healthy.
- For those of you whose parents are attending the caregivers workshops, they have also talked about the changes that happen in the bodies and brains of young people in puberty and how they can be supportive and help you stay healthy. If your caregiver is not in **ENGAGE** but you would like them to have more information, please talk to us after the session.

 **NOTE:** *Before showing the images/model, describe it to the boys, so they are prepared. Ask their permission to show the pictures and ensure they are all comfortable.*


MALE REPRODUCTIVE ORGANS

 **DO:**


Pass out Resource 9.3: The Internal and External Reproductive Body Parts of a Male (1 copy for every 2 boys) and talk the boys through the following ideas. Point to the different areas on your own copy of the handout or on a larger version drawn on flipchart paper.


 **EXPLAIN:**


- The two main organs that are visible outside of a boy or man's body are **the penis** and the **testes**.
- The **testes** are two round organs that make sperm. Sperm are tiny male cells that are needed in order to make a baby, together with the woman's egg.
- The **scrotum** is the pouch of skin that holds the testes and keeps them at the right temperature to make sperm.
- **Sperm** pass through ducts, such as the vas deferens, where it mixes with fluids produced by the glands. The fluids provide the sperm cells with nutrients. The mixture of sperm and fluids is called **semen**.
- The **urethra** is the opening at the top of the penis where urine comes out. Once a male goes through puberty, the urethra is also where semen comes out. Semen contains sperm.


 **SAY:** External organs all look **different**. They come in many different shapes, sizes, and even colours. This is normal. If you are experiencing any discomfort, seek advice from a health care worker. There is no need to worry about your body not looking exactly like the diagrams.

FEMALE EXTERNAL ORGANS

 **SAY:** To understand reproduction, it is important that we also understand the female reproductive system. So now we will talk about the external and internal organs that girls and women have.

 **NOTE:** *Before showing the images, describe it to the boys, so they are prepared. Ask their permission to show the pictures and ensure they are all comfortable. If there are some boys who are not comfortable with receiving information on female body parts, do not force boys to receive this information. Tell boys that they can talk to someone individually if they want more information. Or the facilitator can organise to hold a separate session on this for those who are interested.*

 **DO:** If all boys consent to have information on female reproductive organs, show them Resource 9.4 The External Reproductive Body Parts of a Female and talk through each part. Point to the different areas on a larger version drawn on flipchart paper.

 **SAY:** The female organs that are outside of the body are the external organs. These include the two folds of skin called the labia, the clitoris, the urethra, and the vagina opening.



EXPLAIN:

- **The labia** have two sets of skin called the outer and inner lips. The labia cover and protect the vaginal opening.
- Near the top of the lips, inside the folds, is a small tube-shaped part called the clitoris. The clitoris is very sensitive and the part that gives pleasure to women when they are intimate with their partner. This part of the organ is covered by a hood that protects the clitoris, as it is very sensitive.
- The **urethra** is a short tube that carries urine from the bladder to the outside of the body. The opening to the urethra is very small and can be hard to find by touch or sight. It is right above the opening to the vagina.
- The **vaginal opening** allows menstrual blood and babies to come out of women bodies.



SAY: Just as with boys and men, female external organs all look different. They come in many different shapes, sizes, and even colours. This is normal.

FEMALE INTERNAL ORGANS



DO:

Refer to Resource 9.5: The Internal Reproductive Body Parts of a Female and talk the boys through the following ideas. Point to the different areas on a larger version drawn on flipchart paper.



SAY:


- The **uterus** is in the lower part of the abdomen (belly). Along with the uterus there are other organs that are involved in making a baby.
- The **vagina** is the part of the female organ that meets the male reproductive organ (penis) during sexual intercourse.
- There is also a small almond-shaped gland called **the ovary**. There are two ovaries, one on each side of the uterus.
- Each of these ovaries contains lots of **tiny egg cells**.





ASK: Do you know why these egg cells are so important?

 **EXPLAIN:**

- They are the cells that could become babies.
- Just like tiny egg cells in a girl's body, boys have tiny sperm cells in their bodies.
- During sexual intercourse, that is, when the penis enters the vagina, it is possible for the female's egg cell to meet the male's sperm cell, combine, and eventually grow into a baby inside the uterus.
- The combined cell is called an **embryo**.
- That is when we say a woman is **pregnant**.
- At the end of pregnancy, the vagina can stretch wide enough to allow a baby to pass through. It is a tube that connects the uterus to the outside of the body.

 **ASK:** Why do you think it is important for boys and girls/young men and women to know the name and function of both male and female reproductive organs?

 **EXPLAIN:** Even if you are not ready to start having sexual relationships now, understanding your partner's and your own sexual and reproductive systems is important to have a positive sex life in the future. This includes talking and agreeing together to have sex, feeling safe, and listening to each other if one of you wants to stop, and discussing together what type of contraception to use to prevent unplanned pregnancies and sexually transmitted infections, including HIV (Human Immunodeficiency Virus). With this knowledge, you will be able to understand what is normal, what is not, and when to seek medical services.

 **NOTE:** *For sensitivity and safety, we encourage you to collect all the handouts and store them safely at the end of the session. If someone would like to keep his copy, that is for you to decide based on your context. A safe option would be to make them available for the boys to look at during the sessions and recreational and creative times.*


7 MENSTRUATION (25 MINUTES)


 **OPTIONAL**


 **NOTE:**

- *Before implementing this session, it is important to review with the local teams if it is context and culturally appropriate. In case you are asked questions that go beyond the content of this session, refer to Resource 9.6: The Menstrual Cycle, which contains extra information and answers to some frequently asked questions. This resource is only for facilitator reference.*

- *Before showing the images/model, describe it to the boys, so they are prepared. Ask their permission to show the pictures and ensure they are all comfortable. If there are some boys who are not comfortable with receiving information on female body parts, do not force boys to receive this information. Tell boys that they can talk to someone individually if they want more information. Or the facilitator can organise to hold a separate session on this for those who are interested.*

 **EXPLAIN:** If all boys consent to have information on female reproductive organs, show them the handout and explain that we have talked about how babies are made, now we are going to talk about how this process is related to girls' and women's periods/menstruation (or insert locally understood, non-offensive term for menstruation here). As we mentioned in the last session, starting to menstruate is a very important part of puberty for girls.


 **ASK:** Can anyone tell me what a period/menstruation/(insert locally understood, non-offensive term for menstruation here) is?

 **DO:** Pass out Resource 9.7: Menstruation and the Ovulation Cycle (1 copy for every 2 boys). You may also want to display the flipchart drawing of Resource 9.5: The Internal Reproductive Body Parts of a Female if it helps to explain this section more clearly.



 **SAY:**


- Every month, a girl's body prepares to be pregnant and builds a comfortable environment in the uterus to grow a possible baby.
- When a girl or a woman does not get pregnant at the end of the monthly cycle, the body discards the preparations that have been made in the uterus.
- So, menstruation is the process in which blood and tissue from the uterus is released through the vagina on a monthly cycle.
- This process lasts an average of 5 days but varies from girl to girl.
- Menstruating is a very natural and normal part of a girl's and woman's life, but sometimes it can cause discomfort and pain. For example, some girls experience stomach pain or cramps, headaches, moodiness, sore breasts, bloating, back pain, and tiredness. All of this is normal.
- Most girls get their period between 11 and 13 years old, though it can start anywhere from ages 8-16.

 **ASK:** How does your community view menstruation?

 **NOTE:** *This question might be harder for the younger age group to answer if they are not familiar with menstruation. If they cannot answer, move on to the next question on challenges as this encourages them to empathise.*

 **DO:**

-  Take some ideas if anyone is comfortable sharing.
-  Divide boys into groups of 3 and ask them to discuss the following question:

 **ASK:** What do you think are some issues or challenges for girls in your community, when they are menstruating, especially in this time of crisis?

 **DO:** After a few minutes of discussion, ask for feedback from any group who would be willing to share.

 **NOTE:**

- Be aware that they might not be comfortable talking about this topic, so you can encourage feedback but do not force it.*
- Discuss the following examples of issues and challenges with your female colleagues before the session and adapt them for your context/the target audience.*

If not mentioned by the participants and if relevant for your context, share these examples:

- Emotional changes*
- Mild to severe pain in their abdomen/cramps*
- Tiredness*
- Not having access to suitable sanitary products to keep their clothes clean, for example, cloth or pads that she can wear to catch the blood*
- Embarrassment*
- Isolation—girls might feel unable to take part in their usual activities*



ASK: Why is it important for boys to understand menstruation?

If not mentioned, share these points: So they can be supportive and aware of the changes and challenges that the girls may be experiencing.


SUMMARISE:

- Menstruation is a sign that an adolescent girl is healthy and growing.
- It is a natural part of becoming an adult woman.
- It is not a disease or a sickness, and there is no reason to feel shame.
- Just because a girl has her period, it does not mean she is ready to become a mother. In fact, it can be dangerous to a girl's health if she becomes pregnant at an early age.





REFLECTION (15 MINS)

8 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

9 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about puberty or reproductive health system.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 10

MAKING DECISION ABOUT SEX¹⁶

TIME: 1 hour 45 minutes

 **FOR OLDER BOYS (15-19 YEARS OLD)**

SESSION OBJECTIVES

By the end of this session participants will:

- Identify and discuss different reasons why people decide to have or not have sex
- Recognise the importance of good information to help us make decisions about sex
- Explain the meaning of informed consent and coercion in relation to sex
- Demonstrate key social and emotional skills, including communication, teamwork, and focusing attention

FACILITATOR NOTES

- Review the session plan.
- This session covers topics of sex and relationships. In some contexts, it may be uncommon or unacceptable for boys who are unmarried to talk about these issues. It is important to frame this information in a way that highlights its usefulness in the future when boys are ready to enter into sexual relationships. Where possible, you may **CONTEXTUALISE** the content by talking about “when married,” if that is helpful to safely delivering this information; it is essential boys receive this information.
- If anyone in the group shows a need for special attention from something said during the discussion, ensure the young person knows where to get help, consider referring them to appropriate services, and discuss the issue with other senior staff. Ensure there is a male staff available, who can listen and offer support, in case any of the boys prefer to talk to someone about any of the topics or issues they are facing at any point before/during/after the session.

¹⁶ International Rescue Committee, Supporting Adolescents and their Families in Emergencies (SAFE) Curriculum for Adolescent Boys <http://childprotectionpractitioners.org/emergencies/safe/safe/>, with additional adaptations from IRC Girl Shine Early Marriage Curriculum for Adolescent Girls <https://gbvresponders.org/adolescent-girls/girl-shine/>



PREPARATION AND MATERIALS

- Flipchart papers, coloured markers, tape
- Set up a circle of chairs or mats on the floor with enough space for all boys and facilitators to be in a circle.
- Prepare 2 pieces of paper – one labeled, **“AGREE”** (or a tick - ✓) and the other labeled, **“DISAGREE”** (or a cross - ✗).
- Review the scenarios in Activity 5.2 and adapt as needed for your context.
- Write the scenarios for Activity 5.2 on separate pieces of paper – ONLY IF the boys can read.
- Collect up-to-date service mapping information about local sexual health services for adolescent boys.
- Prepare the flipcharts with the KYE MESSAGES (refer to respective activities).
- Display Group Agreements on the wall.



WARM UP (15 MINUTES)

1

PASS THE BEAT



DO: Ask the boys to form a circle. Demonstrate the following explanation while you talk.





SAY: I am going to face and make eye contact with the person on my left, and we will try to clap our hands at the same moment. Then, he will turn to the left and clap hands at the same time with the person next to him. We will “pass the beat” around the circle. Let’s try it now and remember to make eye contact and try to clap at the same time.




 **DO:**

- ✔ As the rhythm builds up, you can call out, “faster” or “slower,” to increase the speed.
- ✔ Once the handclaps have passed around the circle, explain that we will now make the rhythm go faster and faster.
- ✔ Start passing the beat around the circle, from one person to the next. Remind people to keep it going, even if it stops for a moment when someone misses the beat.
- ✔ When the first round of handclaps is complete, start a new round.
- ✔ Now start sending additional rounds of handclaps around the circle, chasing the first.
- ✔ Eventually you should have three or four beats going around the group at the same time.

 **ASK:** How did you find that game? What happened if you stopped concentrating?

 **EXPLAIN:** We played this game as a reminder that we know we are giving you a lot of new information in these sessions, so it’s important that you pay attention throughout, so you don’t miss out!

2 RECAP

 **NOTE:** *This is a good opportunity to check the boys’ understanding of the content from the last session and to create a safe space for questions. If you need to refresh your memory, refer to the last session plan.*

 **DO:**

Remind: boys about the Group Agreements and highlight any that need extra effort or attention. (*The sheet should be visible on the wall*).



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ The physical and emotional changes that boys and girls experience during puberty
- ✓ The main parts of the male and female sexual and reproductive health system and discuss them in a safe and positive way
- ✓ How the main parts of the male and female sexual and reproductive health system relate to sex and reproduction



DISCUSSION ACTIVITY (30-45 MINS)



3 COMFORT AND CONFIDENCE IN TALKING ABOUT SEX

NOTE:

- *If an individual or group feels uncomfortable with this topic, that is natural. But be sure to remind them why it is important to discuss. For example, so they are prepared for the future and can protect themselves; so they have the information they need to make decisions, etc.*
- *Be aware that boys may still be deciding who they are attracted to and what they want their future to look like, which is normal and acceptable. Nobody should be asked to share their feelings or opinions if they do not want to.*
- *The purpose of this discussion is to explore decision-making around relationships, intimacy and sex; as well as to introduce the next activities on how to communicate consent and healthy relationships. Facilitators may adapt based on sensitive contexts to ensure boys feel comfortable and safe to have these discussions. The discussion does not need to focus only on sexual intercourse, but can talk about many different aspects of relationships and intimacy – including being alone together, writing texts or letters to each other, kissing, hugging, touching. Also, while we acknowledge that physical intimacy can and does occur before and outside of marriage in all contexts, in more sensitive contexts it may be more appropriate to discuss “when you get marriage” or “after marriage”.*

SAY:


The topics we will cover today are sexuality and decision-making about sex. We are going to discuss decision-making and what this means when taking very personal decisions related to our bodies.



- We understand that they are sensitive topics and some of you may feel shy about discussing them. If you find this content uncomfortable, you can take a break any time you want to; we can also stop at any time if you prefer.
- This is a safe and supportive space for learning and discussion, and no one should feel that they must speak if they are not comfortable. It is your choice.

ASK:

- ② Which of our Group Agreements should we remember for this type of session to help us feel comfortable and safe participating?
- ② Are there any new agreements that you would like to add to our list for this session?

 **DO:** Remind the boys that if they want to talk to someone about any of the topics or issues they are facing at any point before/during/after the sessions, there are male staff available who can listen to them and offer support.

EXPLAIN:

- When we talk about dating or courtship, this means social interaction with others who become romantic or who may become sexual partners. In some places, where arranged marriage is common, people may get married without courting or dating.
- Maybe you do not feel ready or interested to be involved in romantic or sexual relationships. That's completely natural, but we think this is important information for you to have for when you do feel ready.
- Sometimes people who are dating or married find that they are physically attracted to each other and both may desire sexual contact, which may include holding hands, kissing, caressing, or other intimate activity. Many different circumstances and feelings influence people's decisions about whether to have sex or be physically intimate with someone. Sometimes people can have mixed feelings. They may feel pressure from others to have sex (i.e., from a partner, peer pressure, or family pressure in situations when boys are married). Today we will discuss how to navigate these pressures and how we can make decisions that we are comfortable with about sex and other physical contact.
- Or boys might not feel ready or interested to be involved in romantic or sexual relationships. That's completely natural too. Relationships take many different forms and we think this is important information for boys to have even when they are not currently in a relationship, as it can be helpful information for the future if and when they are ready.
- When there is trust, respect, and care between two people, these experiences can be wonderful and exciting.



NOTE: *If the boys are comfortable and open, continue the discussion to ensure they learn about sexual intercourse in order to understand and discuss consent, boundaries, communication, and healthy sexual relationships for this session, and how understand potential risks of pregnancy. Sexually transmitted infections (STIs) and the importance of contraception and condoms will be discussed in future sessions.*

ASK: Can anyone tell me what sexual intercourse is?

EXPLAIN:

If not mentioned, that when we talk about sex or sexual intercourse, we often refer to the act of a penis penetrating a vagina. But there are other types of sexual intercourse. Oral intercourse involves the mouth at or on a partner's sex organ. Anal intercourse involves insertion of the penis into a partner's anus.

SAY:

- As we mentioned in the last session, pregnancy happens when an egg from a woman, and a sperm from a man, meet together inside a woman's body. This can happen when a man and woman have sexual intercourse and the man's penis goes inside the woman's vagina.
- Today, we are going to discuss some of the reasons people decide to have sex or not to have sex. There are many different circumstances and feelings that influence people's decisions about whether or not to have sex. Sometimes people can have mixed feelings.
- We will also discuss ways for couples to communicate about sex because sometimes it can be uncomfortable discussing these things with your partner.

★ KEY MESSAGES:

Developing comfort and confidence in talking about sex is part of growing up and helps us communicate things more clearly with our partners.



POSITIVE STRATEGIES (1 HOUR 10 MINUTES)

4 WHY WE DO OR DON'T HAVE SEX (25 MINUTES)

FACILITATOR NOTES:

- Put up the “**AGREE**” or tick ✓ and “**DISAGREE**”, or ✗ signs on opposite walls before you start the exercise. If there is low literacy, use the tick and cross symbols rather than words.
- It is important to ensure that this discussion is culturally appropriate for your context.
- Also be aware that the younger group may be less confident about discussing the statements.
- Be very aware of the personal experiences of the boys and the potential distress that may be triggered by the statements in this activity.
- Boys should feel welcome to take a break or talk with a member of staff if they want to, or you should follow up with them discreetly after the session.

SAY:

- We will read out some statements. They are value statements, which means there is no right or wrong response to any of them.
- On one wall, we have put a sign that says, “**AGREE,**” or has a tickon ✓ it. On another wall, we have put a sign which says, “**DISAGREE,**” or has a cross ✗ on it.
- For each statement, if you agree, you should move to the side that says “AGREE” If you disagree, you must move to the side that says “DISAGREE”.
- You need to choose one side or the other, even if your view is somewhere in between the two sides. Make sure that you follow what you believe, and not just where the other boys move.
- After each statement, we will ask for a couple of volunteers from each side to explain their choices before moving on to the next statement.

NOTE: In preparing for this activity for the boys, choose a maximum of 4 statements to read out to ensure there is enough time for discussion

- *Having sex is the only way to show that you are a “real man”.*
- *A lot of boys have sex because they feel expected to do so.*
- *If a girl loves her boyfriend or husband, she should show it by having sex with him.*



- *Pressuring someone to have sex against her will, either through words or physical force, is rape.*
- *It is okay to offer someone money for having sex, if they need the money.*
- *Even if a girl is married, she can refuse to have sex with her husband.*

ASK:

- ② Why is it important for a young person to think clearly about the reasons for his choice to have or not have sex? (If not mentioned, there are many different reasons for young people to choose to have or not to have sex, including a sense of comfort, safety, for pleasure, and to protect one's health.)
- ② What kinds of problems or misunderstandings can result from these differences in reasons in wanting to have sex?



SAY: Often people are not aware of all their motivations and feelings or have not taken time to think about their situation and what they want to happen.



ASK: What are some ways that we can become more aware of what is going on, how we feel, and what we want and do not want?



EXPLAIN, if not mentioned, that we can talk privately to someone we trust, we could write in a journal, or we could take time to think honestly about what we want and why.



DO: Show prepared on a flip chart with the key messages (below).

★ KEY MESSAGES:

- As we have discussed, it is always a good idea to get advice from a trusted adult when you have questions or concerns.
- It is important to remember that a girl can say “no” to sex whenever she does not feel like it. Even if she has begun with foreplay (activities done before sex, such as kissing and touching) or sex and then changes her mind, it is her right to stop. All girls, including girls in relationships, girls who are married and girls with disabilities also have the same right to say “no” to sex. No one should make a girl have sex against her will.
- Friends and peers may have some information because they are often experiencing similar challenges, but sometimes it may not be accurate or may be based on rumours.



- There are many myths and misinformation about sex. If you are unsure about information you have heard, seek out more information from a trusted source.
- Puberty is a time when the body is becoming an adult and preparing for you to have a family of your own. However, just because you are capable does not mean that you are ready to have sex or have a baby with your partner. Instead, appreciate being young and accept that the changes happening to your body are natural.

5 SEXUAL CONSENT AND CHECKING IN (45 MINUTES)

5.1 SEXUAL CONSENT (15 MINUTES)



SAY: It is important to remember that people can say 'no' to sex or any other sexual behaviour whenever they want.



ASK: Can anyone remember what we called it when you or someone else gives their permission for something to happen? (*Remind, if not mentioned: consent*).



EXPLAIN:

- Sexual consent means agreeing to participate in a particular sexual behaviour.
- Both individuals must agree to do something, and if one person does not want to, they are not giving their consent. Consent is NOT possible if one or both people are under the influence of drugs or alcohol.
- This is extremely important because any sexual act without consent is considered sexual assault and it may be against the law.
- Even if someone has begun with foreplay (activities done before sex, such as kissing and touching) or begins to have sex and then changes their mind, it is their right to stop. Girls and boys in relationships and even marriage have the right to say 'no' to any sexual behaviour. No one should make a person do any sexual behaviour against their will.
- Being comfortable communicating what you want or do not want during sex is important in helping to create a mutually respectful and responsible sexual relationship.





ASK: What can sometimes make communicating/talking about sex difficult?



