

COMPREHENSIVE SEXUALITY EDUCATION (CSE) TOOLKIT

TRAINERS MANUAL



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A COMPREHENSIVE SEXUALITY EDUCATION TOOLKIT (CSE)

Trainers Manual for Norwegian Church Aid

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Introduction

The Norwegian Church Aid has developed and designed this Comprehensive Sexuality Education (CSE) Toolkit as a step-by-step support to anyone with responsibility for training CSE. Comprehensive Sexuality Education must benefit young people and adolescents regardless of income, class, ethnicity, religion, sexual orientation and gender. The trainings should therefore target out of school adolescence, adolescence in schools and adolescence with disabilities.

How is the CSE Toolkit Structured? Training CSE requires specialized competencies as it relates to teaching sexuality and sexual health topics to learners. The CSE Toolkit is comprised of three distinct but complementary documents namely:

1. COMPREHENSIVE SEXUALITY EDUCATION TOOLKIT: TRAINERS INSTRUCTIONAL GUIDE

This facilitators' instructional guide includes specific information and techniques on teaching modalities. It further explains how the teaching modalities can be applied to context specific settings including humanitarian settings.

This guide further suggests teaching methods that can be used with groups of adolescents and young people, both in formal school and in non-formal settings.

We urge all CSE trainers to refer to the relevant national Sexuality Education Standards in their respective countries in addition to the content and methodologies included in this guide.

2. COMPREHENSIVE SEXUALITY EDUCATION TOOLKIT: TRAINERS MANUAL

This facilitators' manual includes teaching and delivery methodologies, activities and participatory approaches linked to selected topics and learning objectives.

Each topic has a complete lesson plan, selected training methodologies and evaluation modules that trainers and facilitators will be able to adapt suggested methodologies to their context and national regulations around CSE.

3. COMPREHENSIVE SEXUALITY EDUCATION TOOLKIT: A CONTENT MATRIX

The content Matrix is a "quick reference" for age appropriate concepts and selected resources to guide trainers towards relevant literature and trigger more research into suggested content.

About the Trainers Manual

This document will be used to inform good practice and support CSE trainers and facilitators in conducting trainings for adolescents and young people on Comprehensive Sexuality Education. Each topic has a complete lesson plan, selected training methodologies and evaluation methods. Trainers and facilitators will be able to adopt suggested methodologies to their context and national regulations around CSE.

Additionally the trainers will use the instructional guidance document and content matrix that accompanies this training manual to provide a more in depth view of some particular themes and issues that have been covered under each topic. Please see the instructional guide before, and alongside reviewing this manual.

The content is informed by a comprehensive analysis of related literature and documentation on CSE. The manual specifically adopts the UNESCO International technical guidance on sexuality education recommended curriculum and topic areas. The Manual therefore reaffirms the position of sexuality education within a framework of human rights and gender equality. It promotes structured learning about sex and relationships in a manner that is positive, affirming, and centred on the best interest of the young person.

1. Relationships

Healthy relationships consist of sexual and nonsexual elements, it is important to discuss with adolescents that there is a wide range of *“normal”* relationships, some relationships will involve sexual intimacy and others will not. **Key aspects of a healthy relationship include respect and communication, and healthy sexual elements include not only physical intimacy, but mutuality and pleasure as well.**

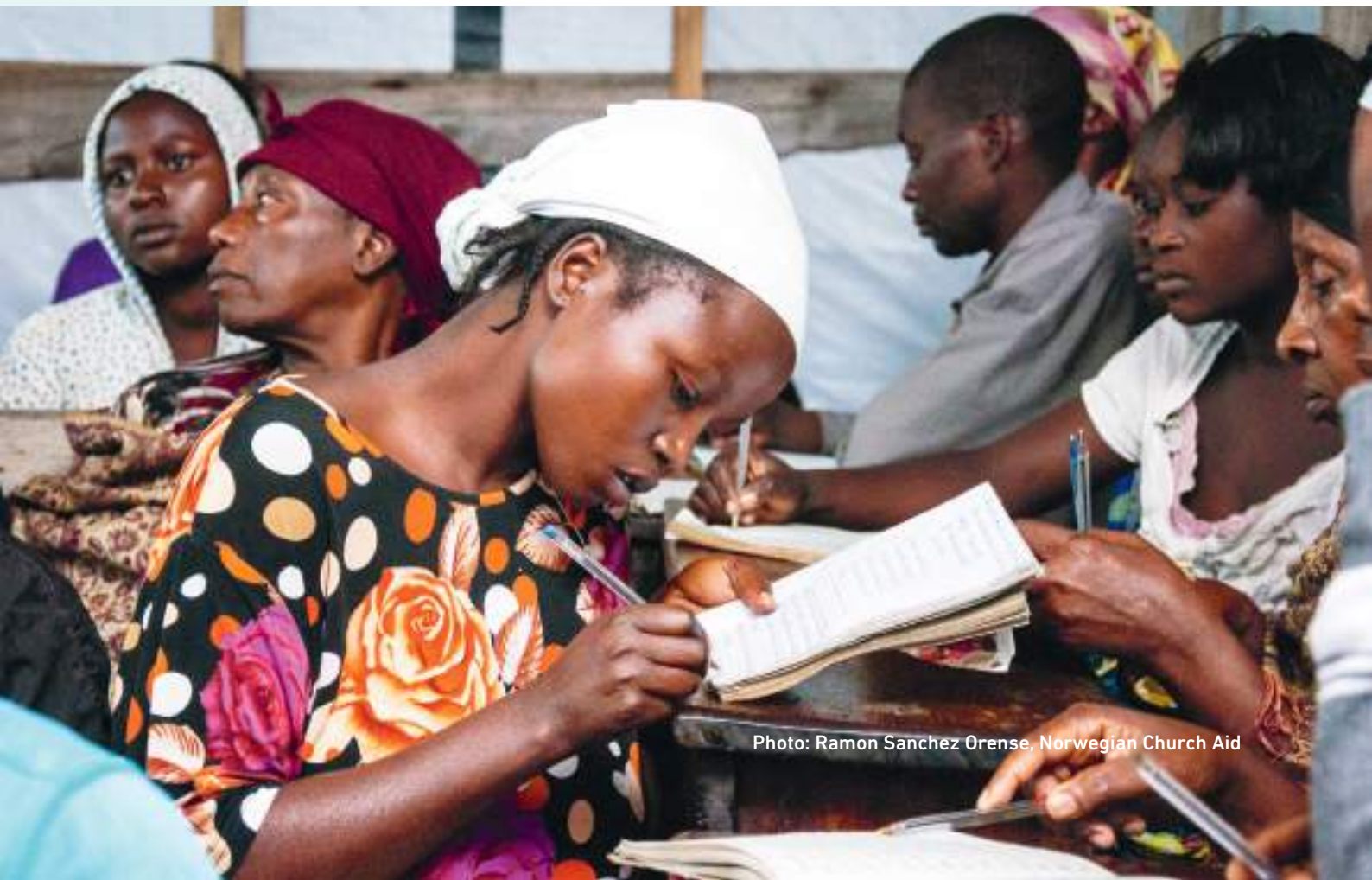


Photo: Ramon Sanchez Orense, Norwegian Church Aid

TOPICS



Photo: Haldis Kårstad, Norwegian Church Aid

1.1 Families

1.2 Friendship, Love and Romantic Relationships

1.3 Tolerance, Inclusion and Respect

1.4 Long-term Commitments and Parenting


1.1 Lesson Plan for Families


KEY LEARNING OBJECTIVES	Knowledge <ul style="list-style-type: none"> Define family and identify different types Understand the characteristics, role and functions of a family including each family member Understand how health, illness and sexual relationships can affect family and support structures that exists 	Skills <ul style="list-style-type: none"> Can express and appreciate the role of family members in influencing decisions, instilling values, promoting gender equality and providing protection Recognize that health and illness can affect family functions 	Attitudes <ul style="list-style-type: none"> Reflect on their own feelings and how handling their feelings could affect the dynamics in a family Express own feelings and empathize with other family members in difficult times
	Total lesson time: 40 to 45 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Lesson overview: Many students don't fit into the kind of families that are typically and displayed in books and media. Socio economic contexts can shape family types, individuals or the community can also shape family types. The number of wives, the dowry system, and relationships with kin in a family type can be shaped by traditions and religion. An understanding of the family life cycle, the developmental stage of the learners guides the CSE Trainers in assessing which families are coping, and which may need monitoring and intervention. This lesson is suitable for adolescents and young people between the age of 9-18+

Methods
Warm up activity

SESSION 1
LEARNING OBJECTIVE:
For participants to understand what a family is and describe the types of families that exist

 Activity 1
'My family'

 Time: 10 min

Facilitator's instructions

1. Draw on flip chart or have cards with marked images of adult females. Have also cards with vulnerable people including girls and boys as family members and see if anybody take the card.