 **EXPLAIN**, if not mentioned that many of the reasons might apply.


- It can be embarrassing.
- They don't want to upset the other person by talking about any issues.
- They are nervous that their partner will break up with them if they say something.
- Their partner may not be open to talking about it.
- They are afraid to talk about it.
- It might be because of worry that others might think he is not a strong man.

 **SAY**: When a person makes someone else feel forced to do something that they don't want to, they may be coercing them.

 **ASK**: What are some examples of “coercion” when it comes to sex?

If not mentioned, share these examples:

- Making you feel like you owe them sex. For example, because you are in a relationship, you have had sex before, they spent money on you, bought you a gift, or you went home with them.
- Reacting negatively (with sadness, anger, or resentment) if you say “No” or don't agree to something.
- Manipulating the fact that you are in a relationship, saying things such as, “Sex is the way to prove your love for me”, or “If I don't get sex from you, I'll get it somewhere else”.

 **SAY**: Sexual coercion is “the act of using pressure, alcohol or drugs, or force to have sexual contact with someone against his or her will” and includes “persistent attempts to have sexual contact with someone who has already refused”.

 **ASK**:



Do you have any questions about what this means?



Can you give some examples of this?
(without sharing names)



If not mentioned, share these examples:

- Sexual coercion could be someone verbally pressuring or manipulating you, or someone physically forcing you to have contact with them.
- It can be verbal and emotional, in the form of statements that make you feel pressure, guilt, or shame.
- A person can also be made to feel forced through more subtle actions.



SAY: Everyone, but particularly men and boys, who often have more power than women and girls, has a responsibility to ensure that their partner wants to have sex and is enjoying it.



ASK: What are some ways we make sure that our partner wants to have sex and is enjoying it?

If not mentioned, share these ideas:

- Directly communicating with our partners through conversation to express whether we want sex or want to continue with it.
- But we must also be aware that sometimes our partners give us non-verbal signals that show that they may not be comfortable or having fun.



5.2 SCENARIOS (30 MINUTES)



NOTE:

Be sure to adjust the scenarios in this activity for your context as needed. For example, it may be necessary for all of your scenarios to focus on sex in the context of marriage. If you make changes, be sure that your scenarios allow for discussion about the two questions:

1. Was consent established in this situation, and
2. How could the man have “checked in” with his partner to see if she was giving enthusiastic consent?



DO:

- ✓ On a piece of flipchart paper, draw a line down the middle to create two columns.
- ✓ Write “SIGNALS TO CHECK IN” at the top of the left column and “CHECKING IN” at the top of the right column (see example below).



ASK:

- ② What are some examples of signs that a person may be unsure about having sex?
(Write them in the left column.)
- ② What could a person say or do to check in with their partner to determine if this is something that they still want to do?
(Write the ideas in the right column.)

NOTE: After creating both lists, the flipchart should look something like this. If not mentioned, share the examples in the table below:

SIGNALS TO CHECK IN	CHECKING IN
<ul style="list-style-type: none">• Unresponsive body language• Being withdrawn• Nervousness• Crying• No eye contact	ASK: <ul style="list-style-type: none">• “Are you okay with this?”• “I want you to enjoy this, too.”• “Is this still turning you on?”• “You seem nervous. Are you comfortable with this?”• “How is this making you feel?”

Requires CONTEXTUALISATION:

DO:

- ✓ Read, choose and adapt the scenarios to be appropriate to your context beforehand. You do not need to use all scenarios.
- ✓ Divide the boys into 3 groups and assign a scenario to each group. Ask them to move to different parts of the room.
- ✓ Go to each group and read out the scenario they have been assigned. You can also give them written copies if the boys are able to read.
- ✓ Ask each small group to break into pairs to discuss the following questions.



ASK:

- ✔ Was consent established in this situation?
- ✔ How could the man have “checked in” with his partner to see if she was giving enthusiastic consent?

SCENARIOS

SCENARIO 1

Ibrahim and Fatima have been married for two years. Sometimes Ibrahim gets home late, and Aisha is already sleeping. Ibrahim wakes Aisha up to have sex. Sometimes Aisha does not want to, but Ibrahim insists.

SCENARIO 2

Joseph asks his girlfriend, Angela, to come to his house to have sex, saying his parents are not home. Angela agrees. They get to his house and start kissing. However, when Joseph starts taking off her clothes, Angela realises that she is not ready to have sex and tells Joseph to stop. They keep kissing. Angela says, “We shouldn’t do this”, but continues to touch Joseph in an intimate way. As they continue, Angela says, “This is a bad idea”.

SCENARIO 3

Andrew and Patricia are not in a relationship and don’t really hang out regularly, but they have sex from time to time. After not seeing each other for a while, Andrew invites Patricia over to his house and starts to kiss her, but she is not very receptive. Andrew keeps saying, “Come on, you know why I invited you here”. Patricia eventually gives in but isn’t really participating and at one point just lies there. Andrew is confused because Patricia is usually very interested during sex.

SCENARIO 4 (for more sensitive contexts)

Sahar is married, but lately she hasn’t been feeling like having sex with her husband. She told her friend, who said that it is her duty to have sex with her husband. Sahar’s husband also comments on her lack of interest in sex, telling Sahar that a wife shouldn’t refuse sex to her husband. But Sahar doesn’t want to have sex at the moment.



SCENARIO 5 (for sensitive contexts)

Joseph asks his girlfriend, Angela, to meet him after school. Angela agrees. They meet behind the school and start kissing. However, when Joseph starts taking off her clothes, Angela tells Joseph to stop. They keep kissing. Joseph tries again to take her clothes off, Angela says, “We shouldn’t do this”, but continues to kiss Joseph. As they continue, Angela says, “This is a bad idea”.

SCENARIO 6 (for sensitive contexts)

It is a couple’s first time having sex and they are discussing whether they should use condoms or birth control. One wants to use protection, but the other does not.

SCENARIO 7 (for sensitive contexts)

One person in a couple tells the other that if they do not have sex with them now, they will leave them to find someone else who does.

SCENARIO 8 (for sensitive contexts)

A couple has agreed to wait to have sex, but one person in the couple is now feeling impatient, as their friends are already having sex. So, they tell their partner that they do not want to wait to have sex anymore.

☑ DO:

- ☑ After 5 minutes, read Scenario 1 to the whole group and ask for a pair who discussed Scenario 1 to volunteer to share their ideas in response to two questions:

Was consent established in this situation?


How could the man have “checked in” with his partner to see if she was giving enthusiastic consent?

- ☑ Ask if anyone else has anything to add.
- ☑ Repeat this process for the rest of the Scenarios used.



ASK:

- ② Thinking about all of the scenarios, how was it trying to think of ways to check in on your partner and make sure they were comfortable with the situation?
- ② What are some of the fears that young women may have in being strongly vocal about what they do not want?
- ② Why is it important to ask for or confirm consent?
- ② How can confirming or affirming consent from our partner make having sex more fun or enjoyable?

 **DO:** Show prepared on a flip chart with the key messages (below). ↓

★ **KEY MESSAGES:**

- In a healthy relationship, both people should be able to express themselves openly and listen to, appreciate and accept the other person's needs.
- It is important to stick to what you believe in and the decisions you make, even if they're different from the people around you.
- Being in a relationship does not mean that a person must give up who they are and their own needs. Married girls and women also have the right to say "No" to sex with their husband.
- No one should do anything sexual in a relationship that they do not feel completely ready to do.
- Boys and girls can change their minds at any time, before and even during sex.

REFLECTION (15 MINUTES)



6 **CIRCLE ROUND**

 **ASK** each participant:

What's one thing you have enjoyed about today?



7 CLOSING COMMENTS



EXPLAIN:

- The topic we discussed today helped us reflect on the many reasons people choose to have sex or not and how we can check in with our partners to make sure they are giving enthusiastic consent.
- Even if we do not feel old enough or ready for a romantic relationship, it is important to think about how we want to be treated in the future and how we will treat other people.
- Developing a high level of comfort, communication skills, and maturity in sexual relationships can take time and many young people may initially feel awkward or embarrassed to do so.
- Practicing how to talk about these issues in a safe space can help you overcome these barriers and learn to communicate about sex and sexual consent with greater confidence.



SAY: We are always available to talk after these sessions if you would like to discuss any of these issues.



DO: If there are sexual health services available in the community and they are accessible to adolescent boys, explain to the boys how and where they can access them.



DO:

- ✔ Thank everyone for their participation.
- ✔ Encourage everyone to write/draw something in their learning journal about how to talk to, communicate, check in with and understand if your (future) partner if they want to have and are ready to have sex. Alternatively, for more sensitive contexts, ask to write down how to talk to their girlfriend about whether they want to or are ready to kiss, or when you are married in the future, how to communicate and check in if your partner/wife is consenting to intimate relations.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 11

CONTRACEPTION, SAFER SEX AND SEXUALLY TRANSMITTED INFECTIONS¹⁷

TIME: (1:45 min without optional activities; 2 hours 25 minutes with optional activities)

 **FOR YOUNGER BOYS
(10–14 YEARS OLD)**

SESSION OBJECTIVES

By the end of the session participants will:

- Become familiar with the contraceptive methods
- Discuss male involvement in contraceptive use and choosing a suitable method. Understand how to correctly use a male condom.
- Identify ways to reduce their risk of getting or passing on a sexually transmitted infection.
- Explore the causes and consequences of unplanned pregnancies.

FACILITATOR NOTES:

- This session should be used with younger boys, where appropriate. Even though they might find it uncomfortable or embarrassing to discuss, it is very important information to keep boys—and their current or future sexual partners—safe and healthy.
- However, always consider your context carefully to assess whether this session could increase risk of negative repercussions for the boys or for the ENGAGE programme.
- If facilitators are comfortable to do so, and at the request of the boys, they can give more detailed information, for example, about sexually transmitted infections. If requested by the boys, you might decide to use the recreational and creative time to discuss this topic further.
- Before giving information about methods of contraception to boys, first check which options are available and accessible to boys and girls. Then provide the information accordingly.
- If possible, the preference would be for a trained sexual health professional to join the session or the recreational and creative time and be available to provide further information or private discussions.

¹⁷ Adapted from IRC: Supporting Adolescents and their Families in Emergencies (SAFE)|IRC Curriculum for Adolescent Boys



PREPARATION AND MATERIALS

- Flip chart papers, tape and markers
- Revise Resource 9.1: Common Questions and Answers. **For the Facilitator's reference only**
- Obtain Service mapping of SRH services for adolescents, especially those which provide STI treatment and contraceptives.
- Prepare a flipchart with the following written (one on each flipchart): “TRUE” and “FALSE”
- **Optional:** Anatomical model of a penis or bananas and condoms
- **Facilitator reference only:** Use Resource 11.1: Contraception
- **Facilitator reference only:** Use Resource 11.2: Sexually Transmitted Infections.
- **Optional:** Print copies to use as handouts for Resource 11.3: Condom Use
- Print 3-4 copies for Resource 11.4: Case studies, to discuss the consequences of pregnancy in a group work



WARM UP (15 MINS)

1 STAYING HEALTHY

☑ DO:

- ☑ Ask participants to stand in a circle.
- ☑ Demonstrate a stretch to the participants and explain that stretching is a good way to release stress and stay healthy. Demonstrate stretching your legs and ask the participants to do it with you.
- ☑ Tell participants that you are going to go around in a circle with each of them leading the group in a different stretch for a different part of their body.
- ☑ Ask each participant to lead one stretch exercise and have everyone else copy what they do, going around in a circle.



2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Learn the physical and emotional changes that boys and girls experience during puberty
- ✓ Understand the main parts of the male and female sexual and reproductive health system and discuss them in a safe and positive way
- ✓ Understand how the main parts of the male and female sexual and reproductive health system relate to sex and reproduction
- ✓ Demonstrate a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

✓ **DO:** Support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITIES (10 MINS)

3 CONSEQUENCES OF UNPROTECTED SEX

⚠ **NOTE:** *Because there is a lot to cover, this session runs longer than others. Be sure to explain this to the boys in advance.*



SAY: In this session, we will talk about the consequences of unprotected sex and why the use of contraception is so important.



ASK:

What could be some of the consequences of unprotected sex – in other words, sex without contraception?

(Pregnancy, sexually transmitted infections, and HIV/AIDS, etc.)

SAY:

- We will review some of the consequences of pregnancy during the adolescence.
- We will be talking today about specific actions you can take with your future partner, such as using contraception, to increase your ability as a couple to decide when you have children and how many children you have.
- We will also talk about sexually transmitted infections and explore how we catch them, how we know if we have them, what to do if we have concerns, and how to avoid them.
- These topics can be difficult to talk about, but we are in a respectful environment, where we can feel safe in sharing our opinions and learning important health information.
- You may choose not to participate or speak during any activity if you do not feel comfortable. You can also ask us questions privately after the session as we are here for you to talk to if needed.

- DO:** Review the Group Agreements, if needed, to be sure that everyone feels comfortable and understands the importance of confidentiality and respect. Keep the Group Agreements visible – displayed on the wall.



POSITIVE STRATEGIES

(1 hour 15 minutes – without optional activity, 1 hour 55 minutes with optional activities)




4 FAMILY PLANNING AND CONTRACEPTION (30 MINUTES)

NOTE:


- *Be aware that you may have boys in this group who are already married, are parents, and/or are sexually active. Especially in the older group.*
- *Therefore, it is critical that you are sensitive to the range of sexual experiences in your group.*
- *Keep your language factual and without judgement or personal opinions so that all boys feel accepted and welcomed in the group.*




 **SAY:** If you are planning to start a family in the future, you may already have ideas about the kind of family you would like.

 **EXPLAIN:**

- **There is no future family that is “right” or “wrong”.** Families can come together in different ways. Sometimes there are no children, one child, or many children. Sometimes there is one parent, two parents, several parents, or other family or community members acting as parents. Sometimes a family is not made up of children and parents, but people who come together and support each other.
- **Women have the right to decide whether, when, and with whom to have children.** Some girls might want more children, others might want fewer children. Some girls might want to have children early in their lives, while others want to wait. These differences are OK. What is important is that girls should be able to decide.
- For health reasons, it is **safer for girls to wait until at least age 18** to have children. We understand that this is not always what happens, but pregnancies before age 18 are more likely to result in complications for the girl and the baby.
- If and when you do decide to have children with your partner, or if you already have a child, it is **safer to wait at least 2 years between pregnancies.** This helps a woman’s body to recover and stay healthy and gives her time to care for her young baby with you before having another one.
- Women and couples may choose to have as many or as few children as they want.

 **SAY:** Sometimes, couples start having sex before they want to start having children.

 **ASK:** If a girl or woman is having sex but isn’t yet ready to have a child, what can she do to prevent pregnancy? Allow time for boys to answer and be sure to correct any misconceptions.

(Correct answer: Use effective contraception.)

 **NOTE:**

- *Be aware that the younger group is likely to be much less familiar with contraception and may be quieter or feel uncomfortable discussing this topic.*
- *If there is resistance, explain that this information is very important for them to know for the future so they can protect themselves and their partners.*

 **SAY:** Raise your hand if you have ever heard of **CONTRACEPTION** or **FAMILY PLANNING**.



NOTE: This will give you an idea of the level of understanding in the group.

EXPLAIN:

- Contraception, sometimes called family planning, refers to medicines or devices that a woman or girl, and sometimes a man or a boy, can use to prevent the woman or girl from getting pregnant during vaginal sex and to protect them from sexually transmitted infections.
- If you are having sex, it is important to use contraception as a safe and effective way to prevent pregnancy, if you do not want to be pregnant.
- If you are not yet having sex, you should try to delay having sex until you are ready, if possible.

ASK: Have you heard of any methods of contraception? What have you heard about them?

NOTE: Be aware of any myths or inaccurate information expressed by the boys here. Consult Resource 11.1: Contraception.

DO:

- ✓ Ask the group to stand up and explain that we are going to read out a few statements.
- ✓ After reading each statement, they need to decide if it is true or false. If they think it is true, they should move to the wall with the **“TRUE”** or green sign, and if they think it is false, they should move to the wall with the **“FALSE”** or red sign.
- ✓ After presenting each statement and giving the boys time to move, ask for a couple of volunteers to explain why they chose true or false. Then share the answer.

STATEMENT	TRUE OR FALSE
<p>1 It is the man who decides what contraceptive method his partner should use.</p>	<p>✗ FALSE</p> <p>Girls and women have the right to decide which method of contraception they want to use, because it is the woman, whose body bears the burden of pregnancy and childbirth. It is a man’s or boy’s responsibility to discuss contraceptive use with his partner and support his partner’s decision in what method to use.</p>



2	It is safe for adolescent girls to use any modern contraceptive method they prefer.	✓ TRUE All contraceptive methods, if recommended by a trained health professional, are safe for adolescents to use, regardless of the number of children they have or whether they are married.
3	Using contraception can make a girl or woman sterile (unable to have children).	✗ FALSE Women and girls who use short-acting contraceptive methods, like the pill and injectable, or long-acting methods (like the implant or a device that a professional can fit in their uterus), are able to get pregnant when they stop using the method.
4	Wearing two condoms provides more protection from STIs than one condom.	✗ FALSE Two condoms rub and break, one condom offers the best protection.
5	A girl cannot get pregnant the first time she has sex.	✗ FALSE
6	If you use a condom, there is no way the girl can get pregnant.	✗ FALSE Using a condom correctly can effectively prevent pregnancy but is not 100% effective.

! **NOTE:** Make this information as interactive as possible by asking them what they already know and encouraging them to ask questions as you talk through the learning points.



EXPLAIN:

- Most contraceptive methods are for use by women and girls; only a few methods are used by men.
- There are many methods to choose from that are safe and effective for adolescents.
- Using contraceptives allows many people to enjoy sexual intimacy without worrying about unwanted pregnancy.
- Male and female condoms allow people to enjoy sex with less worry about sexually transmitted infections, which we will discuss later in this session.
- No contraceptive method is perfect, and every method has its own characteristics. Some methods vary in their effectiveness at preventing pregnancy. Some have side effects; others require a visit to a health clinic.



- There are discreet methods (such as injections or devices that a professional can fit inside a woman's uterus) that can be used without drawing attention and would require fewer visits to the health facility.
- Only male and female condoms offer protection from sexually transmitted infections and HIV. For extra protection, many couples use condoms in addition to another contraceptive method.
- Women and girls may need to try different methods to find out which one works best for them.

 **ASK:**


What is the only 100% effective way to avoid pregnancy?


(Correct answer: Not having vaginal sex is the only 100% effective way to avoid pregnancy.)

 **DO:**

- ✓ Explain that if the boys would like to learn more about family planning or contraception, they are welcome to speak to the facilitators after the session.
- ✓ If available and accessible for adolescents, provide boys with information about existing health services they can access to find out more about family planning and contraceptives.

5 WHAT ARE SEXUALLY TRANSMITTED INFECTIONS AND HOW DO WE KNOW IF WE HAVE ONE? (30 MINUTES)

 **NOTE:** *To help you answer questions about sexually transmitted infections or to provide further information, if requested, refer to Resource 11.2: Sexually Transmitted Infections. If there is a lot of interest from the group, an optional further discussion may be needed.*

 **SAY:** Now we are going to talk about infections that are passed from one person to another. This is important because they can affect a person's health.

 **ASK:**

- ① Have you heard of any infections that are passed from one person to another?
- ① Do you know how infections are passed from one person to another?



If not mentioned, share these examples:

- **COMMON COLD** – The cold virus spreads in the air through a sick person sneezing, coughing, or blowing their nose near you.
- **FOOD POISONING** – Someone handling your food without cleaning their hands is one way you can get food poisoning.
- **MEASLES/CHICKEN POX** – These can be caught by touching someone’s blisters. They can also be spread through the air through a sick person sneezing, coughing, or blowing their nose near you.
- **WARTS** – These can be caught by coming into contact with someone who has a wart, such as shaking hands or using the same clothing/towels over an extended period of time.



SAY: These are the things (virus/infections) that people can catch in general. There are also infections that can be passed from one person to another during “intimate” or sexual interactions.



ASK: Do you know what these might be?

If not mentioned, share these examples: chlamydia, gonorrhea, syphilis, genital herpes, Hepatitis B, Hepatitis C, and HIV/AIDS.



EXPLAIN: Sexually transmitted infections are a group of infections that are passed through sexual contact and the exchange of blood or other infected fluids. They are most often passed on during intimate relations. But they can also be passed on during oral sex and from an infected mother to her child during childbirth. For an infection to occur, one person must be infected and pass the infection to his or her partner.



SAY:

So, let’s think about how we would know if we have a sexually transmitted infection. There are things we can see or feel that may indicate we have a sexually transmitted infection and should see a health provider.



EXPLAIN:

- Many common sexually transmitted infections—such as chlamydia, gonorrhea, and syphilis—can be cured by taking antibiotics (pills).
- Some are viruses and therefore cannot be cured, such as HIV and herpes. But it is very **important to address them**, as there is medical treatment that can help make them less severe.



- Sexually transmitted infections are very common and both boys and men and girls and women can get them. However, it's important to remember that many of the people who have sexually transmitted infections **can lead happy and healthy lives** so long as they manage their treatment correctly and always use safe sex practices.



ASK: Have you heard of something called Human Immunodeficiency Virus (HIV)? What do you know about it?



SAY:

- HIV is a virus found in humans that makes the immune system (our body's way of keeping us healthy and strong) not work properly.
- With a damaged immune system, the body is at greater risk of infections and diseases. The person becomes weaker and eventually develops AIDS (acquired immunodeficiency syndrome).
- But if HIV is caught in time, there is treatment that can make it more manageable for someone to lead a happy and healthy life. This treatment is very expensive and not easily available in some places. So, it is important to prevent HIV and get tested as soon as possible if someone suspects that they have HIV.



ASK: Do you know what HIV and AIDS is? What have you heard about it?



SAY:

- HIV is passed from one person to another. It does not just develop on its own. It is passed from contact with an infected person's blood, sexual fluids, or breast milk.
- AIDS is a condition where the body's immune system is destroyed by HIV. There is no cure for AIDS, which is why it is important for someone to get tested early if they suspect something. This way the HIV virus can be managed before it develops into AIDS.



ASK: Does anyone know the ways you can reduce the risk of getting or transmitting sexually transmitted infections (including HIV)?



NOTE: *If any myths or misinformation are shared here, it is important that you do not ignore them. Instead, provide the facts.*



DO:

- Write their ideas on flipchart paper if they are comfortable reading.



If not mentioned, share these points:

- ✓ The best way to protect yourself from sexually transmitted infections is not to have sex.
- ✓ If you are sexually active, you can protect yourself by having sex only with an uninfected partner who has sex with you and no one else.
- ✓ If this is not possible, or if you do not know if your partner is infected or having sex with only you, for vaginal or anal sex, use condoms every time. Engage in other forms of sexual activity, such as using your hand to stimulate your partner.
- ✓ It is important to remember that treatment is prevention! If you had unprotected sex, get tested and treated as soon as possible. Do not hope that the infection will go away—in fact, it can get worse.
- ✓ If you have a sexually transmitted infection, tell your most recent sexual partners, if possible, so they also can get treatment.
- ✓ If available, protect yourself by finding out what vaccinations are available at your nearest health clinic.



SAY: There are also a few other basic rules to stay safe and prevent infections:

- When getting any type of injection, be sure that the needle is new and clean.
- Don't share knives or razor blades with other people.
- When coming in contact with blood, don't touch it directly. Use gloves or plastic to clean or deal with a wound or cut.



ASK: Does anyone know what happens when a sexually transmitted infection is not treated?

If not mentioned, share these points:

There can be many consequences, such as miscarriage during pregnancy, infertility (unable to have children), potential for sexually transmitted infection to be passed on to the baby during pregnancy.



☑ **DO:** Show prepared on a flip chart with the key messages (below). ↓

★ KEY MESSAGES:

- Unfortunately, when people have a sexually transmitted infection, they might not know they have one. This means a person can feel healthy but still have an infection, which is why they are so easy to catch and pass to others.
- Many people only discover that they have a sexually transmitted infection when a person they had sex with tells them, or they are examined by a doctor.
- For this reason, if you are having sex, it is very important to practice safe sex, to see a health care worker as soon as you have any concerns, and to encourage your partner to get treated too.
- We are here after every session if you have any concerns or questions that you want to discuss privately.

🗨️ **ASK:** Now that you know some of the symptoms you might experience if you have a sexually transmitted infection and/or had unprotected sex, where can you go if you have any concerns?

☑ **DO:**

- ✔ If available and accessible to adolescent boys, remind the boys how and where they can access sexual health services in their community.
- ✔ Explain that they can also talk to the facilitators.

⚠️ **NOTE:** *If you want to include a break or energiser in this session, now would be a good time before starting the practical exercise.*

6 HOW TO USE A CONDOM (15 MINUTES)

⚠️ **NOTE:**

There are 4 different options for this session, depending on the comfort of the boys and your context:



OPTION 1: *Simply discuss and explain the process of using a condom – this may be more appropriate for younger boys or sensitive contexts.*

OPTION 2: *Hand out resource 11.3: Condom Use (with the pictures).*

OPTION 3: *Demonstrate how to use a condom.*

OPTION 4: *Have all of the boys demonstrate how to use a condom. For this demonstration, the facilitator should use a phallus-shaped item (or a banana) and real condom.*

Refer to Resource 11.3 Condom Use for further information or pictures.



SAY:

- As we discussed earlier, using male condoms correctly and consistently during sex is an important way to protect yourself from getting a sexually transmitted infection. Condoms also help prevent pregnancy.
- It is important to know how to use condoms correctly, so we are going to demonstrate and then individually practice all the steps to take in order to correctly use a male condom.



DO:

Discuss the process of putting on a condom or demonstrate the process of putting on a condom correctly on a phallus or banana while you talk through the steps. Split participants into small groups. Ask the boys to think about the steps that need to be taken well ahead of time when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.



ASK the boys to think about the steps that need to be taken immediately before sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.



ASK the boys to think about the steps that need to be taken during sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.



ASK the boys to think about the steps that need to be taken immediately after sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group.



 **EXPLAIN** how to use a condom.

WELL AHEAD OF TIME:

- Discuss safe sex with your partner.
- Buy condoms (and lubricant, if desired) or find a clinic or other community centre that gives them away for free.
- Keep your condoms in a dry, cool place (not a wallet).
- Check the expiration date of the condom and be sure the date has not passed.

IMMEDIATELY BEFORE SEX:

- Engage in activities to prepare for sex – this could include kissing, touching, hugging, and other emotional and physical acts that make people want to have sex.
- Open the condom gently, being careful not to tear it (don't use your teeth!).
- When the penis is erect (hard), squeeze the tip of condom and place condom on the head of the penis.
- Hold the tip of the condom and unroll it until the penis is completely covered. Make sure the condoms are ready to roll on the right way. The rim should be on the outside so it looks like a little hat, and it will unroll easily. You can unroll it a little bit before putting it on to make sure it's right-side out. If you accidentally put a condom on inside out, do NOT flip it around and reuse it. Get a new one.
- Pinch the tip of the condom and place it on the head of the penis. Leave a little space at the top to collect semen.
- Unroll the condom down the shaft of the penis all the way to the base.
- If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with saliva. Never use oil-based products, for example, Vaseline®, because it can cause a condom to weaken and tear.

DURING SEX:

- If the condom breaks, the male should pull his penis out of the vagina immediately.



IMMEDIATELY AFTER SEX:

- After ejaculation, the rim of the condom should be held at the base at the open end of the condom while the penis is being removed from the vagina to be sure that it does not come off. This should be done **BEFORE** the penis goes soft, so the condom doesn't get too loose and semen gets out. Carefully remove the condom without spilling any semen by holding the rim of the condom. It is important to be careful not to spill semen back into the vagina.
- Tie up the condom or roll it in toilet paper and dispose it properly.
- Remember that you **CANNOT** reuse condoms, so use a new condom every time you have vaginal, oral, or anal sex. It is common for a man to lose an erection while wearing a condom (the penis gets soft). When this happens just take the condom off and use a new one.

OPTION TO EXPLAIN HOW TO USE A CONDOM FOR SENSITIVE CONTEXTS (to avoid direct discussion of foreplay and sex):

- Explain that a condom can be used during sex every time to prevent unplanned or unwanted pregnancies and STIs.
- Explain that the condom should be stored in a cool place out of the sun.
- Before using, the expiration date should be checked.
- Do not use the condom when the packet is ripped or damaged.
- Open the packet carefully to not break the condom with nails or teeth.
- Use a new condom, and only one condom, every time they have sex.
- Put the condom on when the penis is erect or hard, pinch the air bubble and roll the condom down the penis.
- When finished, hold the base on the condom so it doesn't fall off.
- Do take the condom off after use, wrap it up and throw it away safely. Put it in a bin, pit latrine, bury it or burn it.

Alternatively, if this is too sensitive explain that condoms are an effective way to prevent unwanted pregnancy and STIs when they are ready to have sex, and they can go to the health facility to ask health care workers about condoms when they are ready.

DO:

- ✓ **OPTION 1:** Ask the boys if they have any questions.
- ✓ **OPTION 2:** Distribute Resource 11.3: Condom Use and ask if they have any questions.
- ✓ **OPTION 3:** Demonstrate how to put on a condom using a banana or a phallus.



- ✔ **OPTION 4:** Divide the boys into groups of 3. Distribute one banana and one condom to each group. Ask each boy to practice putting on a condom, using all the correct steps, on a banana or phallus. Move around the groups to verify the steps are being followed correctly and provide feedback, if necessary. If any boys are uncomfortable taking part in this exercise, do not force them to do so, but ask them to pay attention to what others in their group are doing, so they also learn. Even though it may be embarrassing for some, and especially for the younger groups, it is very important for them to understand.

7 SEXUALLY TRANSMITTED INFECTIONS AND HIV MYTHS (20 MINUTES)

📌 **OPTIONAL**

⚠️ **NOTE:**

- *If there is time and if there is still interest and energy from the group, include this short exercise to tackle some myths about sexually transmitted infections and HIV.*
- *If you decide to run this activity, feel free to adapt the list to include other locally relevant myths about sexually transmitted infections or HIV. If so, prepare the answers in advance.*

☑️ **DO:**

- ✔ Explain to the boys that you will read out a few statements about sexually transmitted infections. They should stand up when they hear a statement that is true and stay seated/sit down when they hear a statement that is **FALSE**.
- ✔ Allow the group to respond to the statements based on what they believe. Take note of where boys stand up for statements that are not necessarily true or are built on myths or misconceptions.
- ✔ After each statement, invite the group to discuss why they thought a certain statement was true or false. Allow them to have an interactive discussion and challenge each other in respectful dialogue.
- ✔ After each discussion, clarify any remaining confusion or misinformation so that the group leaves with the facts.



! Requires CONTEXTUALISATION:

STATEMENT	TRUE OR FALSE
1 You can prevent sexually transmitted infections by using a condom during sex every time.	✗ FALSE Condoms greatly reduce transmission of infections, but they don't completely eliminate the risk. Condoms don't always cover the area that may be infected. But proper and consistent use of condoms greatly lowers the chances of spreading infections. Reducing the numbers of sexual partners and getting regularly checked for sexually transmitted infections also helps prevent their spread.
2 Many people in my community have sexually transmitted infections.	✓ TRUE Sexually transmitted infections are very common. Most of us will acquire at least one in our lifetime. About half of all sexually active young people will get a sexually transmitted infection by the age of 25. Most will not know it.
3 You can tell by looking at a person if they have a sexually transmitted infection.	✗ FALSE Many sexually transmitted infections have only mild, few, or no symptoms. They may take days, weeks, or even longer to show up. Many may never cause symptoms. Sexually transmitted infections are so common that anyone who has ever had sex may get an infection. It's not about being good, bad, clean, or dirty. It's about being normal and sexually active.
4 You cannot get STIs if you only have sex with 1 person.	✗ FALSE If the person you have had sex with has had or currently has other sexual partners, you may be at risk of STI.
5 HIV is a deadly disease.	✗ FALSE With early testing, diagnosis, anti-retroviral treatment, and good health care, you can live a long and healthy life with HIV.
6 You can have a STI and have no signs or symptoms.	✓ TRUE Some STIs are asymptomatic (have no symptoms).



- ✓ **DO:** Remind the group of the importance of checking that the information they receive around sexual health is accurate, especially if it does not come from a trained professional. Explain that they can come to talk to you or the other facilitators before, during, or after any session if they have a question or concern.



8 CONSEQUENCES OF EARLY PREGNANCY - UNINTENDED PREGNANCIES¹⁸ (20 MINUTES)

OPTIONAL

- ⚠ **NOTE:** *This activity is intended to analyse with the boys the consequences of early pregnancy. If you decide to facilitate this activity, make sure to conduct a brief energiser exercise before starting it.*

✓ **DO:**

- ✓ Break the group into as many groups as the number of case studies you are using.
- ✓ Give each group a case study to read, folded so they do not read it yet. Use Resource 11.4: Case studies to discuss the consequences of pregnancy in the adolescents (maternal death).



SAY:

- Each group is receiving a different case study of a maternal death.
- After you read your case study, discuss it in your group.



ASK:


- ① What went wrong?
- ① What were the main things that contributed or led to the woman's or girl's death?
- ① What should have happened? What could have gone differently and saved her life? *[Write the two main questions on the board.]*
- ① How did these stories make you feel? What in the case study made you feel that way?
- ① Individuals, family members, communities, health care providers, and governments can all act to prevent these deaths. What are some of the most important things that can be done before a woman becomes pregnant to protect her health and wellbeing? *[Write responses on the board; fill in as needed.]*

¹⁸ Resource adapted from (popcouncil.org) "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education": https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf, vol. 1, page 144-148.





REFLECTION (15 MINS)

9 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

10 CLOSING COMMENTS

DO:

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about contraception, reproductive health system and STI/HIV.

REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 11

CONTRACEPTION, SAFER SEX AND SEXUALLY TRANSMITTED INFECTIONS¹⁹

TIME: (1:45 min without optional activities; 2 hours 25 minutes with optional activities)



🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Become familiar with the contraceptive methods
- Discuss male involvement in contraceptive use and choosing a suitable method. Understand how to correctly use a male condom.
- Identify ways to reduce their risk of getting or passing on a sexually transmitted infection.
- Explore the causes and consequences of unplanned pregnancies.

👉 FACILITATOR NOTES:

- This session should be used with younger boys, where appropriate. Even though they might find it uncomfortable or embarrassing to discuss, it is very important information to keep boys—and their current or future sexual partners—safe and healthy.
- However, always consider your context carefully to assess whether this session could increase risk of negative repercussions for the boys or for the ENGAGE programme.
- If facilitators are comfortable to do so, and at the request of the boys, they can give more detailed information, for example, about sexually transmitted infections. If requested by the boys, you might decide to use the recreational and creative time to discuss this topic further.
- Before giving information about methods of contraception to boys, first check which options are available and accessible to boys and girls. Then provide the information accordingly.
- If possible, the preference would be for a trained sexual health professional to join the session or the recreational and creative time and be available to provide further information or private discussions.

¹⁹ This session has been adapted from IRC: Supporting Adolescents and their Families in Emergencies (SAFE) IRC Curriculum for Adolescent Boys. Some small and slight changes have been made in order to make the session fit according to the time and the purposes.



PREPARATION AND MATERIALS

- Flip chart papers, tape and markers
- Revise Resource 9.1: Common Questions and Answers. For the Facilitator's reference only
- Obtain Service mapping of SRH services for adolescents, especially those which provide STI treatment and contraceptives.
- Prepare a flipchart with the following written (one on each flipchart): "TRUE" and "FALSE"
- **Optional:** Anatomical model of a penis or bananas and condoms
- **Facilitator reference only:** Use Resource 11.1: Contraception
- **Facilitator reference only:** Use Resource 11.2: Sexually Transmitted Infections.
- **Optional:** Print copies to use as handouts for Resource 11.3: Condom Use
- Print 3-4 copies for Resource 11.4: Case studies, to discuss the consequences of pregnancy in a group work



WARM UP (15 MINS)

1 STAYING HEALTHY

☑ DO:

- ☑ Ask participants to stand in a circle.
- ☑ Demonstrate a stretch to the participants and explain that stretching is a good way to release stress and stay healthy. Demonstrate stretching your legs and ask the participants to do it with you.
- ☑ Tell participants that you are going to go around in a circle with each of them leading the group in a different stretch for a different part of their body.
- ☑ Ask each participant to lead one stretch exercise and have everyone else copy what they do, going around in a circle.



2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Identify and discuss different reasons why people decide to have or not have sex
- ✓ Recognise the importance of good information to help us make decisions about sex
- ✓ Explain the meaning of informed consent and coercion in relation to sex
- ✓ Demonstrate key social and emotional skills, including communication, teamwork, and focusing attention



DO: Support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (10 MINS)

3 CONSEQUENCES OF UNPROTECTED SEX



NOTE: *Because there is a lot to cover, this session runs longer than others. Be sure to explain this to the boys in advance.*



SAY: In this session, we will talk about the consequences of unprotected sex and why the use of contraception is so important.



ASK:

What could be some of the consequences of unprotected sex – in other words, sex without contraception?

(Pregnancy, sexually transmitted infections, and HIV/AIDS, etc.)

SAY:

- We will review some of the consequences of pregnancy during the adolescence.
- We will be talking today about specific actions you can take with your future partner, such as using contraception, to increase your ability as a couple to decide when you have children and how many children you have.
- We will also talk about sexually transmitted infections and explore how we catch them, how we know if we have them, what to do if we have concerns, and how to avoid them.
- These topics can be difficult to talk about, but we are in a respectful environment, where we can feel safe in sharing our opinions and learning important health information.
- You may choose not to participate or speak during any activity if you do not feel comfortable. You can also ask us questions privately after the session as we are here for you to talk to if needed.

- DO:** Review the Group Agreements, if needed, to be sure that everyone feels comfortable and understands the importance of confidentiality and respect. Keep the Group Agreements visible – displayed on the wall.



POSITIVE STRATEGIES

(1 hour 15 minutes – without optional activity, 1 hour 55 minutes with optional activities)




4 FAMILY PLANNING AND CONTRACEPTION (30 MINUTES)

NOTE:


- *Be aware that you may have boys in this group who are already married, are parents, and/or are sexually active. Especially in the older group.*
- *Therefore, it is critical that you are sensitive to the range of sexual experiences in your group.*
- *Keep your language factual and without judgement or personal opinions so that all boys feel accepted and welcomed in the group.*




 **SAY:** If you are planning to start a family in the future, you may already have ideas about the kind of family you would like.

 **EXPLAIN:**

- **There is no future family that is “right” or “wrong”.** Families can come together in different ways. Sometimes there are no children, one child, or many children. Sometimes there is one parent, two parents, several parents, or other family or community members acting as parents. Sometimes a family is not made up of children and parents, but people who come together and support each other.
- **Women have the right to decide whether, when, and with whom to have children.** Some girls might want more children, others might want fewer children. Some girls might want to have children early in their lives, while others want to wait. These differences are OK. What is important is that girls should be able to decide.
- For health reasons, it is **safer for girls to wait until at least age 18** to have children. We understand that this is not always what happens, but pregnancies before age 18 are more likely to result in complications for the girl and the baby.
- If and when you do decide to have children with your partner, or if you already have a child, it is **safer to wait at least 2 years between pregnancies.** This helps a woman’s body to recover and stay healthy and gives her time to care for her young baby with you before having another one.
- Women and couples may choose to have as many or as few children as they want.

 **SAY:** Sometimes, couples start having sex before they want to start having children.


 **ASK:** If a girl or woman is having sex but isn’t yet ready to have a child, what can she do to prevent pregnancy?

Allow time for boys to answer and be sure to correct any misconceptions.

(Correct answer: Use effective contraception.)

 **NOTE:**

- *Be aware that the younger group is likely to be much less familiar with contraception and may be quieter or feel uncomfortable discussing this topic.*
- *If there is resistance, explain that this information is very important for them to know for the future so they can protect themselves and their partners.*

 **SAY:** Raise your hand if you have ever heard of contraception or family planning.



NOTE: This will give you an idea of the level of understanding in the group.



EXPLAIN:

- Contraception, sometimes called family planning, refers to medicines or devices that a woman or girl, and sometimes a man or a boy, can use to prevent the woman or girl from getting pregnant during vaginal sex and to protect them from sexually transmitted infections.
- If you are having sex, it is important to use contraception as a safe and effective way to prevent pregnancy, if you do not want to be pregnant.
- If you are not yet having sex, you should try to delay having sex until you are ready, if possible.



ASK: Have you heard of any methods of contraception? What have you heard about them?



NOTE: Be aware of any myths or inaccurate information expressed by the boys here. Consult Resource 11.1: Contraception.



DO:

- ✓ Ask the group to stand up and explain that we are going to read out a few statements.
- ✓ After reading each statement, they need to decide if it is true or false. If they think it is true, they should move to the wall with the **“TRUE”** or green sign, and if they think it is false, they should move to the wall with the **“FALSE”** or red sign.
- ✓ After presenting each statement and giving the boys time to move, ask for a couple of volunteers to explain why they chose true or false. Then share the answer.

STATEMENT

TRUE OR FALSE

1 It is the man who decides what contraceptive method his partner should use.

✗ FALSE

Girls and women have the right to decide which method of contraception they want to use, because it is the woman, whose body bears the burden of pregnancy and childbirth. It is a man's or boy's responsibility to discuss contraceptive use with his partner and support his partner's decision in what method to use.



STATEMENT	TRUE OR FALSE
2 It is safe for adolescent girls to use any modern contraceptive method they prefer.	✓ TRUE All contraceptive methods, if recommended by a trained health professional, are safe for adolescents to use, regardless of the number of children they have or whether they are married.
3 Using contraception can make a girl or woman sterile (unable to have children).	✗ FALSE Women and girls who use short-acting contraceptive methods, like the pill and injectable, or long-acting methods (like the implant or a device that a professional can fit in their uterus), are able to get pregnant when they stop using the method.
4 Wearing two condoms provides more protection from STIs than one condom.	✗ FALSE Two condoms rub and break, one condom offers the best protection.
5 A girl cannot get pregnant the first time she has sex.	✗ FALSE
6 If you use a condom, there is no way the girl can get pregnant.	✗ FALSE Using a condom correctly can effectively prevent pregnancy but is not 100% effective.

⚠ NOTE: Make this information as interactive as possible by asking them what they already know and encouraging them to ask questions as you talk through the learning points.

🗣 EXPLAIN:

- Most contraceptive methods are for use by women and girls; only a few methods are used by men.
- There are many methods to choose from that are safe and effective for adolescents.
- Using contraceptives allows many people to enjoy sexual intimacy without worrying about unwanted pregnancy.



- Male and female condoms allow people to enjoy sex with less worry about sexually transmitted infections, which we will discuss later in this session.
- No contraceptive method is perfect, and every method has its own characteristics. Some methods vary in their effectiveness at preventing pregnancy. Some have side effects; others require a visit to a health clinic.
- There are discreet methods (such as injections or devices that a professional can fit inside a woman's uterus) that can be used without drawing attention and would require fewer visits to the health facility.
- Only male and female condoms offer protection from sexually transmitted infections and HIV. For extra protection, many couples use condoms in addition to another contraceptive method.
- Women and girls may need to try different methods to find out which one works best for them.