- In groups of 4-6, let participants make up members of their families
- Let each group have two rounds of creating a family
- Discuss the family examples given by the participants

Aim of activity: For participants to know that families are diverse and could consist of different individuals in terms of age, sex, blood or marriage or law, but share common sets of values

NOTE TO FACILITATOR

- Know your participants well and exercise sensitivity
- Always portray family in a positive way irrespective of origin
- Affirm that each family has a right to its common values irrespective of divergent views (moral perceptions)


DO CONSIDER THAT:

- There could be orphans who may feel alone
- There may be parents under 18 years of age who may feel embarrassed
- There could be parents resulting from early/forced marriages who may feel resentful/ disappointed towards the family unit
- There may be family members living apart due to different circumstances (All categories identified above may require additional support in terms of counselling, referrals and reassurance.)

SESSION 2

LEARNING OBJECTIVES:

For participants to understand the roles and functions of family members and acknowledge how these roles are shaped by gender equality

 Activity 2.1
My family Chores'

 Time: 5 min

Facilitator's instructions; Ask

1. Who are the family members?
 2. What are each family member's roles within the family structure?
- In the previously identified groups, let participants discuss what each family member should do
 - List the perceived roles and functions of each family member on a flipchart
 - Discuss reasons for assigning the roles to each family member (gender inequality based on being a man/male or woman/female)

Aim of activity: For participants to realize that membership in a family is preceded by certain responsibilities to themselves and others, which are assigned depending on whether one is a boy/girl and man/woman

 Activity 2.2:

 Time: 15 min

Learning objectives: For participants to appreciate how family promote/install values and culture among their members.

Assign two questions to each group.

Discussions on the key questions below in each of the groups

1. What are each family member's values?
2. What are the occupations of each family member and of the family as a whole?
3. What are the family's habits and routines relating to play?
4. How does the family culture influence its choice of activities?
5. What are the family's resources?
6. Does the family have any limitations that should be considered?
7. How does the family react to the child's disabilities?

Lesson Summary

Families are becoming more varied, including married and unmarried couples, both men and women living alone or living together with or without children; single parents with children; and blended families consisting of two parents who have remarried or who are not married to each other, with children from their previous marriages or relationships, and male and female same-sex parents.

Divorce, non-marital cohabitation, unmarried parenthood, permanent non-marriage and voluntary childlessness is also becoming increasingly accepted. Inclusion of non-biologic kin within the family unit is also common in different partnerships.

The family exists and functions within the context of cultural, economic, legal, and social patterns unique to each society

1.2 Lesson Plan for Friendship, Love and Romantic Relationships


	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none"> Understand that relationships are an integral part of living and expand in meaning, roles and responsibilities as a child becomes an adolescent and young adult Understand that expressions of friendship and love are different and could affect peoples' feelings about themselves Understand how differences of inequality and power (social, economic, health status, gender and age) affect romantic and sexual relationships 	<ul style="list-style-type: none"> Can perceive relationships as important to wellbeing and recognize the inequalities within relationships 	<ul style="list-style-type: none"> Demonstrate ways of showing love and trust within relationships and freely express their feelings to another person
	<p>Total lesson time: 40 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.</p>	

Early adolescent's relationships often involve exploring physical intimacy and sexual feelings. These feelings are part of developmental processes and stages that lead towards a deeper capacity to care, share and develop intimate relationships. Lesson one targets adolescents between the age of 9 and 15 who are exploring intimate relationships and those beginning puberty.

SESSION 1

LEARNING OBJECTIVE:

For participants to understand the concepts of friendship, romantic and sexual relationships

 Activity 1- Group work
Time: 10 min


Facilitator instructions

1. Ask one participant to divide the group into four small groups.
2. In their groups, participants should brainstorm the different kinds of relationships that exist between males and females.
3. Participants should also discuss the expectations in each type of relationship for it to be successful.
4. After their discussions, participants should present their discussions to the whole group.


NOTE TO THE FACILITATOR

- Refer to the content content matrix for definitions, descriptions and types of families.
- Make sure that the types of relationships participants come up with are at least classified as follows:

Friendships, Sexual relationships, Romantic relationships, Family relationships, Work-School relationships

-  **Tip:** Keep checking in on participant discussion to make sure they do not go off track

Aim of activity: For participants to distinguish the different types of relationships girls/women and boys/men have

 Lesson Two:
30 min

Learning objectives – The lesson targets learners between the ages of 9 to 18+

By the end of the lesson, participants will be able to explain factors that contribute towards healthy and unhealthy relationships.



Activity 2 – Healthy and Unhealthy relationships

Aim of activity: For participants to reflect on themselves in ways in which power and control manifests in different relationships.

Facilitator's task

1. Write down different characteristics of healthy and unhealthy relationships on multiple individual cards

2. Write on two large papers/flip charts "healthy relationship" and "unhealthy relationship"
3. Distribute cards to the group and ask participants to pin their cards to the paper/flip chart they think it belongs to.
4. Discuss the results in the group, exchange experiences (if adequate) and identify ways of how to avoid unhealthy relationships.

Lesson summary

Relationships are an important part of a healthy life. People who have healthy relationships have better health outcomes, are more likely to engage in healthy behaviors. In healthy relationships, people talk to each other in ways that don't debase, invalidate, or belittle. They value each other's time and opinions like they value their own.

Power exists in all relationships. Having power means to have a sense of control, to have choices and the ability to influence our environment and others. Many relationships have power imbalances.

Power exists in all relationships. Having power means to have a sense of control, to have choices and the ability to influence our environment and others. It's a natural and healthy instinct to exert our power to get our wants and needs met. When we feel empowered, we can manage our emotions, we believe that we matter and that we can affect outcomes. We have a sense of efficacy in our lives, rather than being at the effect of others and circumstances. Instead of reacting, we can act because we have an internal locus-of-control.

Many relationships have power imbalances, both partners vie for power in ongoing power struggles. These typically revolve around money, chores, child care, and negotiating how and with whom time is spent. To avoid conflict, some couples segregate domains where they each exercise more control



Healthy Relationships

- ✔ People accept, support, respect and encourage growth
- ✔ Opinions are heard
- ✔ Feelings are validated
- ✔ Boundaries are respected
- ✔ Needs and wants are effectively communicated
- ✔ Time is appropriately divided between various relationships and responsibilities
- ✔ Abuse is absent
- ✔ Self-care is encouraged and respected
- ✔ Trust is present; allowing space to share dreams, fears, concerns and ideas
- ✔ Safety and comfort exists, people are their natural self
- ✔ Laughter, joy, fun are present and the relationship is enjoyable
- ✔ Allow time for enjoyable activities together



Unhealthy Relationships

- ✘ People criticize, judge and disrespect each other
- ✘ Opinions are dismissed or overlooked
- ✘ Feelings are invalidated
- ✘ Boundaries are overstepped or dismissed
- ✘ Thoughts, feelings and behaviors are dictated by others
- ✘ Connection with other relationships diminishes
- ✘ Physical, sexual, mental and emotional abuse are present
- ✘ There is an apparent care-taker role
- ✘ Dishonesty and mistrust are prevalent
- ✘ Intimidation and/or control is common in the relationship
- ✘ There is a constant need to walk on eggshells to avoid negative conflict
- ✘ Investing in the relationship is unimportant

1.3 Lesson Plan for Tolerance, Inclusion and Respect

	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none"> To understand that family structures are different and concepts of marriage and parenting are shaped by religion, culture, law and society To understand that long-term commitments, marriage and parenting are accompanied by responsibilities and, culture and gender roles impact parenting 	<ul style="list-style-type: none"> To express their views on long-term commitments, marriage and parenting 	<ul style="list-style-type: none"> To acknowledge that people should be able to decide if, when and whom to marry or remain married
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

The lesson aims at building and strengthen relationships and networks, addressing isolation and exclusion by supporting people who may be unable to help themselves such as people living with disabilities and people living with HIV and AIDs, this also includes experiences of discrimination and social attitudes towards LGBT people. The goal is that every member of our society be able to participate actively in all aspects of life, including civic, social, economic, and political activities and decision-making processes.

Tolerance is required on many different levels: world, continent, country, community, family, teams, couples, and individuals.

Methodology;

Question and answer

Other activities may involve bring together individuals from different cultures, religion, clans and socioeconomic backgrounds for a sporting event



Lesson One:
warm up 10 min

Learning objective: For participants to be sensitized about being respectful and tolerant towards others. This activity is suitable for adolescents and young people from the age of 9 to 18



Time:
30 min

Ever since he was a child, P has always felt bored playing with other boys, and prefers to play with girls. He is now 13 and one day after school he sees his female classmates standing in a circle chatting in the middle of the playground. P wants to join them. He approaches them asking to join in.

- What do you think his female classmates do when P asks to join in?
- They welcome him to join, just like anyone else
- They say that he can't join since the conversation is for girls only
- They refuse and call him names for wanting to talk about girl stuff
- They allow him to join because he is harmless
- They allow him to join because he is good at the games they play
- They allow him to join, but tease him
- I refuse to answer

Aim of activity: For participants to realize that each one has a right to express themselves and choice to perform should not be limited by preconceived social, cultural and religious beliefs.

Ask participants to explain what kinds of things tend to divide us in this community/country?

The Balloon Game

What you need to run the game:

- 3 Scenario card
- 1 Game card,
- Labels or a permanent marker pen

- 5 Balloons (in five different colours) for each participant
- How to play the game

To play the game safely, you will need a playing area approximately 3m x 3m

Blow up & label your balloons, with the following words: FOOD, ACCOMMODATION, EDUCATION, FREEDOM, LANGUAGE.

Each of the 5 issues can be represented by a different colour balloon
Your challenge is, for 30 seconds, to keep all your balloons in the air as possible. You cannot catch a balloon. When a balloon hits the floor or falls out of the playing area then it is out of play.

Playing the game

One contestant stands in the playing area

Read out the scenario card

Check the contestant understands the scenario & purpose of the game

Start timing 30 seconds

Scenario card one

1. You are a girl living with disability in a village and you lost one of your legs in an accident, while fetching water in a crocodile infested river. Juggle your balloons on one leg for 30 seconds, keep as many balloons in the air as possible.

2. You are a young man living with HIV and AIDs today you feel a bit weak having experienced some opportunistic illness you cannot stand or sit for a long time. You are therefore lying down. Juggle your balloons while lying down. For 30 seconds, to keep as many balloons in the air as possible.

3. Imagine you are a refugee trying to juggle all the competing pressures of living in a new country village. These balloons represent some of the issues you may face each day. Your challenge is, for 30 seconds, to keep as many balloons in the air as possible.

4. Ask participants to come up with other scenarios of vulnerability in the community. To continue playing the game.

Throw the balloons one by one into the area, and the contestant can use their body to keep as many balloons off the ground (note they can't catch the balloons)

As the balloons drop to the floor mark them off on the game card

Stop the clock after 30 seconds

Hand the completed game card to the contestant & give a brief verbal summary.

Lesson summary

Your human rights to equality

Tolerance is the responsibility that upholds human rights, access and equity means that we should treat people fairly and with respect in all aspects of life. There are times when our commitment to embrace difference is tested. Sometimes it helps to keep perspective and a sense of proportion. Human rights are not just about 'formal equality,' which means treating everyone the same. It also involves 'substantive equality,' which allows for beneficial treatment for some people, especially disadvantaged groups, so they can enjoy their human rights equally with others.

A lot of biases and concerns still exist however in the society, especially about the reproductive abilities of people with disabilities, especially the girls. Questions as can they have children? Will they have normal children or will they have children with disabilities as themselves? Will they be able to go through pregnancy like other able bodied girls? Despite these concerns, girls with disabilities are increasingly able to become pregnant and go through childbirth¹.

¹ Africa Regional Sexuality Resource Centre, Sexuality in Africa Magazine Monographs Vol. 6 Issue 1

1.4 Lesson Plan for Long-term Commitments and Parenting

	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none">• To understand that family structures are different and concepts of marriage and parenting are shaped by religion, culture, law and society• To understand that long-term commitments, marriage and parenting are accompanied by responsibilities and it is one's choice to decide marriage and parenthood	<ul style="list-style-type: none">• To acknowledge that people should be able to decide if, when and whom to marry or remain married	<ul style="list-style-type: none">• To express their views on long-term commitments, marriage and parenting
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	



Photo: Norwegian Church Aid

Love Story

This is Tekyel Shobiso (18) and Belaynesh Petros (17) from Kembatta-region in Ethiopia. They are now married after a courtship period of three years. In Belaynesh's culture, girls are usually circumcised and she did not want to participate in this practise. She talked to her father who had attended training on the negative effects of circumcison in females, and he was very supportive of her. Tekyel also supported her choice not to be circumcised. Belaynesh's mother however wanted her to be circumcised.

She therefore fled from her home to avoid to be circumcised and now lives happily together with her husband.

SESSION 1

LEARNING OBJECTIVE:

For participants to challenge early marriage and know the consequences.



Activity 1- Change stories, explanatory questions, discussions



Time: 35 min

(Use change stories similar to Belaynesh change story attached in the beginning of this section).

- The story should have a clear issue to change i.e gender equality, girl's rights, and gender-based violence.
- The story should also highlight the role of male champions.
- Demonstrate a clear positive change for the girls and boys affected

Aim of activity: For participants to realize that they have a right to choose if they want to be married or become a parent depending on their preparedness and not just because someone else or society dictates.

Facilitator's tasks:

1. Introduce the exercise
2. Request the participants to sit relaxed and close their eyes.
3. Ask a volunteer to read the change story.
4. After the reading of the story facilitator should asks the following questions for discussion/ explanation:

- ② What problems did Belaynesh face?
- ② What are the consequences of FGM in her relationship with Tekyel if she had listened to her mother?
- ② What are the consequences of early marriage?

To conclude the lesson the exercise would be summarized as follows:

- Legally, the minimum age for marriage is 18 years.
- Early marriage violates the human right to physical wellbeing of both girls and boys
- FGM has no health benefits and it is internationally recognized as an extreme form of gender discrimination emanating from deeply entrenched inequalities between the sexes². It is a violation of the girl and women's human rights. It is also a violation of the rights of a child as it is performed without informed consent on girls. FGM also violates a person's right to health, security and physical integrity among others. Girls should be able to choose what level of sexual activity is right for them personally when they are ready to make such decisions and so long as sexual activity is safe and respectful.
- Child marriage and girl's lack of access to quality education are booth rooted in gender inequality and the belief that girls and women are worthless than boys and men³.
- Keeping Girls in School is one of the best ways of delaying marriage. On average, the likelihood of a girl marry as a child is six percentage points less for very additional years she stays in secondary education⁴.

² https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1

³ <https://www.girlsnotbrides.org/about-child-marriage/why-child-marriage-happens/>

⁴ <https://www.girlsnotbrides.org/about-child-marriage/why-child-marriage-happens/>

2. Values, Rights, Culture and Sexuality

Scholars describe cultures as dynamic and changing all the time, and as such, social meanings of sexuality are changing too. In fact, different **'sexual cultures'** may be distinguished within any community: discernible assemblages of meanings, conceptualizations and practices around sex, which are held, shared, lived, communicated, negotiated and contested within a community



Photo: Norwegian Church Aid

TOPICS



Photo: Håvard Bjelland, Norwegian Church Aid

2.1 Values and Sexuality

2.2 Human Rights and Sexuality

2.3 Culture, Society and Sexuality

2.1 Lesson Plan: Values and Sexuality

	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none"> To understand what values are and describe how our values and attitudes influence what we learn, our personal behaviour and decision-making about sexual behaviour To understand that children adapt values and attitudes as they grow and become sexually active, which may be different from their parents/guardians 	<ul style="list-style-type: none"> To adopt sexual behaviours guided by their values and demonstrate ways to resolve conflict due to differing values 	<ul style="list-style-type: none"> To acknowledge that people have different values and attitudes and recognize the importance of being tolerant and respectful to others values, beliefs and attitudes To appreciate how values guide sexual behaviours
	Total lesson time: 45 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small, reward (e.g. fruits, stationary) Quiz Cards.	