ASK:

What is the only 100% effective way to avoid pregnancy?


(Correct answer: Not having vaginal sex is the only 100% effective way to avoid pregnancy.)


DO:

- ✓ Explain that if the boys would like to learn more about family planning or contraception, they are welcome to speak to the facilitators after the session.
- ✓ If available and accessible for adolescents, provide boys with information about existing health services they can access to find out more about family planning and contraceptives.



5 WHAT ARE SEXUALLY TRANSMITTED INFECTIONS AND HOW DO WE KNOW IF WE HAVE ONE? (30 MINUTES)

 **NOTE:** To help you answer questions about sexually transmitted infections or to provide further information, if requested, refer to Resource 11.2: Sexually Transmitted Infections. If there is a lot of interest from the group, an optional further discussion may be needed.

 **SAY:** Now we are going to talk about infections that are passed from one person to another. This is important because they can affect a person's health.



 **ASK:**

- ② Have you heard of any infections that are passed from one person to another?
- ② Do you know how infections are passed from one person to another?

If not mentioned, share these examples:

- **COMMON COLD** – The cold virus spreads in the air through a sick person sneezing, coughing, or blowing their nose near you.
- **FOOD POISONING** – Someone handling your food without cleaning their hands is one way you can get food poisoning.
- **MEASLES/CHICKEN POX** – These can be caught by touching someone’s blisters. They can also be spread through the air through a sick person sneezing, coughing, or blowing their nose near you.
- **WARTS** – These can be caught by coming into contact with someone who has a wart, such as shaking hands or using the same clothing/towels over an extended period of time.



SAY: These are the things (virus/infections) that people can catch in general. There are also infections that can be passed from one person to another during “intimate” or sexual interactions.



ASK: Do you know what these might be?

If not mentioned, share these examples: chlamydia, gonorrhea, syphilis, genital herpes, Hepatitis B, Hepatitis C, and HIV/AIDS.



EXPLAIN: Sexually transmitted infections are a group of infections that are passed through sexual contact and the exchange of blood or other infected fluids. They are most often passed on during vaginal or anal sex. But they can also be passed on during oral sex and from an infected mother to her child during childbirth. For an infection to occur, one person must be infected and pass the infection to his or her partner.



SAY: So, let’s think about how we would know if we have a sexually transmitted infection.



DO:

- ② Ask the boys to turn to the person next to them and brainstorm some things that they might see or feel that indicates they may have a sexually transmitted infection and may need to consult a health provider.
- ② Give them a couple of minutes to discuss, then ask for suggestions. Confirm correct responses and clarify any questions/concerns.



SAY:

Here are some examples of things that a boy or girl might see or feel if they have a sexually transmitted infection²⁰ (*Write them on flipchart paper if the boys are able to read*).

THINGS YOU SEE OR SMELL:

- Unusual discharge from the penis, vagina, or anus
- Sores, blisters, rashes, or warts on the genital area
- Blisters or sores in or around the mouth
- Unusual vaginal odor

THINGS YOU FEEL:

- Itching and redness in the genital area
- Burning pain when passing urine, feeling like you must urinate frequently
- Anal itching, soreness, or bleeding
- Abdominal pain
- Fever



REMEMBER, in some cases, people with sexually transmitted infections have NO symptoms and may not be aware that they have an infection.

EXPLAIN:

- Many common sexually transmitted infections—such as chlamydia, gonorrhea, and syphilis—can be cured by taking antibiotics (pills).
- Some are viruses and therefore cannot be cured, such as HIV and herpes. But it is very **important to address them**, as there is medical treatment that can help make them less severe.
- Sexually transmitted infections are very common and both boys and men and girls and women can get them. However, it's important to remember that many of the people who have sexually transmitted infections **can lead happy and healthy lives** so long as they manage their treatment correctly and always use safe sex practices.

²⁰ IRC: Supporting Adolescents and their Families in Emergencies (SAFE) – National Institute of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, “What are the symptoms of sexually transmitted diseases or sexually transmitted infections?” Accessed October 14, 2019. <https://www.nichd.nih.gov/health/topics/stds/conditioninfo/symptoms>.



ASK: Have you heard of something called Human Immunodeficiency Virus (HIV)? What do you know about it?



SAY:

- HIV is a virus found in humans that makes the immune system (our body's way of keeping us healthy and strong) not work properly.
- With a damaged immune system, the body is at greater risk of infections and diseases. The person becomes weaker and eventually develops AIDS (acquired immunodeficiency syndrome).
- But if HIV is caught in time, there is treatment that can make it more manageable for someone to lead a happy and healthy life. This treatment is very expensive and not easily available in some places. So, it is important to prevent HIV and get tested as soon as possible if someone suspects that they have HIV.

ASK: Do you know what HIV and AIDs is? What have you heard about it?



SAY:

- HIV is passed from one person to another. It does not just develop on its own. It is passed from contact with an infected person's blood, sexual fluids, or breast milk.
- AIDS is a condition where the body's immune system is destroyed by HIV. There is no cure for AIDS, which is why it is important for someone to get tested early if they suspect something. This way the HIV virus can be managed before it develops into AIDS.

ASK: Does anyone know the ways you can reduce the risk of getting or transmitting sexually transmitted infections (including HIV)?



NOTE: *If any myths or misinformation are shared here, it is important that you do not ignore them. Instead, provide the facts.*



DO:

- ✓ Write their ideas on flipchart paper if they are comfortable reading.



If not mentioned, share these points:

- ✔ The best way to protect yourself from sexually transmitted infections is not to have sex.
- ✔ If you are sexually active, you can protect yourself by having sex only with an uninfected partner who has sex with you and no one else.
- ✔ If this is not possible, or if you do not know if your partner is infected or having sex with only you, for vaginal or anal sex, use condoms every time. Engage in other forms of sexual activity, such as using your hand to stimulate your partner.
- ✔ It is important to remember that treatment is prevention! If you had unprotected sex, get tested and treated as soon as possible. Do not hope that the infection will go away—in fact, it can get worse.
- ✔ If you have a sexually transmitted infection, tell your most recent sexual partners, if possible, so they also can get treatment.
- ✔ If available, protect yourself by finding out what vaccinations are available at your nearest health clinic.



SAY: There are also a few other basic rules to stay safe and prevent infections:

When getting any type of injection, be sure that the needle is new and clean.

Don't share knives or razor blades with other people.

When coming in contact with blood, don't touch it directly. Use gloves or plastic to clean or deal with a wound or cut.



ASK: Does anyone know what happens when a sexually transmitted infection is not treated?

If not mentioned, share these points:

There can be many consequences, such as miscarriage during pregnancy, infertility (unable to have children), potential for sexually transmitted infection to be passed on to the baby during pregnancy.




DO: Show prepared on a flip chart with the key messages (below).



★ KEY MESSAGES:

- Unfortunately, when people have a sexually transmitted infection, they might not know they have one. This means a person can feel healthy but still have an infection, which is why they are so easy to catch and pass to others.
- Many people only discover that they have a sexually transmitted infection when a person they had sex with tells them, or they are examined by a doctor.
- For this reason, if you are having sex, it is very important to practice safe sex, to see a health care worker as soon as you have any concerns, and to encourage your partner to get treated too.
- We are here after every session if you have any concerns or questions that you want to discuss privately.

 **ASK:** Now that you know some of the symptoms you might experience if you have a sexually transmitted infection and/or had unprotected sex, where can you go if you have any concerns?

 **DO:**

- If available and accessible to adolescent boys, remind the boys how and where they can access sexual health services in their community.
- Explain that they can also talk to the facilitators.

 **NOTE:** *If you want to include a break or energiser in this session, now would be a good time before starting the practical exercise.*



6 HOW TO USE A CONDOM (15 MINUTES)

NOTE:

There are 4 different options for this session, depending on the comfort of the boys and your context:

OPTION 1: *Simply discuss and explain the process of using a condom – this may be more appropriate for younger boys or sensitive contexts.*

OPTION 2: *Hand out resource 11.3: Condom Use (with the pictures).*



OPTION 3: *Demonstrate how to use a condom.*

OPTION 4: *Have all of the boys demonstrate how to use a condom. For this demonstration, the facilitator should use a phallus-shaped item (or a banana) and real condom.*

Refer to Resource 11.3 Condom Use for further information or pictures.

 **SAY:**

- As we discussed earlier, using male condoms correctly and consistently during sex is an important way to protect yourself from getting a sexually transmitted infection. Condoms also help prevent pregnancy.
- It is important to know how to use condoms correctly, so we are going to demonstrate and then individually practice all the steps to take in order to correctly use a male condom.

 **DO:**

- ✔ Discuss the process of putting on a condom or demonstrate the process of putting on a condom correctly on a phallus or banana while you talk through the steps. Split participants into small groups. Ask the boys to think about the steps that need to be taken well ahead of time when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.
- ✔ Ask the boys to think about the steps that need to be taken immediately before sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.
- ✔ Ask the boys to think about the steps that need to be taken during sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.
- ✔ Ask the boys to think about the steps that need to be taken immediately after sex when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group.



 **EXPLAIN** how to use a condom.

WELL AHEAD OF TIME:

- Discuss safe sex with your partner.
- Buy condoms (and lubricant, if desired) or find a clinic or other community centre that gives them away for free.
- Keep your condoms in a dry, cool place (not a wallet).
- Check the expiration date of the condom and be sure the date has not passed.

IMMEDIATELY BEFORE SEX:

- Engage in foreplay. Foreplay may help lubricate the vagina. Foreplay involves kissing, touching, hugging, and other emotional and physical acts that make people want to have sex.
- Open the condom gently, being careful not to tear it (don't use your teeth!).
- When the penis is erect (hard), squeeze the tip of condom and place condom on the head of the penis.
- Hold the tip of the condom and unroll it until the penis is completely covered. Make sure the condoms are ready to roll on the right way. The rim should be on the outside so it looks like a little hat, and it will unroll easily. You can unroll it a little bit before putting it on to make sure it's right-side out. If you accidentally put a condom on inside out, do NOT flip it around and reuse it. Get a new one.
- Pinch the tip of the condom and place it on the head of the penis. Leave a little space at the top to collect semen.
- Unroll the condom down the shaft of the penis all the way to the base.
- If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with saliva. Never use oil-based products, for example, Vaseline®, because it can cause a condom to weaken and tear.

DURING SEX:

- If the condom breaks, the male should pull his penis out of the vagina immediately.



IMMEDIATELY AFTER SEX:

- After ejaculation, the rim of the condom should be held at the base at the open end of the condom while the penis is being removed from the vagina to be sure that it does not come off. This should be done **BEFORE** the penis goes soft, so the condom doesn't get too loose and semen gets out. Carefully remove the condom without spilling any semen by holding the rim of the condom. It is important to be careful not to spill semen back into the vagina.
- Tie up the condom or roll it in toilet paper and dispose it properly.
- Remember that you **CANNOT** reuse condoms, so use a new condom every time you have vaginal, oral, or anal sex. It is common for a man to lose an erection while wearing a condom (the penis gets soft). When this happens just take the condom off and use a new one.

OPTION TO EXPLAIN HOW TO USE A CONDOM FOR SENSITIVE CONTEXTS (to avoid direct discussion of foreplay and sex):

- Explain that a condom can be used during sex every time to prevent unplanned or unwanted pregnancies and STIs.
- Explain that the condom should be stored in a cool place out of the sun.
- Before using, the expiration date should be checked.
- Do not use the condom when the packet is ripped or damaged.
- Open the packet carefully to not break the condom with nails or teeth.
- Use a new condom, and only one condom, every time they have sex.
- Put the condom on when the penis is erect or hard, pinch the air bubble and roll the condom down the penis.
- When finished, hold the base on the condom so it doesn't fall off.
- Do take the condom off after use, wrap it up and throw it away safely. Put it in a bin, pit latrine, bury it or burn it.

Alternatively, if this is too sensitive explain that condoms are an effective way to prevent unwanted pregnancy and STIs when they are ready to have sex, and they can go to the health facility to ask health care workers about condoms when they are ready.

☑ DO:

- ☑ **OPTION 1:** Ask the boys if they have any questions.
- ☑ **OPTION 2:** Distribute Resource 11.3: Condom Use and ask if they have any questions.
- ☑ **OPTION 3:** Demonstrate how to put on a condom using a banana or a phallus.



- ✔ **OPTION 4:** Divide the boys into groups of 3. Distribute one banana and one condom to each group. Ask each boy to practice putting on a condom, using all the correct steps, on a banana or phallus. Move around the groups to verify the steps are being followed correctly and provide feedback, if necessary. If any boys are uncomfortable taking part in this exercise, do not force them to do so, but ask them to pay attention to what others in their group are doing, so they also learn. Even though it may be embarrassing for some, and especially for the younger groups, it is very important for them to understand.

7 SEXUALLY TRANSMITTED INFECTIONS AND HIV MYTHS (20 MINUTES)

📌 **OPTIONAL**

⚠️ **NOTE:**

- *If there is time and if there is still interest and energy from the group, include this short exercise to tackle some myths about sexually transmitted infections and HIV.*
- *If you decide to run this activity, feel free to adapt the list to include other locally relevant myths about sexually transmitted infections or HIV. If so, prepare the answers in advance.*

✔ **DO:**

- Explain to the boys that you will read out a few statements about sexually transmitted infections. They should stand up when they hear a statement that is **TRUE** and stay seated/sit down when they hear a statement that is **FALSE**.
- Allow the group to respond to the statements based on what they believe. Take note of where boys stand up for statements that are not necessarily true or are built on myths or misconceptions.
- After each statement, invite the group to discuss why they thought a certain statement was true or false. Allow them to have an interactive discussion and challenge each other in respectful dialogue.
- After each discussion, clarify any remaining confusion or misinformation so that the group leaves with the facts.



📌 Require CONTEXTUALISATION

STATEMENT	TRUE OR FALSE
1 You can prevent sexually transmitted infections by using a condom during sex every time.	✗ FALSE Condoms greatly reduce transmission of infections, but they don't completely eliminate the risk. Condoms don't always cover the area that may be infected. But proper and consistent use of condoms greatly lowers the chances of spreading infections. Reducing the numbers of sexual partners and getting regularly checked for sexually transmitted infections also helps prevent their spread.
2 Many people in my community have sexually transmitted infections.	✓ TRUE Sexually transmitted infections are very common. Most of us will acquire at least one in our lifetime. About half of all sexually active young people will get a sexually transmitted infection by the age of 25. Most will not know it.
3 You can tell by looking at a person if they have a sexually transmitted infection.	✗ FALSE Many sexually transmitted infections have only mild, few, or no symptoms. They may take days, weeks, or even longer to show up. Many may never cause symptoms. Sexually transmitted infections are so common that anyone who has ever had sex may get an infection. It's not about being good, bad, clean, or dirty. It's about being normal and sexually active.
4 You cannot get STIs if you only have sex with 1 person.	✗ FALSE If the person you have had sex with has had or currently has other sexual partners, you may be at risk of STI.
5 HIV is a deadly disease.	✗ FALSE With early testing, diagnosis, anti-retroviral treatment, and good health care, you can live a long and healthy life with HIV.
6 You can have a STI and have no signs or symptoms.	✓ TRUE Some STIs are asymptomatic (have no symptoms).



- ✓ **DO:** Remind the group of the importance of checking that the information they receive around sexual health is accurate, especially if it does not come from a trained professional. Explain that they can come to talk to you or the other facilitators before, during, or after any session if they have a question or concern.



8 CONSEQUENCES OF EARLY PREGNANCY - UNINTENDED PREGNANCIES²¹ (20 MINUTES)

 **OPTIONAL**

- ⚠ **NOTE:** *This activity is intended to analyse with the boys the consequences of early pregnancy. If you decide to facilitate this activity, make sure to conduct a brief energiser exercise before starting it.*

✓ **DO:**

- ✓ Break the group into as many groups as the number of case studies you are using.
- ✓ Give each group a case study to read, folded so they do not read it yet. Use Resource 11.4: Cases studies to discuss the consequences of pregnancy in the adolescents (maternal death).



SAY:

- Each group is receiving a different case study of a maternal death.
- After you read your case study, discuss it in your group.



ASK:


- ? What went wrong?
- ? What were the main things that contributed or led to the woman's or girl's death?
- ? What should have happened? What could have gone differently and saved her life? *[Write the two main questions on the board.]*
- ? How did these stories make you feel? What in the case study made you feel that way?
- ? Individuals, family members, communities, health care providers, and governments can all act to prevent these deaths. What are some of the most important things that can be done before a woman becomes pregnant to protect her health and wellbeing?
[Write responses on the board; fill in as needed.]

²¹ Resource adapted from (popcouncil.org) "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education": https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf, vol. 1, page 144-148.





REFLECTION (15 MINS)

9 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

10 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about contraception, reproductive health system and STI/HIV.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 12

COMMITTING TO HEALTHY LIVES

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Reflect on the various positive coping strategies they have learnt
- Create a personal wellbeing plan for the future

👉 FACILITATORS NOTES

Asking young people their opinion is a valuable activity to empower them and give them a voice. They are also the best people to help shape future programmes as they understand their needs better than anyone else. You may also want to think about how to engage the participants to recruit or even help facilitate.

FOR THE CLOSING CEREMONY:

Boys should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learned and how they intend to use the knowledge gained. Together with the boys, prepare for the closing ceremony.

The following key considerations can help to plan the ceremony:

- Will the graduation take place during the last session or at a separate date? Will it be in the same place, where the sessions were conducted, or in a different place?
- Will anyone else be invited to the graduation? Girls and caregivers from the other groups, community members? If yes, have safety risks been identified and managed?
- Will the refreshments and snacks be provided?
- Will the T-shirts with messaging be procured for the boys? (if budget allows)
- Will boys be expected to prepare anything in advance of the graduation? For example, will they be expected to give a speech?
- Has the team organised certificates for the group in advance?
- Has accessibility been considered, and have accommodations for access been made?



PREPARATION AND MATERIALS

- Flipchart papers, markers and pens
- Print out Resource 12.1 – Integrating Adolescent Voices, for the facilitator’s use.
- Print and cut scenarios from Resource 12.2 – Adjustment to Life Scenarios, for each of the participants to have a scenario.
- Print out Resource 12.3 – Form for Setting Goals, to give each participant as a handout.
- Prepare a flipchart with the following questions:

SETTING GOALS:

- Something I want to accomplish in the next week: _____
- In the next month: _____
- In the next year: _____
- In the next five years: _____

OBSTACLES AND STRATEGIES

- Obstacles to reaching my goals: _____
- Things I will need to do to achieve my goals: _____
- What can I begin to do now to work toward my goals? _____







WARM UP (15 MINS)


1 HEARING FROM YOU

DO: Ask the following questions from the boys which will be summarised and used as part of an activity with caregivers and other community members to incorporate adolescent boys’ voices.

NOTE: *Make sure that the adolescent boys feel comfortable sharing this general feedback to the caregivers and community members’ groups. Reassure the participants that this will be shared as part of a group feedback and that no names or individual information about the group will be shared. Take notes of the following feedback on Resource 12.1: Integrating adolescent voices, and share the results with the facilitators of the caregivers and community members’ groups.*

 **ASK:**

-  What do you like about being an adolescent boy?
-  What do you like about you community?
-  What do you want to change about your community?
-  What are your dreams or goals is for the future?





 **NOTE:** *The feedback should be collected and shared with community outreach facilitators. This will be used in Meeting 3 of the Community Dialogues.*


2 RECAP



REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

-  Became familiar with the contraceptive methods.
-  Discussed male involvement in contraceptive use and choosing a suitable method. Understand how to correctly use a male condom.
-  Identified ways to reduce their risk of getting or passing on a sexually transmitted infection.
-  Explored the causes and consequences of unplanned pregnancies and the options available to the people who find themselves in this situation (optional, only if this was conducted in the session)

 **DO:** support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.



DISCUSSION ACTIVITY (30-45 MINS)

3 WHO AM I?



DO:

- ✔ Tell the participants they will have 20 minutes to draw, paint, or create something that represents who they are.
- ✔ Next, tell them to now draw a picture of themselves 10 years from now.
- ✔ Ask the participants to think about any barriers or challenges to achieving those goals. What are some things that may prevent them from reaching these goals?



DO: Begin to distribute the Resource 12.2: “Adjustments to Life Scenarios” cards; one per participant. Remind them that this is just a game and not real life.



NOTE: *Contextualise and add scenarios in the blank spaces on the template of the Resource 12.2.*



EXPLAIN: that each participant should read their card to themselves.



DO:


- ✔ After a minute, give yourself a card and read it aloud as an example.
- ✔ Discuss with the group why this would make it very difficult for you to accomplish your goal.
- ✔ Go around to each participant and discuss how their “adjustment to life scenario” would affect their ability to accomplish their goals.


 **ASK:**

- ① What are some ways you can prevent this possibility from happening?
- ① If one of these things were to happen, how could you continue to work towards your goals?
- ① What are some of your options?


 **DO:**


- ① Divide the participants into groups based on their “adjustment card”. As groups, tell them to discuss some of the options they presented and the following questions:


 Why might someone choose this option?

 Why might someone not choose this option?

- ① Allow them to discuss for about five to 10 minutes, and then bring them back into a large circle.
- ① One by one, ask each group which ‘adjustment to life” scenario they received and ask them:

 What are some ways you can prevent this possibility from happening?

 If one of these things were to happen, how could you continue to work towards your goals?

 What are some of your options?

 **POSITIVE STRATEGIES (30-45 MINS)**



**4 APPRECIATION
ACTIVITY**

 **DO:**

- ① Ask everyone to tape a blank piece of paper to their back (or as an alternative, everybody puts on a blank t-shirt).
- ① Invite participants to walk around the room and everyone takes turns writing one thing they appreciate about that person on their back and signs their name.
- ① Take a moment to read out some of the messages.