Values and meanings generate attitudes that are capable of altering the emotional tone and the ethics linked to sexual life. Values are strong feelings or beliefs about important issues in life. Values guide our behaviour and give purpose and direction to our life. Different individuals have different values. Different families and different cultures have different values. Values are influenced by traditions, religion, mass media, social and political situations.

Values help people decide how to behave and interact with others. Children learn values from their parents and other family members, community, religious teachings, teachers and their peers.

SESSION 1

LEARNING OBJECTIVE

To help participants begin to explore their values, attitudes, and prejudices related to adolescent sexuality and SRHR, and to also help them think about how these might affect their lives.



Time:
25 min

Preparation

Prepare 2 large flip chart papers: 1 that says, "AGREE" and 1 that says, "DISAGREE."

Introduction

This activity will help us begin to explore our own values, attitudes, and prejudices related to adolescent sexuality and sexual and reproductive health.

Post the prepared flip chart papers that say "AGREE" and "DISAGREE" on opposite sides of the training room. Ideally, they should be posted in an open space where participants are able to move back and forth between the signs.

2. Ask participants to stand up and move to the open space in the room between the "AGREE" and "DISAGREE" signs. Explain that you will read some statements out loud and that, after each statement, they should move to the "agree" or "disagree" sign, based on their opinion. If participants are not sure whether they agree or disagree with the statement, they can stand somewhere in-between the 2 signs.

Read each of the sentences listed below out loud and allow participants a few seconds to move to the side of the room that reflects their opinion. Then ask 1 or 2 participants to tell the group why they agree or disagree with the statement.

The statements

- These days, adolescents think about sex way too much
- If a female friend tells you she is sometimes attracted to other girls, it is your job to tell her to ignore these feelings and that, one day, she will want a husband.
- If your friend living with HIV says they want to have children you should encourage them to wait.
- There are safe ways for adolescents living with HIV to be sexually active.

Lesson summary

20 min of discussions and reflection

Key lessons

1. Sexuality is a natural and healthy part of living.
2. Persons are sexual or asexual.
3. Sexuality includes physical, ethical, psychological and emotional dimensions.
4. Individuals express their sexuality in varied ways. People should respect and accept diversity of values and beliefs about sexuality that exist in a community.
5. All sexual decisions have effects and consequences.
6. Sexual relationships should never be coercive, exploitative or lead to ill health.
7. Sexual relationship is associated with honesty, equality, responsibility and social acceptance.
8. Premature involvement of sexual behaviour poses risks.
9. Abstinence may be desired for many reasons such as preventing pregnancy, sexually transmitted diseases (STD) and HIV/AIDS infection, religion and medical considerations. However, it is only effective when complete sexual abstinence is practised otherwise one is able to get STD's through outercourse. Therefore it hinges on a mutual agreement between sexual partners (see matrix for detailed explanation).
10. The society as well as children are benefited when they discuss sexuality with their parents, teachers or other trusted adults.
11. No discrimination should be made on the basis of sex, culture, language, religion, caste or colour.
12. Love is different from infatuation

2.2 Lesson Plan: Human Rights and Sexuality

KEY LEARNING OBJECTIVES	Knowledge <ul style="list-style-type: none"> Understand who bears responsibility to respect, protect and fulfil human rights, including the role of rights holders themselves Understand why a rights – based approach is important for sexual and reproductive health 	Skills <ul style="list-style-type: none"> Be able to facilitate and stimulate discussions about duty bearers, rights holders and accountability in their environment 	Attitudes <ul style="list-style-type: none"> Can demonstrate and appreciate a critical awareness of human rights in relation to women's sexual and reproductive health
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Human rights issues, especially for adolescents whose rights are not fully enjoyed, can create a wide range of opinions, experiences, and understandings. Because of this, the reflection process must enable learning that strengthens self-confidence, the ability to express oneself, and the ability to listen and understand the opinions of others.



Activity 1

Learning objective

Learners will understand basic human rights and their enjoyment in their lives and explores the meaning of equity and equality as well.

Learners will also explore universality of human rights by comparing own context with human rights issues at a global level.



Warm up 15 min

Theme: Participation and General human rights as a related theme

Specific rights: Right to participate (express your opinion)

Explain to the learners that they will create a “classroom agreement” that lists the way all learners should behave in class. Begin by exploring their understanding of rules to follow in the classroom. Ask them to name the rules they are familiar with and write them on the board/flip chart if they cannot write then the trainer should write these as they mention. For example, “Do not interrupt others when they are speaking.”

Our Classroom Agreement

Rights	Responsibilities
Everyone has the right to express their opinion.	I have the responsibility to let others express their opinions.

Once the agreement is complete, ask children if they agree on the list.

- Are they willing to respect the rules they made themselves?
- Who is responsible for making sure the rules are respected?
- What happens when someone does not respect a rule?
- Does the rights include everyone/the diversity of people in their community in case someone joined the class with qualities they did not include?
- If possible, try to provide students with their own copy of the agreement.
- When there are conflicts in the class, try to refer to the agreement to resolve them.



Activity 2- Sexual Rights Are Human Rights

Explore with the learners the things that are important to lead a healthy, happy life and to control and decide freely on matters related to their sexuality.

Ask the learners to complete the sentence, and fill in as many examples as possible.

“In order to be happy, and have a healthy experience sexually, everyone should _____”

Distribute to each child a copy of the sexual rights that are critical to the realization of sexual health, these includes:

- the rights to equality and non-discrimination;
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- the right to privacy;
- the rights to the highest attainable standard of health (including sexual health);
- the right to marry and to found a family and enter into marriage with free and full consent of the intending spouses, and to equality in and at the dissolution of marriage;
- the right to decide the number and spacing of one’s children;
- the rights to information and education;
- the rights to freedom of opinion and expression; and
- the right to an effective remedy for violations of fundamental rights.



ASK THE LEARNERS TO DISCUSS THIS ACTIVITY USING THE QUESTIONS BELOW

- How did you like this activity?
- Were any of the rights in the universal declaration of human rights (UDHR) left off the class list?
- Were you surprised at all the rights included in the UDHR? Are any rights missing?

Lesson summary

Understanding human rights

Human rights are basic entitlements all people have simply by virtue of being human. Human rights are what people need to live a life of dignity. Human rights have many characteristics:

- Human rights are universal, meaning everyone has them, no matter who they are or where they are from.
- Human rights are based on equality, meaning everyone holds them equally. No one should suffer discrimination based on ethnic group, sex, language, religion, political or other opinion, national or social origin, property, birth or other status as established by human rights standards. The meaning of “other status” has evolved over time and it is now widely agreed that grounds such as disability, age, gender identity, ethnicity and geographical origin are included in this definition.
- Human rights are indivisible, meaning there are no rights that are considered “more” or “less” important than others.
- Human rights are inalienable, meaning a person cannot lose a right or a right cannot be taken away from a person.
- Human rights are interdependent, meaning they depend on each other. For example, if a child does not have enough food to eat (the right to food), then he or she will have a difficult time learning in school (the right to education).
- Human rights go hand in hand with responsibilities. A person has rights but also has the responsibility to respect other peoples’ rights too.

There are actions that qualify as discrimination. These actions can range from violations of human rights such as genocide, religious prosecution, or more subtle actions such as verbal abuse or, among children, bullying.

There are consequences that can prevent individuals from exercising their rights. Examples of this include prejudice and racist attitudes.

Equality represents the “positive” perspective (everyone is equal in dignity and rights) while non-discrimination is the “negative” perspective (no one should discriminate).

2.3 Lesson Plan for Culture, Society and Sexuality

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Understand who bears responsibility to respect, protect and fulfil human rights, including the role of rights holders themselves Understand why a rights – based approach is important for sexual and reproductive health 	<ul style="list-style-type: none"> Be able to facilitate and stimulate discussions about duty bearers, rights holders and accountability in their environment 	<ul style="list-style-type: none"> Can demonstrate and appreciate a critical awareness of human rights in relation to women’s sexual and reproductive health
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

SESSION 4.2

LEARNING OBJECTIVE

For participants to reflect on how gender inequality could be promoted within a family



Activity 4.1

Story and discussion

Presentation by local man/woman who has challenged gender inequality within family
XXX- insert a female name relevant to your context

Aim of activity: For participants to realize that just because something is seen as a gender role in society doesn’t mean it can’t be changed and you should strive for your dreams.

*“**XXX** was an only girl among three brothers. They were all performing well at school; however, **XXX** was performing better in sciences than all of her brothers. Her brothers felt very uncomfortable about her success at school. Her brothers teased her that she was only a girl and that the best that could happen to her was to get married and become a housewife. However, **XXX** had a goal and dream of becoming a pilot with the countries airline. When she told people in her village what she wanted to do they laughed and said, “Women can’t fly!” After years of studying and hard work she went to the university. At the university she chose a subject that women usually don’t study flight engineering. She turned out to be the*

first woman flight engineer in the country. Everyone is proud of her success. She is now a very good flight engineer in her country and serves as a role model for both boys and girls”.

- Many jobs in the economy are gender-stereotyped. Engineers are thought of as a man’s job, whereas nursing is thought of as women’s work. Why do you think this is so?
- What challenges do you foresee **XXX** having as she begins her new career?
- Her brothers teased her that she was only a girl and that the best that could happen to her was to get married and become a housewife. Do you think **XXX** will find it difficult to get married and maintain her relationship? Give reasons for your answer.

Lesson summary

“Culture socialises us into believing what may or may not be desired, what even if desired may not be pursued, how our desires may or may not be expressed”.

3. Understanding Gender

The drastic rise in gender-based violence (GBV) cases during the Covid-19 pandemic has painfully highlighted that harmful gender (and sexual) norms are unfortunately still present in all levels of society across the globe. (UNFPA 2020).

To achieve lasting positive change, men, women, boys and girls, must create the culture, values and actions that match their human rights.



Photo: Håvard Bjelland, Norwegian Church Aid

TOPICS



Photo: Håvard Bjelland, Norwegian Church Aid

- 3.1** The Social Construction of Gender and Gender Norms
- 3.2** Gender Equality, Stereotypes and Bias
- 3.3** Gender-based Violence

3.1 Lesson Plan: The Social Construction of Gender and Gender Norms

KEY LEARNING OBJECTIVES

Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> Learners will be able to define gender and sex and describe how they are different 	<ul style="list-style-type: none"> Learners will be able to practise everyday actions to influence more positive gender roles in their homes, schools and communities 	<ul style="list-style-type: none"> Learners will be able to acknowledge that many factors impact gender roles Learners will acknowledge that gender roles and expectations can be changed
Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	



Lesson One:
Gender Concepts and Terminologies.



Step 2:
15 min

Methods

Group work, role-play, reflections and discussion



Step 1: Arrange participants in two groups.
25 min

- **Ask** group 1 to discuss, define and record the difference between men and women, or boys and girls.
- **Ask** group 2 to discuss, define and record similarities between men and women, or boys and girls.
- They should record their answers in a flip chart, if they cannot read and write they should elect one person to narrate their presentation.
- Inform them that they will have to report their findings in the plenary in 5 minutes time
- **Ask** participants to be as concrete as possible and use examples when possible.
- **Ask** the groups to separate what they think will change over time and what they think will never change. Let them give reasons.
- **Example:** Only women can give birth. Only women can breastfeed; Men's voices break at puberty; women's do not.

After the learners make their presentations, the facilitator should present the participants with actual definitions, using power points, discussing the differences between the terms sex and gender.

Lesson Summary

End the lesson by debunking myths about key concepts and presenting clear accurate concepts, terms and terminologies used. As a facilitator, you are responsible for creating a climate of safety and trust for all participants. Personal reflection, challenging discussions on (un)equal situations and providing constructive feedback are part of this role and require a sensitivity to power dynamics.



Lesson Two: Gender Norms

Lesson time:

40 min

Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.

Methods

Group work, reflections and discussion



Activity 2-

Step one:

Divide the group into boys and girls. Provide each of them with a flip chart titled "ROLES, RESPONSIBILITIES, BEHAVIOURS, EXPECTATIONS" (see example below).

Step two:

Ask the female participants to write down in the first column the prevailing norms what their society believes and attribute to men and boys in their society and the male participants write down prevailing norms attributed to women and girls in their society.

Have the two groups present and explain their opinions on what gender relationships and norms would be like in the future.

Summary

Norms and roles are in the focus of this lesson, they affect the lives of boys and girls, men and women. They determine what is expected of a man and a woman in their society, they shape their responsibilities and behavior in all aspects of their living, including their reproductive and sexual life.

3.2 Gender Equality, Stereotypes and Bias

KEY LEARNING OBJECTIVES

Knowledge

- Learners will be able to define gender inequality
- Learners will be able to recall examples of gender bias against men, women and people of diverse sexual orientation and gender identity

Skills

- Learners will be able to critically assess their own level of gender bias and analyze gender bias within their community

Attitudes

- Learners will be able to recognize the impact of harmful gender roles and gender stereotypes on relationships

Total lesson time:
40 min

Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.

Methods

Group work, reflections and discussion



Activity 1-

Discussions and reflections on existing gender imbalances and repercussions in relationships.

Show the learners the image of a man with the baby

Ask the participants to comment on the picture.

Begin the conversation by asking

- ① Why is the young man happy and smiling?
- ② Why do you think he is carrying the baby?



Photo: Norwegian Church Aid

Once the participants give their comments and opinions

Point out concepts such as gender roles

Gender roles influence a wide range of human behavior, often including the clothing a person chooses, the profession a person pursues, and the personal relationships a person enters.

Gender roles are passed on through generations. From the age of three, children are able to start becoming aware of the differences between girls and boys based on the actions of the parents and the nature of their environment.

Every society, ethnic group, and culture has gender role expectations, but they can be very different from group to group.

All voices matter

Why does equality even matter, you might ask? Well, we know that in an abusive relationship, one partner maintains power and control over the other. This type of relationship is extremely unbalanced and unequal.



• **Equality**= the end goal



• **Equity**= the means to get there

Summary

Gender equality, equality between men and women...does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they were born male or female. The causes of gender inequality are deep-rooted and complex, and achieving equality between women and men, girls and boys is not a short-term or even medium-term goal. Progress requires addressing all the factors that contribute to inequalities in effort to gradually lead to a shift in norms and value.



Lesson Plan for Stereotypes and Bias

Lesson time:

40 min

Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.

Methods

Group work, reflections and discussion



Activity Two:
True or False

Start by reading the sentences below out loud one by one; all participants should stand up, those who believe the sentence is true should move to the left and those who believe this is false should move to the right. Ask individual to explain their opinions.

1. Girls are gentle, boys are rough
2. If boys and girls are socialized/brought up in the same manner differences in gender roles will disappear.
3. Girls are too emotional to be leaders
4. Boys are too rough to look after new born babies
5. There are some jobs that Boys cannot do.

Ask the learners to write down the consequences of these statements in their community.

Who is responsible in changing such stereotypes? Discuss the role of families, schools, media, and religion.

- ! Make sure you have a small reward for correct answers (e.g. fruits or stationary etc.)

Summary

A stereotype is a widely accepted judgment or bias about a person or group — even though it's overly simplified and not always accurate. Stereotypes about gender can cause unequal and unfair treatment because of a person's gender.

There are four basic kinds of gender stereotypes:

1. **PERSONALITY TRAITS** — For example, Girls are often expected to be accommodating and emotional, while boys are usually expected to be self-confident and aggressive.
2. **DOMESTIC BEHAVIOURS** — For example, some people expect that women will take care of the children, cook, and clean the home, while men take care of finances, work in the farms, hard cattle, and do the home repairs.
1. **OCCUPATIONS** — Some people are quick to assume that teachers and nurses are women, and that pilots, doctors, and engineers are men.
2. **PHYSICAL APPEARANCE** — For example, women are expected to be clean and graceful, while men are expected to be muscular. Men and women are also expected to dress and groom in different ways

3.3 Lesson Plan for Gender-based Violence

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners should be able to define GBV, and recognize that it can take place in different locations Learners recognize discrimination, its damaging effects and being able to manage it. 	<ul style="list-style-type: none"> Learners gain life skills to build healthy, productive relationships Learners should demonstrate how they would approach a trusted adult for support if they are experiencing this type of violence. 	<ul style="list-style-type: none"> Girls develop the functioning ('being and doing') skills that provides them with the freedom to choose the kind of life they value. Boys gain the ability to critically challenge harmful masculine norms around "notions of being a man" within a given context. Learners should be able to acknowledge that all forms of gender-based violence are wrong and a violation of human rights
	Total lesson time: 40 min	Materials : Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

To enable learners identify gender-based violence and recognize that it happens in different locations.