5 PREPARING FOR THE CLOSING CEREMONY

⚠ NOTE: *Boys should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learned and how they intend to use the knowledge gained. Together with the boys, prepare for the closing ceremony to be conducted at the end or after completion of the last session. You may choose to organise a public or closed ceremony, depending on the wishes of boys. Use this space as an opportunity to recognise the boys' participation.*

☑ DO:

- ☑ Prepare a closing activity to celebrate the group completing the curriculum. Ask the group how they would like to celebrate this and plan accordingly. It is encouraged to involve the boys in the planning. This is encouraged so they feel they have ownership of the group and how it comes to an end.
- ☑ Leave open space for them to celebrate their achievements. They may want to prepare some messages if this will be a public ceremony or share the reflections from the activity at the ceremony.
- ☑ Decide on the day and time for the ceremony. As the ceremony is added to the end of the session, if it is public, it may need to take place at a different time/day, or at a different place.
- ☑ If they would like a public ceremony, ensure they have invited individuals they wish to attend. If possible, having boys, girls, women and men come together to celebrate how far they have come would be ideal. Check in with all groups to ensure consent, and see if all parties are comfortable with this, ask them how they would like to celebrate and honour their wishes.
- ☑ Prepare for printing the certificates to present to the boys during the ceremony (use Resource 13.1: Sample Certificate).
- ☑ Organise for procuring refreshments and snacks for the celebration.

REFLECTION (15 MINS)

6 CIRCLE ROUND

✓ **DO:** conduct two final circle rounds.

🗨️ **ASK** each participant:

Something I have really appreciated about the programme is.....

One word to describe how I am feeling.....

7 SETTING GOALS

✓ **DO:**

- ✓ Distribute to the participants the form for setting goals – Resource 12.3.
- ✓ Ask the participants to complete the handout individually.
- ✓ Ask participants to choose 1-2 categories from the handout and answer the following questions in their journals (display the questions on a flipchart):

SETTING GOALS:

- Something I want to accomplish in the next week: _____
- In the next month: _____
- In the next year: _____
- In the next five years: _____

OBSTACLES AND STRATEGIES

- Obstacles to reaching my goals: _____
- Things I will need to do to achieve my goals: _____
- What can I begin to do now to work toward my goals? _____



8 CLOSING COMMENTS

DO:

- ✔ Thank everyone for their participation.
- ✔ Discuss any opportunities for follow up/ reunions and encourage participants to keep in touch.
- ✔ Remind your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.
- ✔ Share with the participants that there is one last session remaining. Communicate the time and location of the session.

SESSION 13

CREATING CHANGE IN OUR COMMUNITY

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Develop a group project to be implemented, so that they can share the information they have learnt with other boys in the wider community
- Identify who can support them to implement their group project
- Celebrate their achievement of completing the sessions

👉 FACILITATORS NOTES

- This is the last session, and in this session the boys will brainstorm and agree on a group project that they will implement to be able to share information about what they have learnt in this programme with other boys in the wider community.
- If boys reach this session but need further sessions to plan for the group activity, informal group meetings can take place.
- The facilitator's role is to assist the adolescents to develop a good plan and to provide the support necessary to carry it out. If the activity is too hard, or not safe, help the participants decide on another activity. The adolescents should make this decision, NOT the facilitator. The adolescents should feel good about their activity and not get upset because it is too hard to do. It may be best to start with smaller, easier activities.

FOR THE CLOSING CEREMONY:

- Use the Closing Ceremony as the opportunity to celebrate boys' participation and completion of the sessions, and to show others what they have learned and how they intend to use the knowledge gained.



PREPARATION AND MATERIALS

- Flipchart papers, markers, coloured pens, post-it notes
- Print out post assessment questionnaires for each participant to fill in.
- If the graduation is taking place on the same day, have the certificates of completion printed/ ready (use link to the resource 13.1) ; arrange for snacks and drinks for the celebration.
- Prepared flipcharts with the following for group works (for about 4-5 groups):

+	-	?
What are the most useful things you have learnt from participating in the sessions? What will you keep doing that you learnt about in these sessions?	What has not been so good about the sessions? What should be changed?	Do you have any questions or suggestions for the organisers/facilitators?



WARM UP (15 MIN)

1 HOW YOU FEEL TODAY



SAY: Today is the last session, so we will start by thinking about how we feel today.



DO:

- ✓ Ask the boys to stand in a circle and explain that each boy will take a turn to act out how they are feeling today. For example, if they are feeling tired, they can do a big yawn; if they are excited, they can jump up and down; if they are happy, they can laugh.

- ✔ Explain that the only rule is that they cannot use words to say how they feel.
- ✔ Start first so that the boys can see how the game works.

2 RECAP



REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Reflected on the various positive coping strategies they have learnt
- ✔ Made a personal wellbeing plan for the future

- ✔ **DO:** Support the boys responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the boys for their participation.




DISCUSSION ACTIVITY (30-45 MINS)


3 OUR PROJECT IDEA

- ✔ **DO:**
 - ✔ Invite the adolescents to sit together in a circle and put the flip chart paper where they can see it.
 - ✔ Tell them that they will develop a group project that they will all work on together.
 - ✔ Ask them to think about the previous sessions and the boys they want to reach with information about the sessions they participated in.

 **ASK:**

- ② What do they want these boys to know (what information is important for them?)
- ② How can they give this information to boys?

 **DO:** Write their ideas on the flip chart

 **NOTE:** *Support to organise adolescents' ideas into one realistic but simple project idea. For example, you could do a ranking exercise and get the boys to vote and choose the most popular one. Keep ideas simple and choose one central idea for the group to work on (not on multiple projects). Do not tell the group what to do. As a facilitator, you need to help them dream of what they want to do and then to help them do it.*

 **ASK:** What do we want to do with our project?

Examples could include:

- We want to hold a drama performance for the community.
- We want to have a poster campaign with positive messages about adolescents or awareness for parents.
- We want to have tea and coffee discussion sessions with other boys.
- We want to give information to parents on the importance of the sessions.

 **ASK:** What do we want the result or effect of our project to be (on ourselves or others)?

Examples could include:

- We want to raise awareness on an important topic through drama.
- We want adults to recognise the good things that adolescents do.
- We want to be able to talk to boys and give information in a safe place.
- We want more boys to learn about the rights of adolescent girls, and encourage their sisters to start coming to the safe space to benefit from the activities.

 **ASK:**

- ② Is the plan possible to do? How long will it take?
- ② Is the plan safe to implement?
- ② Who can help us? Who do we need to work with? (Staff at safe space, teachers, parents, etc.)

- ? What materials and resources do we need? (Posters, costumes for drama, cameras, etc.)
- ? What steps do we need to take to do this? What are the tasks and who will be responsible?



POSITIVE STRATEGIES (30-45 MINS)



4 PLANNING A GROUP PROJECT

DO: Give the adolescents time to think about the answers to these questions. When they are ready, fill in a group work-plan together.

NOTE: *You can put the questions on a flipchart to make it visible to the group.*

- ? Our project will be (describe your project – what we will make, do or create):
- ? How long will the project take?
- ? Is it safe? If not, what would make it safer? Or, choose another project.
- ? Who do you need to work with to carry out this plan? How will you get these people to work with you?
- ? What steps will you take?
- ? Who will be responsible for specific steps?
- ? When will they complete this by?
- ? What materials or tools do you need to carry out your plan? Where and how can you get these materials or tools?
- ? What can go wrong with your plan? What can you do to deal with any problems?
- ? The effect/impact of our project will be:
- ? How will you know if these results/impact happen?
- ? What will happen once they do these steps?

✓ **DO:** Discuss how much time the participants need to plan and carry out their activities. You can add in extra sessions, that can be in a form of informal meetings, if adolescents need more time.

⚠ **NOTE:** While the adolescents are planning and carrying out their project activities, you should:

- ✓ Meet with the group regularly.
- ✓ Help adolescents to create good, clear plans.
- ✓ Help adolescents to assess risks and make sure their plans are safe.
- ✓ Attend their project activities.
- ✓ Help the adolescents face their problems and learn from this process.
- ✓ Help them to dream about future activities they could plan after the first one.
- ✓ Put them in touch with other adults who can help or advise them.

REFLECTION (15 MINS)

5 CIRCLE ROUND

✓ **DO:** Conduct one circle round by asking each participant to say:

***“I have the power to make change in my community.
One person who listens to my opinion is...”***

You can go first by repeating the statement, and giving an example of someone who listens to you, for example, my mother, father, my sister/brother, my friends.

6 CELEBRATING OUR EXPERIENCE



EVALUATE:

EXPLAIN: As today is the last session, we want to reflect on the changes we have experienced since we started participating in these sessions.



EVALUATE: Distribute the post assessment questionnaire and allow boys 20 minutes to complete. Collect completed forms and thank boys for their reflections.



NOTE: For the post assessment use the same questionnaire that was used during the baseline assessment (**Refer to Implementation Guide**). Comparing pre and post assessment data will allow to analyse the impact of the adolescents' participation in the ENGAGE programme on their personal wellbeing.



SAY: Let's do something fun and creative to help us summarise our experiences of the sessions!



DO: Split participants into three groups.



SAY: You can summarise your experiences in any way you like. This can be through a song, drama, drawing a beautiful piece of art, a poem, etc.—whatever you agree on with the group. Some of the things we are really interested to know about are:

- Have your relationships in the family changed?
- Has the way your family view the different roles of your family members changed?
- Have your feelings around early marriage changed?
- How do you feel about the relationships built in this group?
- How do you feel about your ability to take this learning forward?



EXPLAIN: Your group doesn't need to be limited to considering these questions. We want to know from you what your experience was, in whatever way you'd like to share that with us.

☑ **DO:**

- ☑ Give participants some time to think and prepare.
- ☑ Once they have finished, ask them to present this to the larger group.
- ☑ Thank all the groups at the end of the groups' presentations, acknowledging their experiences and praising them for their efforts.



EXPLAIN: When you share the positive benefits that you have experienced with your friends, siblings, caregivers, and trusted adults, these positive examples can encourage change and are likely to inspire other people to support girls, too.





7 PLUS| MINUS| INTERESTING

☑ **DO:**

- ☑ Divide participants into small groups of 3-4.
- ☑ Tell that we will do now a 'Plus| Minus| Interesting' exercise.
- ☑ Give each group prepared flipchart with the following:



+	-	?
What are the most useful things you have learnt from participating in the sessions? What will you keep doing that you learnt about in these sessions?	What has not been so good about the sessions? What should be changed?	Do you have any questions or suggestions for the organisers/facilitators?

 **ASK** the groups to share their group discussions

 **NOTE:** Use the results of this discussion to elicit feedback from participants on the course activities, which will then be used to inform the decision-making and revision of the toolkit.


CLOSING COMMENTS:

 **DO:**

-  Thank all the participants for their participation.
-  Agree to meet as a group after completing the group project to reflect on the process.



EVALUATE after completion of the group project.

 **ASK:** Do you have any dreams about what you could do next to continue bringing a positive change in our community? What are they? How can we make our community a safer place?

CLOSING CEREMONY

Boys should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learned and how they intend to use the knowledge gained. Conduct the closing ceremony in accordance with the planning and preparations done with the boys, to celebrate their achievements.



REFLECTION MEETING AFTER COMPLETION OF THE GROUP PROJECT

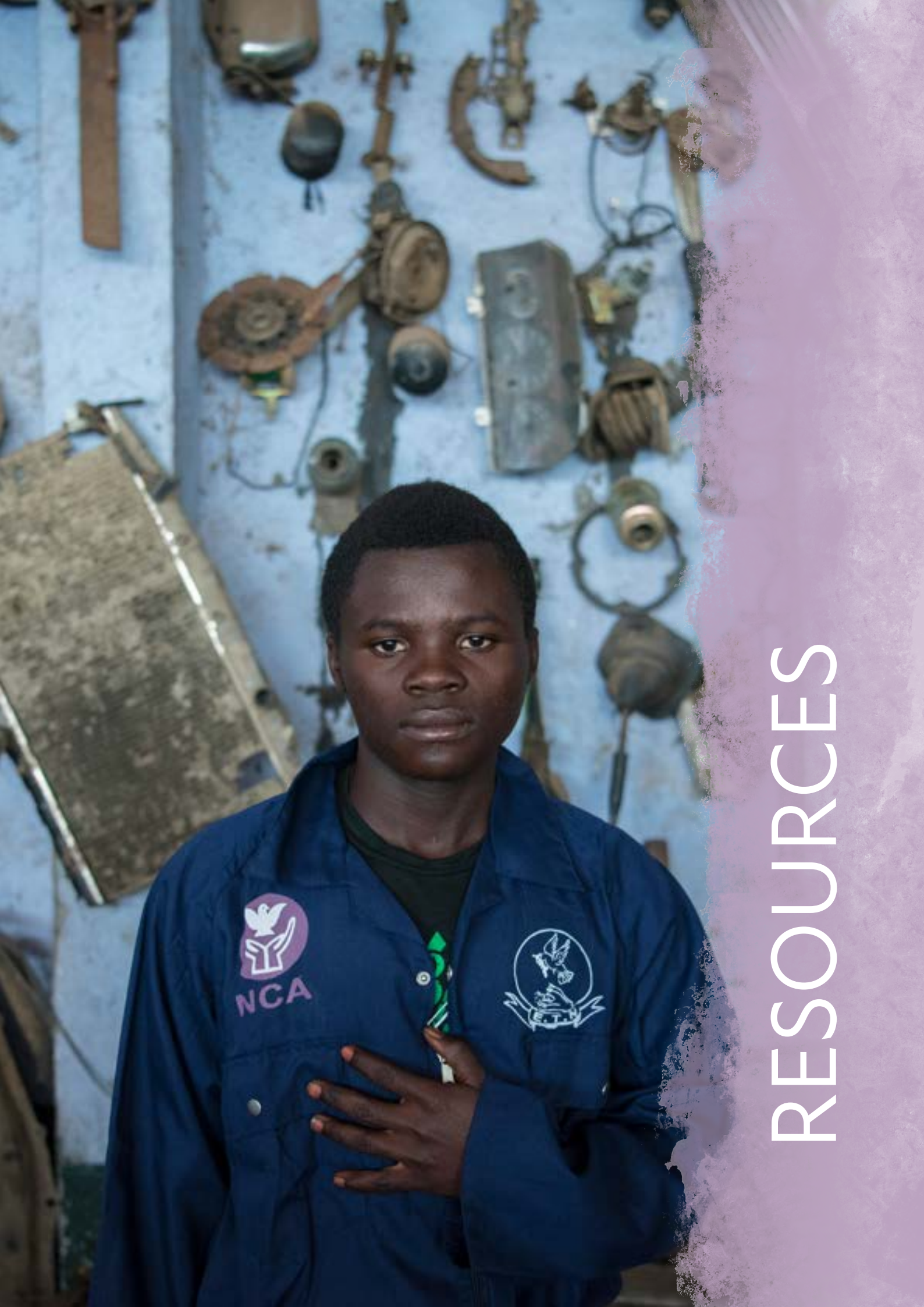


OPTIONAL

DO: Ask the adolescents to share about how they planned for and carried out their group project, as well as the challenges they faced. Ask to share the results from their project.

ASK:

- What challenges did you face in group project?
- How did you meet those challenges?
- How did you feel when you were planning your activities?
- How did you feel when you were doing your activities?
- How did you feel after completion of your project?



RESOURCES

PHOTO / VIDEO CONSENT AND RELEASE FORM



NORWEGIAN CHURCH AID
actalliance

I confirm that I am informed and understand the purpose of the interviews / photographs / videos. I do not expect any financial compensation for participation, and I know that I can freely refuse to participate now or at any moment during the interviews / photographs / videos being taken. The interview/ photographs / videos must be taken and used in a way that uphold my dignity. I understand that if my image or name is published online it can be seen by people anywhere in the world for an unlimited amount of time.

I give my consent to Norwegian Church Aid (NCA) and its partner organizations to use images / videos of me and interviews I gave on their website, on social media, in its publications, and/or in other media activities.

I give my consent to NCA to:

- interview, film, photograph, tape, or otherwise make a video, photographic, or audio reproduction of me / my child;
- use the interviews, films, photographs, tapes, voice of me / my child in any publications, radio and television broadcasting, online, and archive them in NCA's database;
 Yes No
- use my full name

Name: _____

Signature: _____

Date: _____

Parent or Guardian

The below signed parent or legal guardian of the above-named minor child (below 18) hereby consents to and gives permission to the above on behalf of such minor child.

Signature or thumbprint of parent or legal guardian: _____

Print name: _____

NCA Responsible Person

I, _____, employed/contracted by NCA as _____

_____ hereby declare that I have received the informed consent in line with NCA's policies and Code of Conduct, including reading and explaining the contents of this release to the signed above in full as needed.

Name: _____

Signature: _____

Date: _____

RESOURCE 2.1: EMOTION FACES



Happy



Sad



Silly



Proud



Annoyed



Surprised



Excited



Angry



Worried



Scared



Love



Sick



Calm



Bored



Sleepy



Lonely



Embarrassed



Ashamed



Jealous



Worn-Out



Hyper



Confident



Distracted



Confused

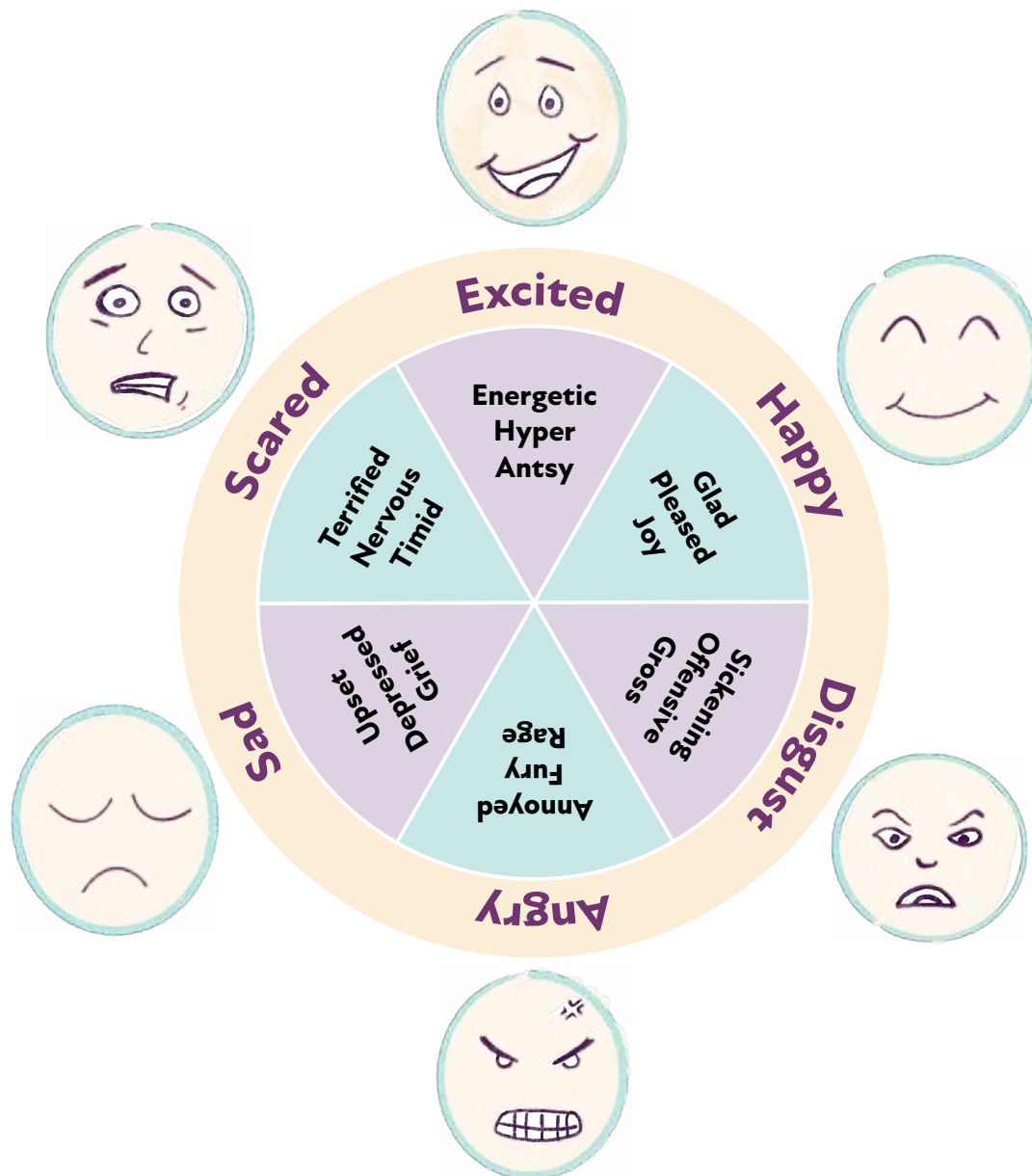


Disgust



Grief

RESOURCE 2.2: WHEEL OF EMOTIONS²²



22 Adapted from Wheel of Emotions Worksheet (2015). TherapistAid.com

RESOURCE 2.3: CONSEQUENCES STRIP: OMAR



Consequences

What happens to Omar?

Omar walks to school with his younger siblings. Omar is in school and he likes to meet up and talk about friends and (girls) with his friends on the way to and from school. Omar is annoyed today at his younger siblings for interrupting him. One day he gets really mad at his younger brother and yells at him to 'shut up.'



He thinks to himself:

'I must be a really bad person for yelling at my brother. He must think I am rude. I am going to stop walking with my friends to/from school so I can focus on my brother.'