Plenary session, followed by reflection and trust building

Create rapport within the groups, to have people experience empathy and understanding, to create motivation and inspiration for change and to learn from each other, among others.

Step one

Ask participants to discuss what they think is happening in the picture.

Record their answers

Step two

Ask participants what they think gender-based violence is.

Discuss and explain the different form of Gender Based Violence



Summary

During this exercise participants might touch upon sensitive topics, therefore it is important to monitor whether extra attention for safe spaces is needed. If you feel this is the case, make sure that participants feel comfortable within their small groups, e.g. divide groups in age categories and gender.

Identify and discuss critical rights of adolescents particularly in relation to gender

- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment.
- The right to privacy.
- The rights to freedom of opinion and expression, and the right to an effective remedy for violations of fundamental rights.
- The responsible exercise of human rights requires that all persons respect the rights of others.

Discuss the risks of gender identity problems in the community.

Adolescents face significant and multidimensional risks in terms of bodily integrity and violence, but that the patterning of these risks differs considerably by gender, age and geographic location. Depending on context, adolescent girls are faced with high odds of:

- Child marriage – which is most often forced by other adult family members but is sometimes ‘freely’ chosen.
- Female genital mutilation/cutting and other harmful traditional practices, often arranged by adult family members and also sometimes freely chosen.
- Girls in conflict-affected areas are also highly vulnerable to sexual and gender-based violence.
- In conflict-affected contexts girls often face heightened risks of sexual and gender-based violence and resulting psychosocial trauma;

Adolescent boys face a wide variety of gender-specific threats of their own – and as such deserve programming that helps them reach their own capabilities. There is growing evidence that adolescent boys can be effectively reached through sports opportunities, particularly where they can be combined with positive male role models.

- Boys have also been sexually abused in conflicts, be sensitive during such discussions because this has been such a hidden issue.
- Boys are more likely to be killed during conflicts because they are often seen as potential soldiers and fighters in conflicts –due to the socially attributed role given to men. Targeted killings of men and boys during conflicts because of their gendered role should be recognized as a form of gender-based violence.

SAY NO TO
EARLY MARIAGES



Photo: Håvard Bjelland, Norwegian Church Aid

4. Violence and Staying Safe

Violence against children takes many forms including physical, sexual and emotional abuse. These forms of violence may involve neglect or deprivation. Violence occurs in many settings including the home, school and community and over the Internet. Similarly, a wide range of perpetrators who commit violence against children include family members, intimate partners, teachers, neighbours, strangers and other children. When adolescents and young people understand their rights and the many ramifications of violence, it will build necessary skills and attitudes to speaking out against violence and seek help.

TOPICS



Photo: Håvard Bjelland, Norwegian Church Aid

4.1 Violence

4.2 Consent, Privacy, and Bodily Integrity

4.3 Safe use of Information and
Communication Technologies (ICTs)

4.1 Lesson Plan for Violence

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to describe examples of sexual abuse (including rape, incest and online sexual exploitation), sexual harassment and bullying (including cyberbullying). 	<ul style="list-style-type: none"> Learners will demonstrate effective ways to respond when they know someone who is being bullied, sexually abused or harassed. 	<ul style="list-style-type: none"> Learners will acknowledge that bullying and violence are wrong, and are never the victim's fault, including violence that is carried out by a family member or other adult. Learners will appreciate the importance of speaking out against violence and human rights violations in all spaces including at school, in the home, online and within the community.
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

Song, Rap and Dance Discussion in pairs, using provoking questions

SESSION 1



Activity

- Separate the learners into groups of three. Assign the groups numbers one to three and read the instructions out aloud.
 - Group one should compose a song or rap that educates girl's on violence in their community.
 - Group two should compose a song or rap about educating boys on violence within the community.
 - Group three should compose a song to community leaders about how to prevent violence for adolescents and young people.
- Give the groups 15 minutes to practise their songs, rap and dances.
- Then ask the groups to form a circle and ask each group to perform their song and dance.

? DISCUSSION QUESTIONS

- What are the different forms of violence in the community?
- What can young girls do to keep boys safe from violence?
- What can young girls do to keep themselves safe from violence?
- What can young boys do to help keep girls safe from violence?
- What can young boys do to help keep themselves safe from violence?
- What are the consequences of violence?

Refer to the instructors guide and content matrix for a comprehensive definition of what constitutes violence.

Summary

According to a report by UNICEF, Violence against adolescents and young people is often rationalized as necessary or inevitable. It may be tacitly accepted due to the familiarity of perpetrators, or minimized as inconsequential. The memory or reporting of violence may be buried due to shame or fear of reprisal. Impunity of perpetrators and prolonged exposure may leave victims believing violence is normal. In such ways, violence is masked, making it difficult to prevent and end

The lesson should therefore trigger the confidence in adolescents to act as change agents to influence social norms and take action to protect children's and adolescents' rights. Promote critical thinking, they should be able to define Violence in its totality as any action, explicit or symbolic, which results in, or is likely to result in, physical, sexual or psychological harm.

When discussing types of violence, take note of adolescents' vulnerabilities. As an example, violent discipline at home is the most common form of violence experienced by children, adolescents and young people; for some types of violence, exposure and risk have a geographical component, in some circumstances boys are at the risk due to collective violence for adolescent boys living in a number of conflict-affected areas; Girls are generally more vulnerable to sexual victimization. Culture also sometimes shapes the specific tactic of control used by the perpetrators, cultural factors should therefore not be used to dismiss the reality of domestic violence and other harmful practices.

Violence based on sexual orientation and gender identity/expression, also referred to as homophobic and transphobic violence, is also a form of violence. Give clarity around dating violence or forced intercourse or other forced sexual acts or any other form of intimate partner violence.

4.2 Lesson Plan for Consent, Privacy, and Bodily Integrity

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners should be able to identify which parts of the body are private. Learners should be able to explain that, during puberty, privacy about one's body and private space become more important for both boys and girls, particularly access to toilets and water for girls. 	<ul style="list-style-type: none"> The learners should be able to demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable (e.g. say 'no', 'go away', and talk to a trusted adult) 	<ul style="list-style-type: none"> Learners should be able to recognize that unwanted sexual attention towards both boys and girls is a violation of privacy and the right to decide about one's own body.
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Lesson 1



Activity 1

This discussion is suitable for adolescents from the age of 9 to 18+ The case presented can include complicated scenarios depending on the age of learners.

Methods

Role play, reflections and discussion, analyse the role-play and discuss its relevance to their lives.

Adolescents 9 to 15 years

"Inayat was walking down the school corridor one day when she was violently pushed against a wall and forcibly kissed. The perpetrator was Ayush, an older male student. When asked about his behaviour, Ayush wasn't repentant in the least. 'What I did was normal, since I had asked her (Inayat) many times,' he said, justifying his action."

General discussions

What is Consent?

Clarity around consent— people have a degree of responsibility and choice over their bodies and lifestyles.

A person's consent is such that they agree by choice, and has the freedom and capacity to make that choice.

Consent is a clear agreement between two willing participants to engage in an activity. People generally talk about consent in the context of sexual activity, but it can be applied to just about anything.

CONSENT

Specific

Saying yes to one act (i.e. kissing) doesn't mean you've said yes to others (i.e. oral sex).

Enthusiastic

It's about wanting to do something, not feeling like you have to or should do something.

Informed

Not deceiving or lying. For example, if someone says they'll use a condom and then they don't, there isn't full consent.

Ongoing

Anyone can change their mind about what they're interested in doing, anytime.

Freely given

Saying yes without pressure or manipulation.

Learners of 15 to 18 years

So you and your partner are in the middle of kissing and you can feel them pulling away. You want to take things a step further so you repeatedly ask them to take their clothes off until they say yes.

Is this consent?

Discussion

Case in point, it is wrong to assume your partner's consent extends beyond the activity they initially consented to. In other words, if your partner consents to make out, that means they are interested in kissing and nothing else.

Is your body yours?

Discuss barriers to consent, people with mental disabilities or are heavily intoxicated might be unable to appropriately assess a situation and therefore are unaware what they're consenting to. Therefore such persons cannot provide informed consent. Again, anyone under the age of 13-17 (this is country specific) can never give legal consent.

Also consider methodologies of teaching children with disability about their bodies, boundaries, and sexuality. Refer to the teaching guide.