He feels: Worthless and upset

What happens next?

What happens next?

What happens next?

What happens next?

Consequences

What happens to Omar?

Omar walks to school with his younger siblings. Omar is in high school and he likes to meet up and talk about friends and (girls) with his friends on the way to and from school. Omar is annoyed today at his younger siblings for interrupting him. One day he gets really mad at his younger brother and yells at him to 'shut up.'



He thinks to himself:

'I am usually so patient, but I was over-tired and didn't consider my brother's feelings before I spoke. I think I will consider these feelings if I approach it differently.'

He feels: Positive and determined.

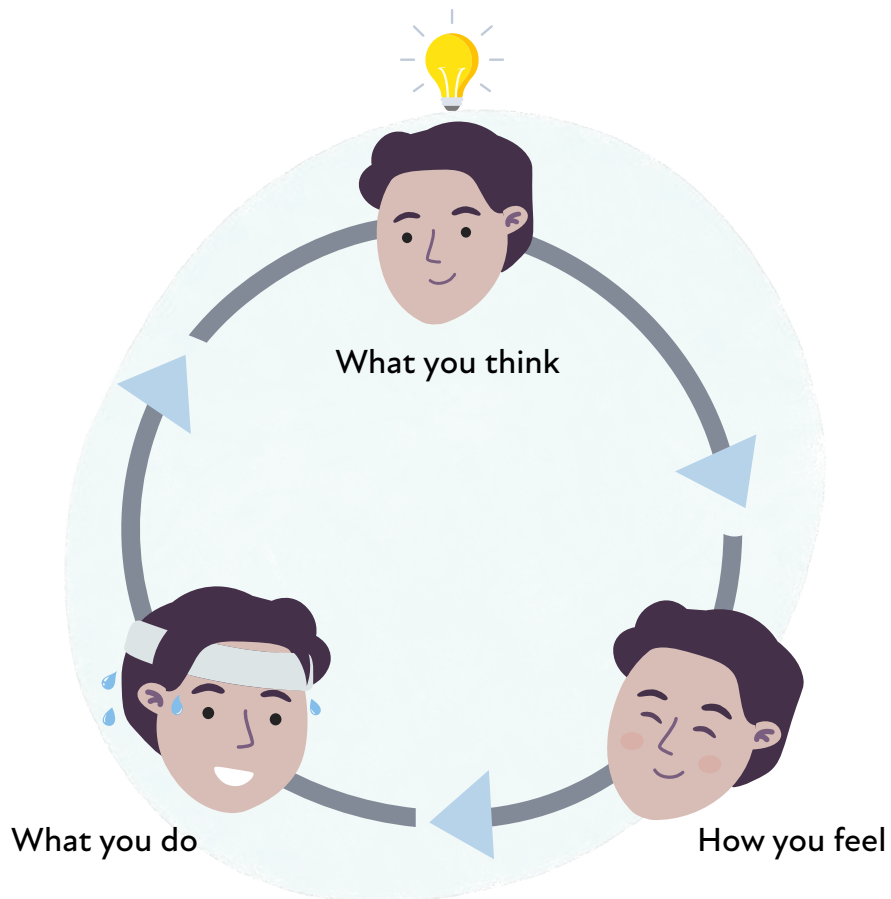
What happens next?

What happens next?

What happens next?

What happens next?

RESOURCE 2.4: THINKING–FEELINGS–BEHAVIOUR²³



²³ Activities adapted from Heads Up! A toolkit of sessions to run with young people to promote mental health and emotional wellbeing. (2015) UK Youth/Paul Hamlyn Foundation.

RESOURCE 2.5: HOW I FEEL

I feel (circle response)



Happy



Mad



Sad



Glad



Worried



Excited



Bored



Scared



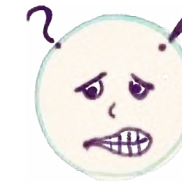
Angry



Upset



Disgust



Nervous

I might feel this way because (what has happened to make me feel this emotion):



This is what I did about it (the actions I did because of my emotion):

Something else I could have done is (circle response):

Ask for help	Take deep breaths	Walk away	Tell my friends and family that I feel happy
Do something else	Spoke to my family	Talk to a friend	Write in my learning journal

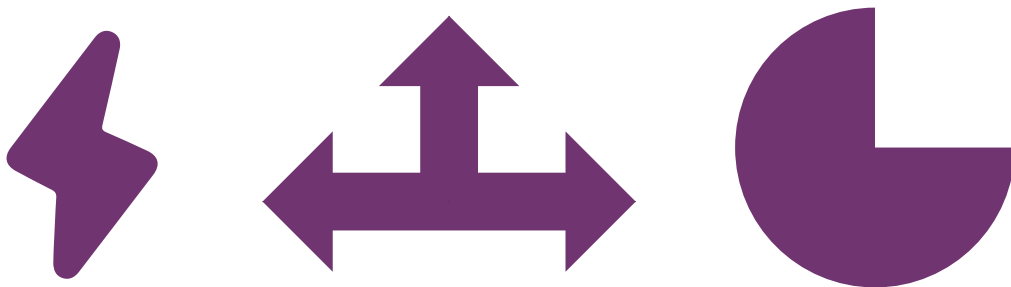
RESOURCE 3.1: BACK TO BACK

 FOR YOUNGER BOYS

1



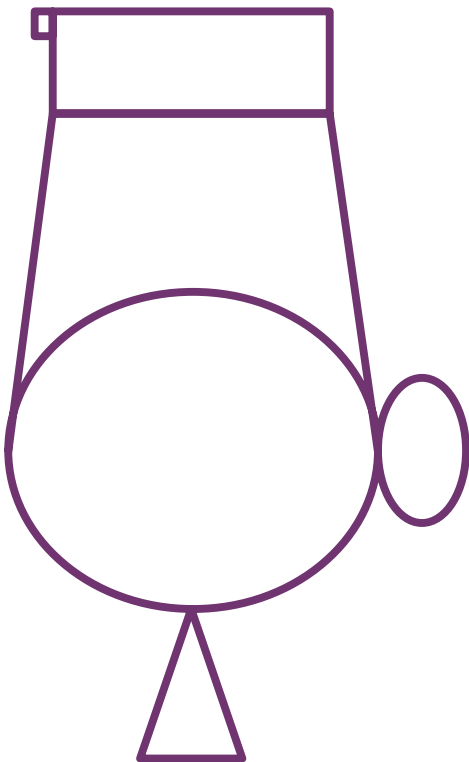
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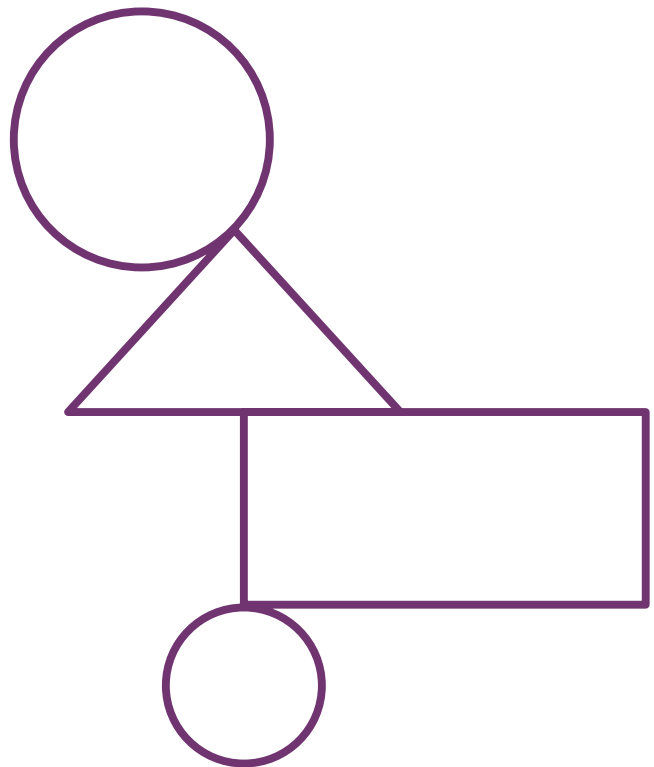


FOR OLDER BOYS

1



2



RESOURCE 3.2: COMMUNICATION STYLES

⚠ **NOTE:** *As an alternative, you can use emoji cards to express each different type of communicator.*

GROUP 1: NEGATIVE COMMUNICATORS

- Give in to wishes of others
- Hope to get what you want without having to say it
- Leave it to others to decide for you
- Talking quietly, mumble
- Giggle and be embarrassed
- Look down or away
- Sag your shoulders
- Hide your face with your hands
- Do not say how you feel to avoid disagreement

GROUP 2: AGGRESSIVE COMMUNICATORS

- Expressing your feelings or desires in a way that threatens, disrespects or punishes others
- Insisting on your rights while not worrying about the rights of others
- Shouting, demanding, not listening to others
- Judging someone for something they said or did
- Saying others are wrong
- Blaming, threatening, or fighting with others

GROUP 3: ASSERTIVE COMMUNICATORS

- Telling someone exactly what you want in a way that is not disrespectful, rude or scary
- Standing up for your rights without forgetting the rights of others
- Knowing what you need and want and sharing it
- Expressing yourself with “I” statements say “I feel” not “You should ...”
- Standing up for what you believe in



RESOURCE 4.1: MEDITATION SCRIPT

Settle yourself in a quiet place, in a comfortable position. Imagine yourself to be in the most relaxing, secure, peaceful place you have ever known. Breathe deeply in and out, breathing into your stomach. Recite the following to yourself, with a quiet voice, very slowly, but imagine it is being spoken to you by a voice outside yourself, by a voice of love. If you do this with A PARTNER, let one read and the other close his/her eyes and listen: your breath is warm and soothing. As it spreads through your body it makes you warm. It brings peace and tranquillity to every cell in your body.

Let every cell in your body know and feel that you are loved. Many people love you. You are surrounded by love and caring. The love is all around you like warm light, comforting you, taking away all your pain.

The air that you are breathing in is warm and soothing. That warmth is spreading all through your body. As it spreads through your body, it causes your muscles to relax.

Now the warmth spreads to your head. Relax the top of your head. Relax your mind. There is nothing to think about right now, nothing to worry about. Release the burdens that you carry in your mind.


As you breathe deeply, the warmth spreads to your face. Let your face relax. Relax your eyes. Whatever your eyes have seen that is unhappy or that causes you pain, let it go. Release it with your breath.

Relax your cheeks and your mouth. Whatever you have spoken that you regret, let it go, release it with your breath. It's in the past and is gone now with your breath.

Relax your ears. There is nothing for you to listen to right now except the peacefulness of your own breath. Whatever you have heard that has hurt you, at any time in your life, let it go now. You don't need it anymore. Release it with your breath.

Relax your jaw. Any tension that you are holding in your jaw, let it go, release it. Feel the warmth spread through your mind, your face, your neck. Relax your neck.

Know that you are safe. You are protected. You are in a place of shelter. You are in a safe place, a good place. You have nothing to fear, nothing to regret. The past is gone, and the future has not arrived. All that exists is this peaceful moment, this safe place where you are protected and warm.



Continue to breathe deeply and softly. Your breath warms you. The warmth spreads now into your shoulders and relaxes your shoulders. Whatever burden you have been carrying on your shoulders, let it go. Let it go with your breath. Relax your shoulders.

Let go of your fear and your worry. You are at harmony with the entire universe and that is peaceful.

Breathe deeply and softly. The breath spreads now into your back and warms your back. Relax your shoulder blades, and the middle of your back. Relax your lower back. As you breathe out, release the burdens that you have borne on your back. All the troubles, all the weight on your back, release them with your breath, and let them disappear. You don't need them anymore.

Know that whatever challenges you face in life, you are strong and capable.

As you breathe, warmth continues to spread through your body, now moving into your chest and your stomach. Relax your chest. Whatever fears you have for the future, let them go. Release them with your breath. Relax your stomach. Whatever tightness you have in your stomach, whatever tension you carry there, release it, let it go with your breath.

Your breath is warm and soothing. As it spreads through your body it makes you warm. It brings peace and tranquillity to your mind, to your soul, and to your heart. Feel it now spreading into your arms. Relax your upper arms, and your forearms. Relax your hands and your fingers. Relax your thumbs. Your hands work hard for you every day, but right now let them relax. Whatever burdens you carry in your hands, release them. Whatever private pain or shame your hands have witnessed, release it. You don't need it anymore. Let it escape with your breath, let it go.

Beauty is inside you. Let yourself feel it and believe it.

Breathe deeply now and let it flow into your legs. Relax your thighs. Relax your knees. Relax your calves. Relax your feet. Relax your toes. Your legs work hard for you every day, they have earned a rest. Relax your legs and let the tension flow out of them; release the tension with your breath.

Now all of your body is relaxed and warm. Every cell in your body, every part of you inside and out is soothed and peaceful. All of your body is pure and light and warm.

Inside you, at your centre, is peace. Your breath is peace. Your centre is peace. Your soul is at peace, your mind is at peace, your heart is at peace, your blood is at peace, your breath is at peace, your eyes are at peace, your hearing is at peace, your tongue is at peace, your hands are at peace, your feet are at peace, every part of you is at peace. Every part of you is at peace with yourself. Every part of you is at peace. Every part of you is peaceful.



RESOURCE 5.1: GOOD DECISION MAKING ROLE PLAY

ROLE PLAY 1

Hassan increasingly notices that his best friend, Joseph, is spending time with a girl, but he is keeping the relationship a secret. Joseph is concerned because Hassan's family does not let him date.

Should Joseph speak with Hassan? What should he say?

ROLE PLAY 2

Mark is so angry. His father told him that he was able to join the school football club which practices every day after school. His father just told Mark that he is not allowed to play on the team anymore and now he will not be able to spend time with his friends.

What should Mark say to his father?

ROLE PLAY 3

Rafiq has two school exams tomorrow. He has not studied at all and realises that he is unprepared. Rafiq asks his sister to do his chores so he can study. She refuses.

What should Rafiq do?



RESOURCE 5.2: PROBLEM SOLVING²⁴

1. DEFINE YOUR PROBLEM

Before you define a problem, it might feel vague or confusing. Writing out your problem will help to organise information and identify the most important issues.

When and where does your problem occur?

What are the causes of your problem?

Think about all the possible causes. Consider your own behaviour, as well as any external factors.

Define your problem

Be as clear as possible. If there are many parts to your problem, describe each of them.

²⁴ Adapted from Problem Solving Worksheet (2016). TherapistAid.com



2. DEVELOP SEVERAL SOLUTIONS

Write down at least three solutions to your problem. There are usually many solutions to a problem, and our first ideas aren't always the best.

3. ASSESS YOUR SOLUTIONS AND CHOOSE ONE

Begin by throwing out any solutions that are ineffective or not practical. Next, determine remaining solutions are the most likely to be successful by examining them in-depth. This can be done by examining the strengths and weaknesses of each solution.

During this stage, you might come up with new solutions, or find that a combination of multiple solutions is better than any one idea.



SOLUTION	STRENGTHS	WEAKNESSES

4. IMPLEMENT YOUR SOLUTION

To ensure you follow through with your solution, it's best to think of how and when it will be implemented. Without doing so, solutions that are difficult might be avoided, or they can slip your mind when the time comes.

When will you implement your solution?

Some solutions can happen at a specific time (e.g. "2:00 PM on Saturday"), while others require something unpredictable to happen (e.g. "when I get angry"). Fill in the relevant section below:



MY SOLUTION CAN BE SCHEDULED...

When will you implement your solution? Be specific.

How will you remember to follow through with your solution?

MY SOLUTION IS IN RESPONSE TO SOMETHING...

How will you know when to use your solution? List specific warning signs, triggers, or other specific events that will tip you off.

List the specific steps you will take to implement your solution.

5: REFLECT ON YOUR SOLUTION

In what ways was your solution effective?

In what ways was your solution not effective?



If you could go back in time, what would you change about how you handled the problem?

What advice would you give to someone else who was dealing with the same problem?

RESOURCE 6.1: CONVENTION OF THE RIGHTS OF THE CHILD²⁵



²⁵ <https://www.unicef.org/sop/convention-rights-child-child-friendly-version>

RESOURCE 7.1:

STORIES TO DISCUSS

STORY 1:

Sara has a crush on a boy named Nimo. Nimo knows that Sara likes him. Nimo has asked Sara if he can take a picture of her to 'keep' safe. Sara allows Nimo to take the photo but her friend later tells her that it is being shared over WhatsApp/social media.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 2:

Juliet is 22 years old and so is her husband Simon. They are in a love relationship and got married last year. Simon and Juliet respect each other and both share in household responsibilities. Juliet is happy that she is friends with her husband.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 3:

Josephine is friendly with her brother's friends and wants to get to know Joseph more as friends. Josephine tells her brother who teases her and tells Joseph.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 4:

Amira is a 16 year old new bride to her father's friend Malik. Prior to marriage, Malik promised the family that Amira could continue her education after marriage. Malik has now refused. Amira is home alone all day and is now responsible for all of the chores that Malik tells her to do.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

RESOURCE 7.2:

CASE STUDIES

CASE STUDIES FOR YOUNGER BOYS' GROUP DISCUSSION

CASE STUDY 1

Victor and Gedo, 7th grade students, are walking home together from school. Victor is increasingly teasing Gedo, saying that he speaks in a girl's voice. He also laughs at the fact that Gedo has got no hair on his upper lip. "Look at me", Victor says, "I am a real man. My voice is strong and my face looks like a man." This really embarrasses Gedo. Gedo's mother refers to him as 'my sweet boy.' He decides to go home and ask his mother why he is so different from Victor and whether something is wrong with him.

Discussion Questions

- ① Although they are of the same age, why do Victor and Gedo look so different?
- ① Do you think that there is something wrong with Gedo? Why?
- ① How do you think Victor feels about himself?
- ① What should Gedo's mother tell him?

CASE STUDY 2

Mary, Sara, Eunice and Carol are good friends. All of them are 13 years old and love to spend time with one another. They have so much to talk about, the new film, the new dress, homework, the boys in the class and just about everything ...

Yesterday, Mary seemed uncomfortable. She was having her period and was concerned about staining her uniform. Last month, Sara's mother had organised a big celebration in her honour as she had started her period. Eunice recollected that 3 months ago, another friend had started her period in school and had to borrow a sanitary napkin from her older cousin. Carol is worried. Except her, all her friends had started their period. Was something wrong with her?

Discussion Questions

- ? If Carol came to you for advice, what would you tell her as a peer?
- ? In your opinion, who should be responsible for sensitising adolescents about the fact that it is natural for different people to attain maturity at different times?
- ? Do you think it is important for young people to be prepared for the changes that they are likely to face in adolescence? Why?
- ? Case studies for older boys' group discussion

CASE STUDY 1: WILLIAM

I am 19 years old and I live in an apartment with my 8 brothers and sisters, including my parents, aunties and uncles who are elderly. We are 21 people living in a very small apartment far away from the city centre and I was just told that I have to marry my 15 year old cousin. My family are making me marry my 15 year old cousin Nadia because I guess they need help around the house. I don't want to get married. I don't love her and I have dreams of going to university. I don't have a choice – I must obey my family and marry her.

- ? What advice would you give to William as a friend? Do you think he should discuss this with his parents?
-

- ? What advice would you give to Nadia as a friend? Do you think she should discuss this with her parents?
-

- ? What information would you give to William and Nadia? Is there anywhere they could go for support?
-

CASE STUDY 2: NADIA

I am 15 years old and my parents struggle financially. I am the oldest of six children. I have been trying to do odd jobs around the community for money after school, but it is not enough contribution for my family. My parents have informed me that they have consulted with a community elder and they agreed that I should marry my 19 year old cousin – William. They say I will be treated better because he is family and in turn, my family will get a dowry. I will have to stop going to school.

- ② What advice would you give to Nadia as a friend? Do you think she should discuss this with her parents?

- ② What advice would you give to William as a friend? Do you think he should discuss this with his parents?

- ② What information would you give to William and Nadia? Is there anywhere they could go for support?

RESOURCE 7.3: CRC AND CHILD MARRIAGE²⁶

<p>ARTICLE 28: RIGHT TO EDUCATION</p>	<p>After marriage, child brides are likely to drop out of school, especially if they have children to take care of. This hinders their development, preparation for adulthood and ability to contribute to their family and community.</p>
<p>ARTICLE 6: RIGHT TO A FULL LIFE</p>	<p>Girls under 18 are often also mothers, putting them at risk of injury and death during childbirth. Girls who give birth before 15 are 5 times more likely to die in childbirth than women aged 20-24.</p>
<p>ARTICLE 19: PROTECTION FROM VIOLENCE AND ABUSE AND</p> <p>ARTICLE 34: PROTECTION FROM SEXUAL ABUSE</p>	<p>Girls who marry before 18 are more likely to experience physical, sexual and psychological violence throughout their life. Child brides are more likely to describe their first sexual experience as forced.</p>
<p>ARTICLE 24 RIGHT TO HEALTH</p>	<p>Girls under 18 are physically not ready to have children. They lack the knowledge and power to abstain from sex or negotiate safe sexual practices, leaving them at risk of HIV/AIDS and other sexually transmitted diseases.</p>
<p>ARTICLE 2: RIGHT TO EQUALITY</p>	<p>Girls are much more likely than boys to marry under 18. As marriage ends girls' opportunities for education, they are also less likely than boys to be able to get paid work outside of the home and make decisions in the community.</p>
<p>ARTICLE 12: RIGHT TO PARTICIPATION IN DECISIONS THAT AFFECT ONE'S LIFE</p>	<p>Many girls are never asked if they want to get married; they have little say in if, when and whom they marry.</p>


²⁶ Adapted from Girls Not Brides, Child Marriage: A Violation of Human Rights <https://www.girlsnotbrides.org/wp-content/uploads/2015/05/GNB-Child-marriage-human-rights-infographic-1200px.jpg> and Girls Not Brides, Child Marriage: A Global problem too long ignored, <https://www.girlsnotbrides.org/wp-content/uploads/2012/10/GNB-Child-marriage-infographic-950px.jpg>

<p>ARTICLE 28: RIGHT TO EDUCATION</p>	<p>After marriage, child brides are likely to drop out of school, especially if they have children to take care of. This hinders their development, preparation for adulthood and ability to contribute to their family and community.</p>
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<p>ARTICLE 2: RIGHT TO EQUALITY</p>	<p>Girls are much more likely than boys to marry under 18. As marriage ends girls' opportunities for education, they are also less likely than boys to be able to get paid work outside of the home and make decisions in the community.</p>
<p>ARTICLE 12: RIGHT TO PARTICIPATION IN DECISIONS THAT AFFECT ONE'S LIFE</p>	<p>Many girls are never asked if they want to get married; they have little say in if, when and whom they marry.</p>

RESOURCE 7.4: STOP AND GO

 Requires **CONTEXTUALISATION**

1. Your friend says you cannot hang around with him unless you take alcohol like the other boys.
2. A boyfriend says to a girl that he will marry her if she has sex with him now and she does not want to.
3. Your best friend often gets very angry and hits both you and other people.
4. Your friend says he or she will not talk to you if you talk to someone that they do not like.
5. Someone asks you to marry him or her, saying you should do so because you are too ugly and poor to deserve anyone else.
6. The person who wants to date you always says bad things about you.
7. Your friend tells you she will give you money if you let her copy your work at school.
8. The person who wants to marry you says he does not think women should be allowed to have friends outside of the family.
9. Whenever you play with your friends, you always do what they want to do, and if you disagree they get angry and stop playing.
10. If you tell your boyfriend your opinion, he becomes angry with you.
11. Whenever you spend time with your friends, you always feel unhappy, but you are afraid not to spend time with them because you do not want to make them angry.
12. Your friend says he hates disabled people, so you tease the kids with disabilities in the neighbourhood.
13. The person who says he is in love with you and wants to marry you sometimes hits you.
14. You feel pressured to have sex when you do not want to.
15. You feel pressured to have sex without a condom.
16. Your boyfriend or girlfriend has sex with other people.
17. A husband or wife who has had sex with other people in the past refuses to get an HIV test or use a condom when they have sex.
18. When you tell your friend you do not want to drink, they reply, “No problem, it is your choice.”
19. The person who wants to marry you respects your decision not to have sex before marriage.
20. Your friend comes to your house to help you collect water for your mother.
21. When you are sick and cannot leave the house, your friend comes to visit you.
22. When your friend has sweets/candies or sugar cane, she shares some with you.
23. When someone is rude to you in the school yard, your friend defends you.

- 
24. A husband who comes home from work and helps his wife take care of the children.
 25. A wife who listens to her husband when he talks about problems at work.
 26. A husband who takes care of his wife when she is sick.
 27. You and your friend decide to encourage each other to be kind to everyone, including the poorest kids.
 28. When a husband loses his job, a wife who is understanding and says that he should not feel worried, he will find another job.
 29. When you are unhappy, your friend tries to do things to cheer you up.
 30. A husband who respects that his wife does not want to have more than 3 children.
 31. A husband who is happy to let his wife take a job if she wants to.
 32. Usually, I explain what we learn in the life skills sessions to my friend if I have free time.
 33. My parents respect my decisions in choosing subjects for studying.
 34. I look after my parents when they get sick.
 35. I help my friends to deal with difficult emotions.
 36. I respect my elders.
 37. My girlfriend or boyfriend is honest with me.
 38. Parents who try to work hard to earn money to support their children to study.
 39. The village chief who respects the decisions of villagers.
 40. Local officials working with communities to keep the village safe and healthy.
 41. Your friend takes pictures of other people and posts them on social media
 42. Getting married when you are younger than 18.

RESOURCE 9.1:

COMMON QUESTION – SEXUAL & REPRODUCTIVE HEALTH

COMMON QUESTIONS²⁷

? CAN SEMEN AND URINE LEAVE THE BODY AT THE SAME TIME?

Some young men worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.

? HOW LONG SHOULD A MENSTRUAL CYCLE LAST?

A menstrual cycle occurs when the thickened lining of the uterus and extra blood are shed through the vaginal canal. Menstrual cycles take place over about one month (around 21 to 34 days), but each woman's cycle is different. Many women have a cycle that lasts 28 days. The cycle includes not just the period, but the rise and fall of hormones and other body changes that take place over the month.

? WHEN ARE WOMEN AND MEN FERTILE?

Women: When a girl starts having menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant if she has vaginal sex. A woman is able to become pregnant only certain days of each month. A woman is fertile when she is ovulating. Ovulation is the periodic release of a mature egg from the ovary. This happens around 14 days before the start of the next menstruation, although the timing cannot be predicted with total certainty.

Men: Beginning with his first ejaculation, a man is fertile every day and has the ability to father a child for the rest of his life.

²⁷ Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.

❓ CAN A WOMAN WHO HAS NEVER HAD SEX USE TAMPONS?

Yes. Tampons are compressed cotton formed into a cylindrical shape. They are pushed into the vagina during menstruation to absorb the blood entering the vagina from the uterus.

❓ WHAT IS THE RIGHT LENGTH OF A PENIS?

The average penis is between 4.3 and 7 inches long when erect. There is no “standard” penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

❓ HOW DOES A WOMAN KNOW IF SHE HAS A VAGINAL INFECTION?

A. Vaginal infections are very common, and most women experience at least one in their lifetime. If the infection is caused by increases in the number of bacteria in the vagina, it is called bacterial vaginosis. If the infection is caused by an overgrowth of the fungus *Candida*, it is called a vaginal yeast infection. There are many possible signs of a vaginal infection, but many women have none or only a few of these symptoms. Symptoms include unusual vaginal discharge, burning when urinating, itching around the outside of the vagina, and more. They may be mild or severe.

❓ WHY SHOULD PEOPLE PEE AFTER SEX?

For young women, peeing after sex helps to prevent urinary tract infections, infections of the urinary system. Peeing after sex helps remove any bacteria that may have entered the urethra during sex. It is recommended that young men also pee after sex.

❓ IS IT NORMAL TO HAVE ONE TESTICLE HANGING LOWER THAN THE OTHER?

Yes. Most men’s testicles hang unevenly.



❓ IS IT A PROBLEM FOR THE PENIS TO CURVE A LITTLE BIT?

It is normal for a boy or a man to have a curving penis.

❓ WHAT ARE THOSE BUMPS AT THE HEAD OF THE PENIS?

The bumps are glands that produce a whitish cream-like substance. This substance helps the foreskin slide back smoothly over the head of the penis, the glans. However, if it accumulates beneath the foreskin, this substance can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

❓ WHAT IS MASTURBATION?

Masturbation is defined as rubbing, stroking, or otherwise stimulating one's sexual organs – the penis, clitoris, vagina, and/or breasts – to obtain pleasure or express sexual feelings. Masturbation is a normal part of human sexual development and one of the ways to learn about our own bodies. Many people, men and women alike, masturbate for pleasure and learning. There is no scientific evidence that masturbation causes harm to the body or mind. The decision about whether or not, or how often, to masturbate is a personal one. If you have questions or concerns about masturbation, you should talk to a trusted adult such as a parent, teacher, faith leader, or health provider.

❓ IS IT NORMAL TO HAVE AN ERECTION IN PUBLIC?

Yes, it is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.



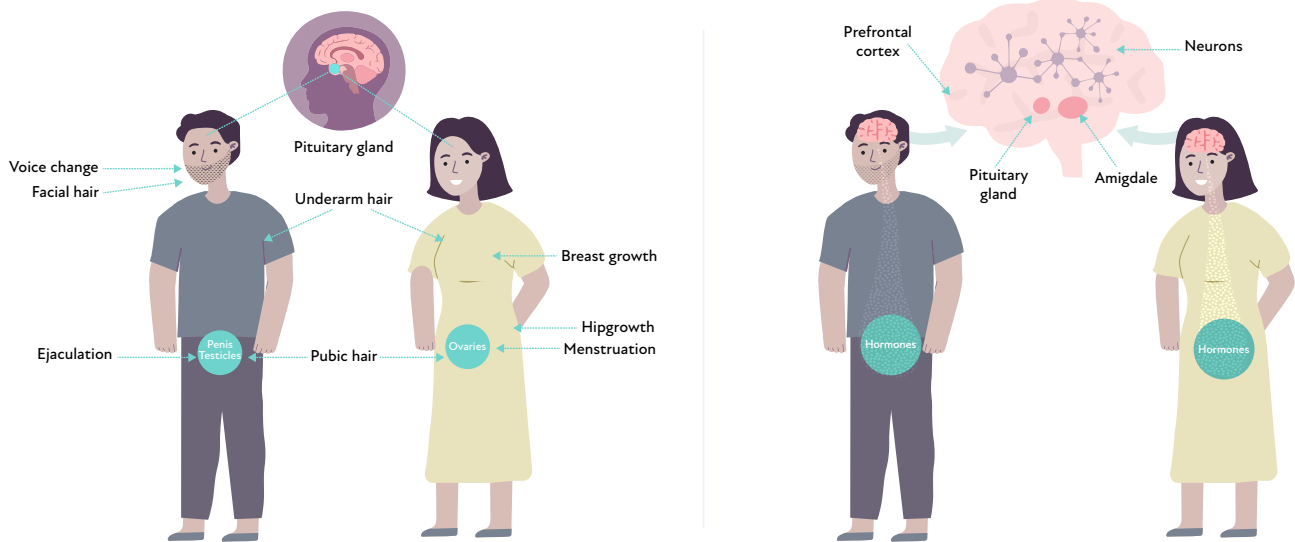
❓ WILL WET DREAMS OR EJACULATION MAKE SOMEONE LOSE ALL OF HIS SPERM?

No. The male body makes sperm continuously throughout his life.

❓ WHAT IS PRE-CUM?

Pre-cum is a fluid that is released during sex before ejaculation. This fluid can contain sperm, which could cause pregnancy. If an individual has HIV or another STI, the infection can be transmitted through pre-cum. Therefore, it is best to always wear a condom during sex, consistently and correctly.

RESOURCE 9.2: CHANGES IN PUBERTY²⁸



Hormones start from a place, deep in our brains, called the pituitary gland.

Estrogen, progesterone, and testosterone are three of the most common hormones that create changes of puberty in boys and girls.

Girls and boys both experience puberty, but the changes they see, and feel are different.

As girls and boys start puberty, girls increase their possibility of becoming pregnant.

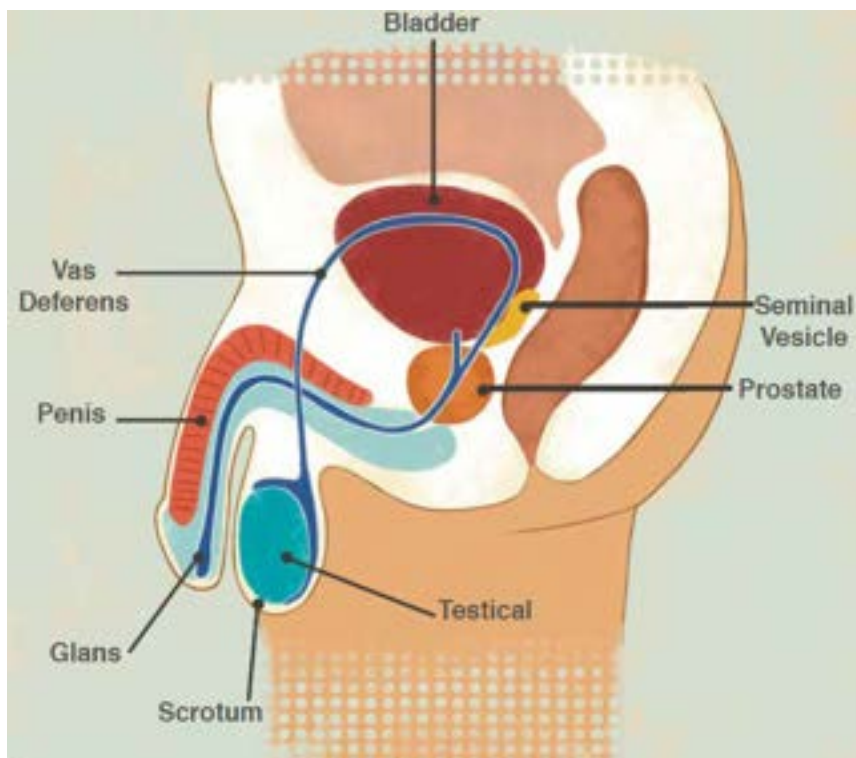
It is optimal for girls and boys to complete physical and emotional growth during puberty and adolescence before they become parents. Getting pregnant earlier can be dangerous for the girl and the baby.

The length of the physical and emotional stages of puberty is different for each girl and boy but can be anywhere between ages 9-18.

28 Resource available at IRC SAFE curriculum for adolescent boys (2019) page 149 - 150

RESOURCE 9.3:

THE INTERNAL AND EXTERNAL REPRODUCTIVE BODY PARTS OF A MALE²⁹



Illustrations by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

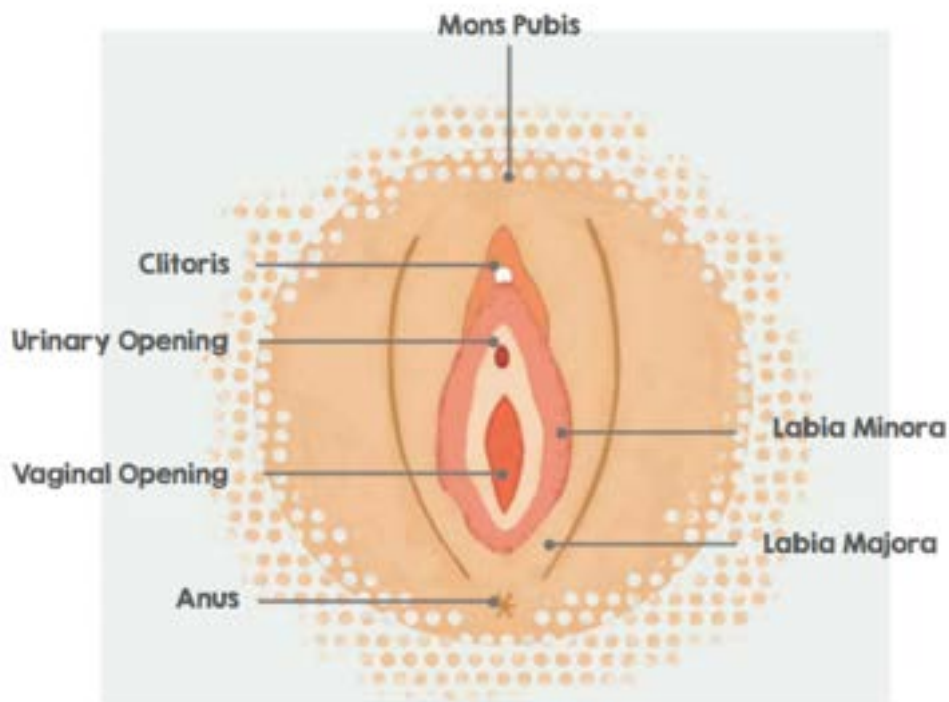
<https://in.linkedin.com/in/vidushi-yadav-10512220>

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

²⁹ IRC Girl Shine, Male Reproductive Organs, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

RESOURCE 9.4:

THE EXTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE³⁰



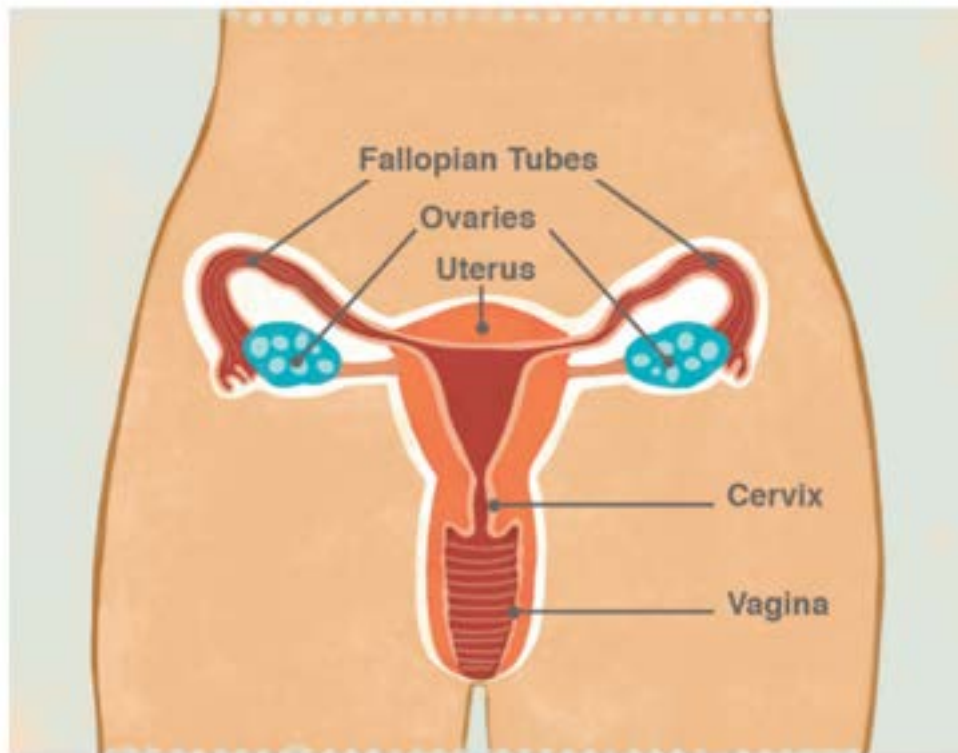
Illustrations by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.
<https://in.linkedin.com/in/vidushi-yadav-10512220>

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

³⁰ IRC Girl Shine, The External Reproductive Body Parts of a Female, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

RESOURCE 9.5:

THE INTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE³¹



Illustrations by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

<https://in.linkedin.com/in/vidushi-yadav-10512220>

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

31 IRC Girl Shine, The Internal Reproductive Body Parts of a Female, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

RESOURCE 9.6:

THE MENSTRUAL CYCLE³²

This may come as a surprise, but a woman's or girl's "monthly" cycle does not necessarily take place once a month.

The average cycle time for most girls and women is 28 days, but a cycle may last from 21 to 35 days and still be normal. In any cycle, "day one" is the first day of the period, or the first day bleeding begins.

If a girl has a short cycle, it's likely that she will have a period more often than once a month. However, if a girl's cycle lasts longer, she will have fewer periods in a year.

Most girls get their first period between 11 and 13 years old, though it can start anywhere from the ages 8-16. Generally, a woman has about 480 periods (fewer if she has pregnancies) throughout her adolescence and adulthood until she reaches menopause (often around the early 50s), at which point, her periods stop.

When learning about the menstrual cycle, it's helpful to know what parts make up a female's reproductive organs.

OVULATION

Pre -ovulation:

Women and girls have two ovaries that contain thousands of eggs (ova). During this phase, hormones stimulate the development of eggs. At the same time, the soft lining (called the endometrium) of the uterus (the place where a baby can grow) starts to thicken.

Ovulation:

This occurs when a mature egg (occasionally two) is released from the ovary. After the egg is released, it travels along the fallopian tube to the thickening lining. If sperm from a male fertilises the egg, a baby develops. Ovulation usually happens around 10 to 16 days before the next period.

Premenstrual:

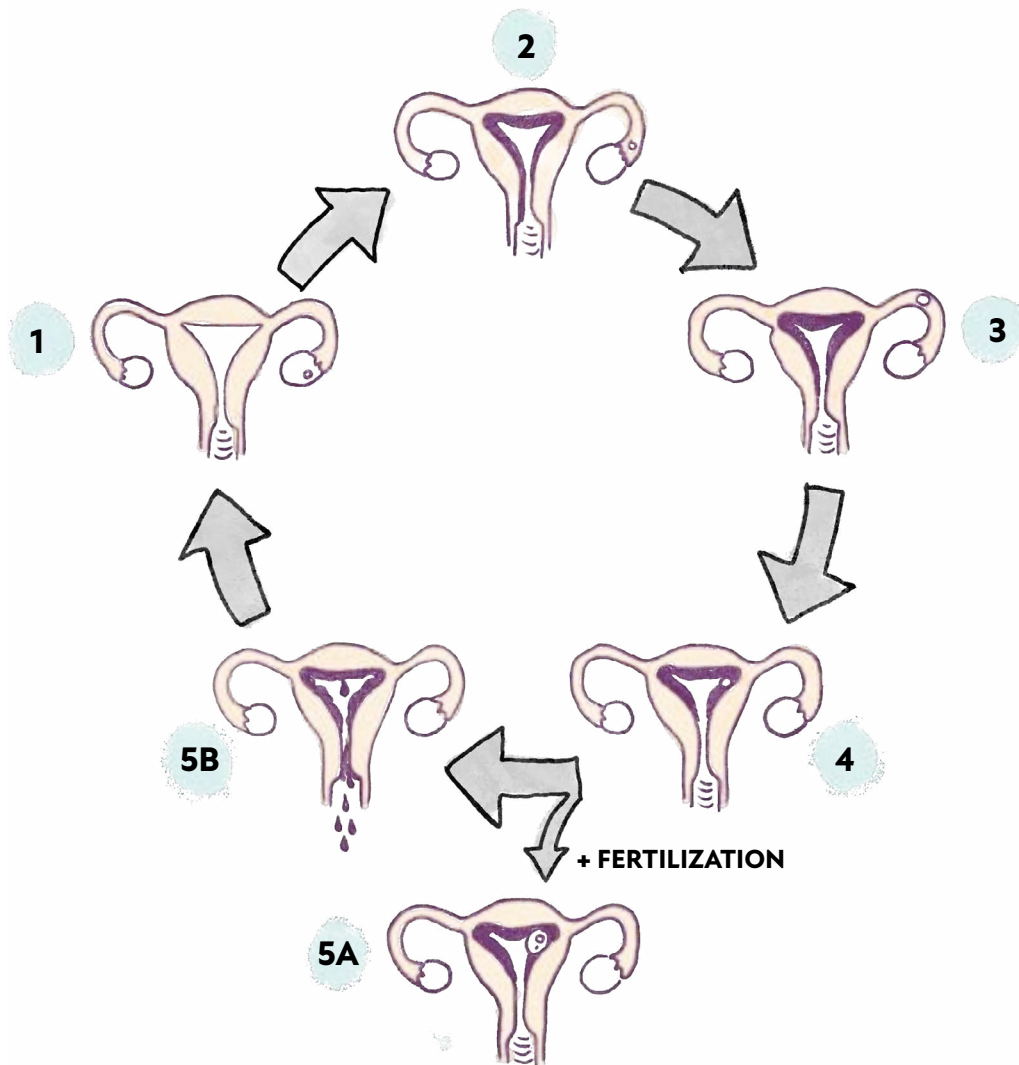
After ovulation, hormones trigger the body to continue developing the lining of the uterus, in preparation for a fertilised egg. During this phase, if the girl/ woman become pregnant, the egg moves into the uterus and attaches to the lining. If there is no pregnancy, the lining of the uterus is shed through the vaginal opening.