Lesson 2

Lesson time:

40 min

Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards

Methods

Group discussion and Reflections

- Help the group establish ground rules
- Write down any questions they may have.
- Highlight any words they don't understand.
- A variety of points of view are put forward and discussed
- The discussion is not dominated by any one person

Step one:

Warm up discussion

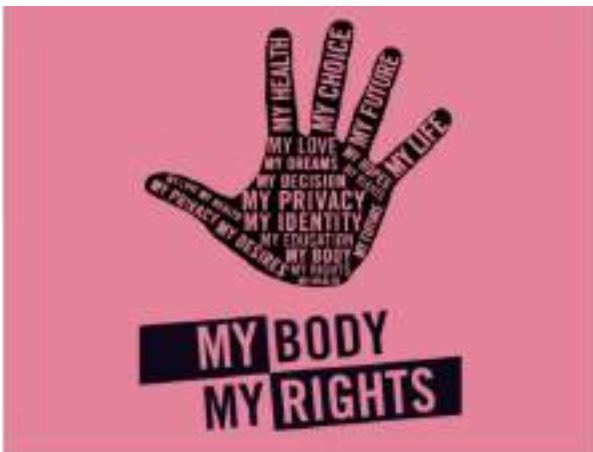
Warm-up the learners for the lesson and discussion by asking:

1. What is personal space?
2. Can you show me your personal space?

Step two:

Group learners into pairs and ask them to find out the answers to the following questions.

1. What is bodily integrity?
2. Why do adolescents and young people have it?
3. When is it important for protecting their rights?
4. What should we do if the first adult we tell about breach of our privacy, says we are lying or takes no action?



Summary

Personal space is the area immediately surrounding your body. This amount of space can be different from person to person. Some people may want more room between themselves and those around them, while other people don't mind if someone gets closer to them. Personal space can even be different from culture to culture.

As a young person enters adolescence, their parents are still largely responsible for all aspects of their life. Therefore, in practice, respecting adolescents and children's rights to privacy is often a difficult balancing act. Some interferences with the privacy are clearly justifiable; until they have the capacity to make fully informed decisions, giving them unbridled autonomy and independence is not in their best interests. In these circumstances, it can be appropriate and sensible to rely on parents and guardians to manage adolescent's privacy to some extent.

- 1. Decisional privacy:** A comprehensive view of privacy looks to individuals' ability to make autonomous life choices without outside interference or intimidation, including the social, political and technological conditions that make this 'decisional privacy' possible.
- 2. Informational privacy:** Privacy has more recently evolved to encapsulate a right to 'informational privacy', also known as data protection.
- 3. Physical privacy:** A third and more straightforward conception of privacy is that of 'physical privacy', the right of an individual to a private space and to bodily integrity. These include virginity testing on girls, female genital mutilation, sexual maturity exams on migrant and refugee children to determine their age, circumcision of boys, 'corrective' surgeries on intersex children, and forced or coerced sterilisation of children with disabilities. Most of these practices would be unlawful if performed on adults.

The decision about one's body should rest only with the person in question and be taken by them when they are old enough to give their free, prior and informed consent—or to refuse it.

4.3 Lesson Plan: Safe use of Information and Communication Technologies (ICTs)

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will appreciate the Internet and social media while recognizing that they can be unsafe. 	<ul style="list-style-type: none"> Learners will demonstrate how to decide what information to share with whom on social media 	<ul style="list-style-type: none"> Learners will recognize the importance of knowing the laws, with respect to sharing or securing sexually explicit images
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

Plenary session, followed by reflection and trust building

- Provide a general overview of the topic
- Use the warm up questions to create rapport, to create motivation and inspiration for change and to learn from each other, among others.
- Write the questions on the board or a flip chart

Warm up question as a recap on privacy

1. Should parents share photos of their children on social media?
2. Can adolescents post and share their pictures on social media?
3. Can adolescents be trusted to manage their own online profiles?

Plenary discussion points

4. How do you tell the difference between a joke and bullying?
5. Who should one talk to if someone is bullying them online?
6. What are the effects of exposure to age inappropriate content such pornography?

⚠ Share With Care

- What you post can last a lifetime: Before posting online, think about what others might learn about you and who might see it in the future – teachers, parents, colleges and potential employers. Share the best of yourself online.

- Be aware of what's being shared: Be aware that when you post a picture or video online, you may also be sharing information about others or personal details about yourself like where you live, go to school or hang out.
- Do not share, or display your password on the display screen as it is being entered. Also allowing passwords of adequate length
- Some countries have given advice when children and adolescents can get their first cell phone and when they can register on social media platforms. Check regulations in your own country.
- If a child/your friend, relative and/or their family have experienced abuse they may worry about the perpetrator tracing them online, always ask for consent before sharing personal information and photos.
- Creating or sharing explicit images of a child/minor is illegal, even if the person doing it is a child/minor.
- Post only about others as you would like to have them post about you: The golden rule applies online as well. Ask permission before you tag a friend in a photo.
- Sharing, reproduction and publication of images featuring children not only has a bearing on their reputation, but may also place them at risk; in the worst cases, images of children have been captured and shared within networks for child sexual abuse material.

Bullying and harassment

Cyberbullying is growing in prevalence and severity as users intimidate, threaten and harass others online, including adolescents, young people and children, in some cases maliciously disseminating private images to deliberately harm reputations.

Acquiring explicit consent

Making adolescents, young people and children's online profiles private by default, and working to ensure that children are explicitly informed about the potential implications of sharing their information publicly.

Summary

- 1.** Identify and discuss critical rights of adolescents
- 2.** Discuss the role of parents in controlling what the adolescents do online.

Parental controls can similarly threaten children's free and confident use of technology, and applications installed to track children online may generate even more data about children's Internet use. Perhaps most concerning, parents who threaten their children's safety may use their power to cut off digital lifelines for seeking outside assistance. Albeit unintentionally, many parents also take actions that adversely impact their children's reputation online.

While it is now commonplace for parents to share information about their children online, most children are not in a position to either scrutinize the information or object to its posting. As there is frequently no way for children to request that offending content be removed, even when they reach adulthood, parents may inadvertently be compromising their children's privacy far into the future.

Discuss the manifestation of cyber bullying

Cyberbullying is bullying with the use of digital technologies. It can take place on social media, messaging platforms, gaming platforms and mobile phones. It is repeated behaviour, aimed at scaring, angering or shaming those who are targeted. Examples include: spreading lies about or posting embarrassing photos of someone on social media sending hurtful messages or threats via messaging platforms impersonating someone and sending mean messages to others on their behalf. People who are victims of any form of violence, including bullying and cyberbullying, have a right to justice and to have the offender held accountable.

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5. Skills for Health and Well-being

Many adolescents are confronted at some point during their teen years with choices about whether or not to have sex and, if they do, whether or not to use condoms and/or other contraceptives. Understanding important factors related to sexual behaviour is important not only to change that behaviour; it is important to identify those teens who are most at risk of having sex and unprotected sex. The chapter also explores the role of siblings, friends and the media as “socializing agents,” who set standards of conduct and serve as role models, thus shaping the development of sexual attitudes and norms.



Photo: Håvard Bjelland, Norwegian Church Aid

TOPICS



Photo: Haldis Kårstad, Norwegian Church Aid

- 5.1** Norms and Peer Influence on Sexual Behaviour
- 5.2** Decision-making
- 5.3** Communication, Refusal and Negotiation Skills
- 5.4** Media Literacy and Sexuality
- 5.5** Finding Help and Support

5.1 Lesson Plan for Norms and Peer Influence on Sexual Behaviour

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners should be able to describe ways that gender and social norms and peer influence affect sexual decisions and behaviours. Learners should be able to compare and contrast positive and negative ways that peers can influence sexual decisions and behavior. 	<ul style="list-style-type: none"> Learners should be model a positive behaviour that could influence peers Learners should be able to question the influence of their peers Learners should be able to demonstrate the ability to refuse to do something that they don't want to do 	<ul style="list-style-type: none"> Learners should aspire to challenge negative peer influence on sexual decisions and behaviours Learners should be able to acknowledge that their sexual decisions and behaviours are influenced by gender and social norms and peers
	Time: Main activity 45 min Summarising learning and key facts 20 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

Games and discussion and critical reflection.

Recap on Norms

What are Norms?