Menstruation:

The womb lining leaves the body through the vagina as a reddish fluid containing blood – typically about a quarter of a cup of blood (though it can seem like a lot more). This is the period, also called menses, and lasts 3-7 days. The first day of bleeding is day one of a girl's/ woman's period.

32 IRC SAFE curriculum for adolescent boys – Resource 2: The Menstrual cycle Page 151

RESOURCE 9.7: MENSTRUATION AND THE OVULATION CYCLE³³



33 IRC SAFE adolescent boys / Handout 4 Menstruation and the ovulation cycle page 164

RESOURCE 11.1: CONTRACEPTION³⁴

⚠ FACILITATOR NOTE: *Before giving this information to boys, first check which options are available and accessible, and then provide the information accordingly.*

What is a contraceptive?

Contraceptives are used for preventing pregnancy. If a woman is having sex, she always runs the risk of getting pregnant. A contraceptive can be used to decrease the likelihood that a woman will get pregnant. However, the only 100% effective way to avoid pregnancy is to not have sex. This is called abstinence.

What is a condom?

A condom is the only contraceptive that prevents against pregnancy AND sexually transmitted infections. A male condom is a thin piece of latex that is worn on the penis. The male condom is far more commonly used than a female condom. A female condom is a sheath with a flexible ring at either end. One end is closed and inserted into the vagina; the other end is open and the ring sits outside the opening of the vagina.

How does the condom work?

Condoms work by keeping semen (the fluid that contains sperm) from entering the vagina. The male condom is placed on a man's penis when it becomes erect, before any sexual contact. It is unrolled all the way to the base of the penis, while holding the tip of the condom to leave some extra room at the end. This creates a space for semen after ejaculation and makes it less likely that the condom will break.

After the man ejaculates, he should hold the condom at the base of the penis as he pulls out of the vagina. He must do this while the penis is still erect to prevent the condom from slipping off. If this happens, sperm could enter the vagina and a female could become pregnant.

³⁴ Adapted from IRC: Supporting Adolescents and their Families in Emergencies (SAFE)|IRC Curriculum for Adolescent Boys| Resource 3: Contraception, page 153 – 155.

Condom Do's and Don'ts



DO

- ✓ Use a condom each and every time you have sex.
- ✓ Use water-based or silicone-based lubricants.
- ✓ Check the expiration date.



DO NOT

- ✗ Don't use a condom more than once.
- ✗ Don't use two condoms at the same time. The friction between the condoms may cause them to tear.
- ✗ Don't use oil-based lubricants (like petroleum jelly or baby oil). They can cause the condom to break.
- ✗ Don't use a condom if the individual condom packet is ripped.

What are other contraceptives?

Other contraceptives include: birth control pills, injections, implants, and IUDs.

- Birth control pills are taken every day by women to avoid getting pregnant.
- Women can also go to a doctor to get an injection once every few months to prevent pregnancy.
- Another option is a tiny implant or small object inserted under a woman's skin.
- An IUD is a small, T-shaped device that is inserted into a woman's uterus to prevent pregnancy. It should be inserted and removed by a health professional. Depending on the type of IUD, it can be left inside the uterus for 5-10 years.

How to choose the right form of contraception?

A woman must first visit a health care provider to find out which option is best for her. Not all these options are readily available. The condom is one of the most widely available forms of contraception, which is why it is so common.

Contraception methods³⁵

Contraception (Continued)

Note: Before giving this information to girls, it is important to first check which options are available and accessible to girls, and then provide the information accordingly.

Method	How Well It Works	How To Use	Pros	Cons
Implant	>99%	A health care provider puts the implant under the skin of the woman's upper arm.	<ul style="list-style-type: none"> Prevents pregnancy up to three years. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting.
Hormone IUD	99%	A health care provider puts the IUD in the uterus.	<ul style="list-style-type: none"> Prevents pregnancy for up to three to seven years (depending on the IUD). May improve period cramps and bleeding. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting.
Copper IUD	99%	A health care provider puts the IUD in the uterus.	<ul style="list-style-type: none"> Prevents pregnancy up to 12 years. Can be used as emergency contraception. Private and discreet. 	<ul style="list-style-type: none"> May cause more cramps and heavy periods. May cause spotting.
Male Condom	82-98%	Use a new condom each time you have sex.	<ul style="list-style-type: none"> Protects against HIV and other STIs. Can be used with other methods to protect against HIV and other STIs. 	<ul style="list-style-type: none"> Can break or slip off.
Diaphragm	88-94%	Use diaphragm each time you have sex. Must be used with spermicide.	<ul style="list-style-type: none"> Can be reused for several years. 	<ul style="list-style-type: none"> Raises risk of bladder infection.
Female Condom	79-95%	Use a new condom at each sex.	<ul style="list-style-type: none"> Protects against HIV and other STIs. Can be used with other methods to protect against HIV and other STIs. 	<ul style="list-style-type: none"> May slip out of place during sex.
Injection	94-99%	Get an injection every three months.	<ul style="list-style-type: none"> Private and discreet. 	<ul style="list-style-type: none"> May cause spotting and weight gain. May cause delay in getting pregnant after injections are stopped.
Ring	91-99%	Put small ring into your vagina. Change ring each month.	<ul style="list-style-type: none"> One size fits all. Can make periods more regular and less painful. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting in first one to two months.

35 Adapted from IRC Girl Shine Life Skills Curriculum

Method	How Well It Works	How To Use	Pros	Cons
Patch	91-99%	Put a new patch on your skin once a week for three weeks. No patch during week 4.	<ul style="list-style-type: none"> • Can make periods more regular and less painful. 	<ul style="list-style-type: none"> • Can irritate skin under patch. • May cause spotting in first one to two months.
Pill	91-99%	Take one pill each day.	<ul style="list-style-type: none"> • Can make periods more regular and less painful. 	<ul style="list-style-type: none"> • May cause spotting in first one to two months.



RESOURCE 11.2: SEXUALLY TRANSMITTED INFECTIONS³⁶

WHY ARE GIRLS MORE AT RISK?

Women are at higher risk for and are more affected by STIs than men for several reasons. Differences in the female body makes it more difficult to find STIs in women. STIs have more serious consequences for women than for men. The risk of transmission is greater from a man to woman. Many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection. Younger girls face even greater risk for STIs, because they are more likely to suffer from tears in the vagina during sex.

SIGNS AND SYMPTOMS OF STIS

Most men can tell when they have an STI because there are usually clear signs. Women, however, can have STIs without knowing it, because there are often no signs. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms are mistaken for side effects of pregnancy. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI and which type she has. For this reason, it is important to recognise the signs of an STI and to visit a doctor as soon as possible if the signs are observed or there is reason to believe that exposure to an STI has occurred.

STI PREVENTION

The only completely effective way to prevent STIs is to abstain from oral, anal, and vaginal sex. Contact with another person's body fluid can result in STI infection. For people who have decided to engage in sexual activity, condoms can protect against many, but not all, STIs. For minimal protection, sexual partners can inspect their genitals, wash their genitals after sexual intercourse, avoid sex with multiple partners, and talk to each other about their sexual habits and health. Men can play a particularly important role in preventing STIs by maintaining monogamous relationships or using condoms to protect their partner and themselves. Maintaining a mutually committed relationship—meaning neither person has sex with anyone else—is a way of preventing STIs that requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

³⁶ Adapted from IRC: Supporting Adolescents and their Families in Emergencies (SAFE)|IRC Curriculum for Adolescent Boys| Resource 5: Sexually transmitted Infections, page 157 – 160


BACTERIAL SEXUALLY TRANSMITTED INFECTIONS

NAME	HOW IT'S TRANSMITTED	SYMPTOMS
<p>Gonorrhoea</p>	<p>It is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person. Ejaculation does not have to occur for gonorrhoea to be transmitted. It can also be spread from mother to baby during childbirth.</p>	<ul style="list-style-type: none"> • Most girls and women who are infected show no symptoms. • Some women experience pain during urination and vaginal discharge (milky white or yellow/green).
<p>Chlamydia</p>	<p>It is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected partner. Ejaculation does not have to occur for chlamydia to be transmitted or acquired. It can also be passed from mother to baby during vaginal childbirth.</p>	<p>⚠ Sometimes there are no symptoms</p> <ul style="list-style-type: none"> • Vaginal discharge • Burning during urination • Women may experience lower abdominal pain, pain during intercourse, and irregular bleeding between periods.
<p>Pelvic Inflammatory Disease</p>	<p>PID occurs when bacteria move upward from a woman's vagina or cervix (opening to the uterus) into her reproductive organs. Many different organisms can cause PID, but many cases are associated with gonorrhoea and chlamydia.</p> <p>Sexually active women in their childbearing years are most at risk, and those under age 25 are more likely to develop PID than those above 25.</p> <p>This is because the cervix of teenage girls and young women is not fully matured, increasing their susceptibility to STIs that are linked to PID.</p>	<ul style="list-style-type: none"> • Dull pain or tenderness in the lower abdomen • Abnormal periods • Abnormal vaginal discharge • Nausea and/or vomiting • Fever and chills

NAME	HOW IT'S TRANSMITTED	SYMPTOMS
<p>Syphilis</p>	<p>Syphilis is passed from person to person through direct contact with syphilis sores.</p> <p>Sores occur mainly on the external genitals.</p> <p>Sores also can occur on the lips and in the mouth.</p>	<p>⚠ The disease develops in three stages:</p> <p>Stage 1: One or more painless reddish-brown sores on or near the genitals.</p> <p>Stage 2: A skin rash develops anywhere on the body. Flu-like symptoms such as mild fever, fatigue, and sore throat appear.</p> <p>Stage 3: Late-stage symptoms include brain damage, mental illness, blindness, heart disease, and death.</p>
<p>Vaginitis</p>	<p>Vaginitis is included under this section on STIs because the infection can often begin after sexual contact with another person. There are also nonsexual ways of contracting this infection (e.g., using a diaphragm, being pregnant or in menopause, or taking antibiotics).</p>	<p>The symptoms of vaginitis can include itching, burning, pain, blood spotting, or there might be a change in discharge. The discharge might be heavier than usual, have an unusual “smelliness,” be a different colour (yellow, brown, grey), or have a thick or clumpy consistency.</p>

VIRAL SEXUALLY TRANSMITTED INFECTIONS

NAME	HOW IT IS TRANSMITTED	SYMPTOMS
Genital Herpes	<p>You can get genital herpes by having vaginal, anal, or oral sex with someone who has the disease. You can get herpes from a sex partner who does not have a visible sore or who may not know he or she is infected. It is also possible to get genital herpes if you receive oral sex from a sex partner who has oral herpes.</p> <p>You will not get herpes from toilet seats, bedding, or swimming pools, or from touching objects around you such as soap or towels.</p>	<p>Some people will develop painful blisters on the genitals or mouth.</p> <p>Other symptoms include headache, fever, muscle aches, and chills.</p>
Human Papilloma Virus (HPV)	<p>HPV is transmitted through intimate skin-to-skin contact. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV is so common that nearly all men and women get it at some point in their lives. HPV can be passed even when an infected person has no signs or symptoms. You can develop symptoms years after being infected, making it hard to know when you first became infected.</p>	<ul style="list-style-type: none">• Genital warts are soft and usually flesh coloured. They can be flat or raised.• They can appear alone or in clusters. They are usually painless, but can cause itching, pain, or bleeding.• They can appear on the vulva, vagina, anus, cervix, penis, or scrotum.• They appear 1-8 months after infection.



HIV (human immunodeficiency virus) / **AIDS** (acquired immunodeficiency syndrome)
HIV is a sexually transmitted virus that can turn into AIDs. It can spread when an infected person's blood mixes with another person's blood.

- If you have an open cut or wound and the other person has HIV, you are at risk of catching the virus.
- If you have sex with someone with HIV and do not use a condom, you are at risk of HIV.
- Some women who are pregnant can give their unborn baby HIV because they are providing nutrients to the baby from their body.
- Sometimes a woman with HIV can pass it to her baby through breastfeeding.
- HIV is different from other diseases like a cold, malaria, or typhoid because it does not pass through the air.
- You cannot catch HIV from being in the same room as an infected person or by hugging or touching that person.
- You cannot catch it from kissing someone.
- You cannot catch it from an infected person coughing or sneezing on us, or by drinking from the person's cup.

There are four ways to avoid getting HIV/AIDs:

- ✔ Wait to have sex.
- ✔ Be in a mutually faithful relationship with an uninfected person where both partners have been tested.
- ✔ Use a condom.
- ✔ Never share needles or other medical equipment that could carry blood, such as razors, with others.

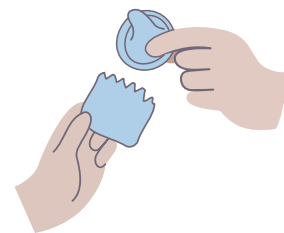
RESOURCE 11.3: CONDOM USE

5 Basic Steps of Using a Male Condom³⁷

1

Use a new condom for each act of sex.

- Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date. Do so only if a newer condom is not available.
- Tear open the package carefully. Do not use fingernails, teeth, or anything that can damage the condoms.



2

Before any physical contact, place the condom on the tip of the erect penis with the rolled side out.

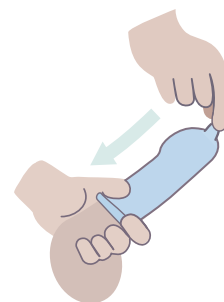
- For the most protection, put the condom on before the penis makes any genital, oral, or anal contact.



3

Unroll the condom all the way to the base of the erect penis.

- The condom should unroll easily. Forcing it on could cause it to break during use.
- If the condom does not unroll easily, it may be on backwards, damaged, or too old. Throw it away and use a new condom.
- If the condom is on backwards and another one is not available, turn it over and unroll it onto the penis.

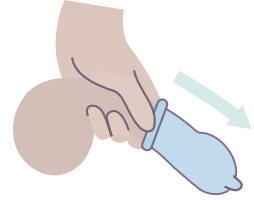


³⁷ Adapted from IRC: Supporting Adolescents and their Families in Emergencies (SAFE)|IRC Curriculum for Adolescent Boys| Resource 4: Condom use (Family Planning: A global Handbook), page 156.

4

Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect.

- Withdraw the penis.
- Slide the condom off, avoiding spilling semen.
- If having sex again or switching from one sex act to another, use a new condom.



5

Dispose of the used condom safely.

- Wrap the condom in its package and put it in the rubbish bin or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing.



RESOURCE 11.4:

CASES STUDIES TO DISCUSS THE CONSEQUENCES OF PREGNANCY³⁸

 Requires CONTEXTUALISATION

CHARITY'S STORY:

Charity was 15. Her time was spent in school, studying at home, and performing household chores. A few times she went out with a man whom she had met near school. He gave her gifts and a bit of money that she had used to pay for her schoolbooks, and she had sex with him. She asked him about using condoms, which she had learned about at school, but he told her not to worry. She didn't like him much, so she decided not to see him again. Soon, however, Charity realised she was pregnant. When she told her parents, her father beat her, but her parents did not throw her out of their house. She dropped out of school after a few months and went to live with an aunt in another town. Her family had agreed that the aunt would rear the child so that no one would know about Charity's pregnancy. When she went into labour, the aunt told her to stay strong, that the baby would come out on its own. However, the baby became stuck in the birth canal. The aunt called a local midwife, who came and cut Charity with a razor to make the opening of the vagina wider, so the baby could come out. The baby came out quickly and Charity thought she would soon return to her old life, sadder but wiser. Within a few days, however, she found that the area where she had been cut had become infected. Within a few more days, Charity developed a high fever. Her aunt wanted to take Charity to the hospital, but Charity refused. She was afraid that someone at the hospital would discover that she had been pregnant. When her fever became much worse the next morning, her aunt called an ambulance anyway, but it was too late. Charity died a few hours after arriving at the hospital.

FATIMA'S STORY:

Fatima wanted to become a teacher. However, when she was 15, her parents married her off and she went to live with her husband, Ali, a truck driver. Ali's parents pressured the couple to have children, so Fatima did not use contraception. She gave birth to three children in five years. At each birth, a local midwife helped her. When she was eight months pregnant with her fourth child and Ali was making deliveries, Fatima began to feel very ill. Because Ali managed the cash in the family, Fatima did not have money to pay for transportation to the health post. So she waited for him to come home. By the time Ali returned home, Fatima was shivering with a high fever and was very weak. Ali arranged for them to go to the hospital, but by the time they arrived, Fatima had died.

³⁸ Resource adapted from (popcouncil.org) "It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education": https://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf, vol. 1, page 144-148.



YERUKNESH'S STORY:

Yeruknesh was born in a remote community in Ethiopia. When she was 13, while gathering fuel wood, she was abducted by and then married to Mr. Zena, a 32-year-old widower with two children. Shortly thereafter, she became pregnant. Yeruknesh had no one from whom to seek advice or to talk to about her problems. When her labour began, she was terrified. Tightly clutching her pillow, she called for her mother, tears flowing down her cheeks. She was in agony, with a high fever, and sweating profusely. A few women neighbours came in, lit a candle, and prayed for Yeruknesh. Mr. Zena called the village's traditional midwife but the midwife was not trained to handle such situations. So Mr. Zena asked the men of the village to carry her to the hospital. By the time she arrived at the hospital, the fetus was stillborn and Yeruknesh died at 15.

RESOURCE 12.1

INTEGRATING ADOLESCENT VOICES:

(FOR FACILITATOR USE)

Facilitator: _____ Date: _____

STEP 1:

Review Key Feedback Areas from Sessions with Adolescent Girls and Adolescent Boys

Instructions: Facilitators should sit together with adolescents to summarise the main themes that came up during the discussions with them and through the journaling exercise during the course in each of the following key feedback areas:

Adolescent boys' feedback

What they like about being an adolescent boy	
What they like about their community	
What they want to change about their community	
What their dream or goal is for the future	
Other	



STEP 2:

Select key messages to share with caregivers and community members

Instructions: During “Committing to healthy lives” session with adolescent girls and boys, share each of the key points you summarised from the previous sessions. Make sure that the adolescent boys and girls feel comfortable sharing this general feedback to the caregivers and community members’ groups. Reassure the participants that this will be shared as part of a group feedback and that no names or individual information about the group will be shared.

STEP 3:

Provide the final key messages to the community outreach facilitators

Community outreach facilitators will use the input from adolescents in Meeting 3 of the Community Dialogues.



RESOURCE 12.2: ADJUSTMENT TO LIFE SCENARIOS

 Requires CONTEXTUALISATION

YOU GOT CAUGHT CHEATING ON AN EXAM
AT SCHOOL

YOUR PARENTS ASK YOU TO MARRY A GIRL
FROM THE COMMUNITY

YOUR WIFE UNEXPECTEDLY GETS
PREGNANT

YOU TEST POSITIVE FOR HIV

YOU GET MARRIED AND CANNOT GO TO
UNIVERSITY

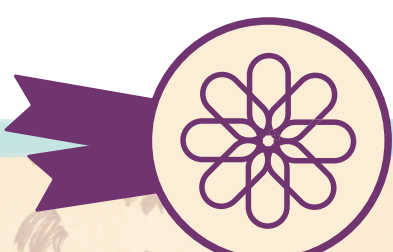
RESOURCE 12.3: FORM FOR SETTING GOALS

CATEGORY	WHAT I'M DOING WELL	WHERE I NEED IMPROVEMENT	MY GOALS
Family			
Friends			
Work/School			
Spirituality			
Relationships			
Mental Health			

CERTIFICATE *of* COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

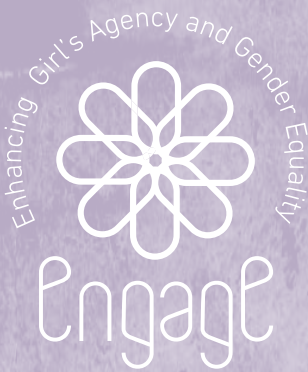
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