Norms shape our beliefs, attitudes, and behaviors, and influence our sense of what's acceptable and not acceptable within a community or society at large.

Ask participants to mention some norms:-

- about masculinity
- about femininity
- about Sexuality

Read out the statement and ask people to go to one side of the room if they agree with it and the other if they disagree with it. People who are not certain should stay in the middle of the room.

- Do you think the man should pay the bill on a first date?
 - Women are not that interested in sex
 - Circumcision Prevents HIV and AIDS?
 - Will a person get HIV or STDs from masturbation?
- **Ask** people in their groups to discuss why they agree or disagree with the statement.

- **Ask** each group in turn to share why they agree or disagree with the statement. The other group should listen actively and really try to understand the reasons.
- **Ask** if anyone wants to change sides and if they do, why.
- In the big group, summarise the information below to the group

Summary

Adolescents garner a wealth of misinformation from each other about sex. They also put pressure on each other to carry out traditional gender roles, point out that peer influence is critical in shaping the perception of normative sexual attitudes and behaviour.

Explain the different ways adolescents influence each other

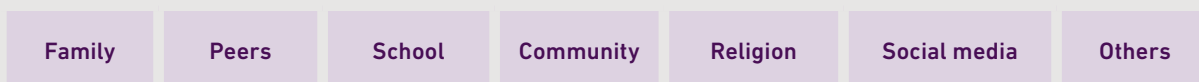
- Descriptive norms reflect adolescents' perceptions of peers' engagement in sexual behaviours. Behaviours based on the reasoning that if others are doing it, especially when many others do it, it might be a good or wise thing to do.
- Injunctive norms reflect adolescents' perceptions of peers' approval of engagement in sexual behaviours. If they believe that their peers would approve of this behaviour, they are more likely to initiate that behaviour.

- Peer pressure, a term that many people are familiar with, refers to explicit social pressure from peers to engage in sexual behavior.

? WHAT IS A VALUE? - Society's standards and norms that are carried on through generations by socialization. –

- Shapes an individual's sense of what is right and wrong. –
- Dictates our appreciation for the lovely, fine, and beautiful things in life. - Influences individual behaviors. –
- Personal worth or importance a person gives to an object, person or idea. –
- A person's set of values, which include principles, beliefs, standards or goals, he accepts or lives by.

What are Examples of Values? –



Influences of Values –

Gender Norms, gender helps us understand how social relations are hierarchical and asymmetrical, how they produce unequal power relations, and how they interact with other factors, such as age, religion, sexuality, race and social class. For example, boys are often raised to meet an ideal of masculinity characterised by being aggressive and competitive. On the other hand in some cultures young women have been socialised to accept male control of sexual decision-making.

5.2 Lesson Plan for Decision-making

KEY LEARNING OBJECTIVES

Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> Learners should be able to describe a decision that they made and are proud of. Learners should be able to describe the main steps in decision-making. Learners should be able to explain how decisions about sexual behaviour can affect people's health, future and life plan 	<ul style="list-style-type: none"> Learners should be able to demonstrate understanding of circumstances that can help them make a good decision 	<ul style="list-style-type: none"> Learners should be able to realize that their decisions are influenced by numerous factors. Learners should be able to acknowledge the importance of knowing their rights in assessing decisions about sexual behaviour
<p>Time: Main activity 45 min Summarising learning and key facts 20 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.</p>	

Methods

Scenarios, discussions and analysis.

The decisions adolescents make can often reveal valuable information about their values and priorities.

Introduce the lesson by asking, **“Has anyone ever struggled to make a really tough decision?”** After a few students have raised their hand go on to ask, **“Has anyone ever made a really tough decision and even after you made the decision you weren't 100% sure it was the right one?”**

Ask the volunteers questions like these:

- ① “Can you tell me more about the situation?”
- ① “What were your choices?”
- ① “What was your thinking?”
- ① “What was your decision?”
- ① “How do you think your decision turned out?”

In groups of two



Activity

X and Y have been together for about six months. They have a good relationship but only get to see each other about once a month, because Y just moved to a town about an hour away from X. Since his move, X has begun to hint that she's ready to have sex.

Ask the groups to read the fictional scenarios and discuss what their decision and considerations would be if they were Y.



Scenario

You were assigned male at birth but have never identified as a boy or a man. You are a girl, but not a “girly” girl. You work hard to have a gender-nonconforming appearance and style. You want to reveal this to your parents, how do you get things started.

Summary

It's important that adolescents recognize the differences between the situations they have control over and the ones they don't. Equally important is helping adolescents understand they do have control over the decisions they make in both types of situations.

The facilitator should redirect students through a discussion of choices and behaviour within a like relationship. The learners should be able to offer ideas for dating that would remove any sexual pressure

Let learners practice the **FOUR STEPS IN DECISION-MAKING** as they review the scenarios a second time.

1 THE SITUATION

A situation has an invisible "stop sign." Stop, think, then act.

2 THINK

A situation has an invisible "stop sign." Stop, think, then act.

3 THEIR DECISION

After thinking about all their choices and the possible consequences of each choice, they need to decide what to do.

4 EVALUATE THEIR DECISION

This step is designed to help adolescents

Learn from their mistakes. Some decisions are just fine. Others will be "okay," but not great. "Okay" decisions probably would have turned out better if the adolescent had spent more time thinking through the consequences

The 3 I's of Adolescents

INDEPENDENCE

- Make own decisions
- Power to choose your friends, plan your activities
- You want to be consulted in areas that affect your life
- You want privacy and freedom
- Your focus gradually shifts from parents to peers
- Sometimes, you value the opinion of peers than family
- You develop and express your own opinions and ideas

INTEGRITY

- You choose what is right and what is not right to guide your actions and choices
- You look for role models
- You begin to question things around you especially those which you believe are not right

INTIMACY

- You want to be connected with significant people who can understand and accept you for who you are
- You learn to manage and express your emotions –
- You learn how to love and be loved –
- You look for close relationships with your peers –
- You may not know it but you are preparing yourself for a loving, healthy, stable relationship later on in life

Adolescence is a critical period in life. It is a time when you discover who you are and what you can become.

- a)** Enjoy this period of development in a SAFE and HEALTHY way. –
- b)** During adolescence, there are many RISKS and VULNERABILITIES that a young person can encounter.
- c)** Focus on your dreams and ambitions. Set personal goals in the short and long term. You are your best RESOURCE. You are your best INVESTMENT. –
- d)** The QUALITY of your health during adolescence will impact on the quality of your health in adulthood when you assume new roles and responsibilities related to work/career/family/parenthood. –

If you are in a RELATIONSHIP:

- a)** You have a right to access information and sexual knowledge from trusted sources i.e health personnel, parents or mentors
- b)** Learn to say NO.
- c)** Wait until you are mentally and emotionally prepared to have sex. Do not be pressured by anyone to do so.
- d)** Learn to RESPECT your body.
- e)** You have a right to control your own sexual decision making
- f)** Do not smoke, drink alcohol, or do drugs. Let others respect your body too.

5.3 Lesson Plan: Communication, Refusal and Negotiation Skills

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners should be able to recall how clearly communicating 'yes' and 'no' protects one's privacy and bodily integrity, and is a central part of building happy relationships 	<ul style="list-style-type: none"> Learners should be able to demonstrate effective ways to communicate wishes, needs and personal boundaries, and listen and show respect for that of others. Learners should be able to acknowledge that all people have the right to express themselves 	<ul style="list-style-type: none"> Learners should be able to acknowledge that gender roles can affect communication between people. Learners should be able demonstrate effective communication of personal needs and sexual limits.
	Total lesson time: 40 min	Materials Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

Q and A, discussions and reflection

Warm up

In pairs, ask one person to talk about something which made them very happy. Tell the other person to listen carefully to the story, without speaking, for two minutes. After two min Call 'Stop'. Ask the pairs to change roles and repeat the activity.

Group discussions;

In the big group, ask:

- How did it feel when your partner listened to you?
- How did you know they were listening?
- How did it feel when your partner did not listen to you?
- How did you know they were not listening?
- What are the good things about telling our own stories?
- What are the risks of telling our own stories?

Tell the group that they are going to be talking about their feelings, friendship and sexuality and that they need to think carefully about what to tell the group.



Activity 1

Role Play Expectations

Directions: in three mixed groups ask the learners to, write and demonstrate a role play presentation containing the required items listed below. On the script, they should identify the setting and volunteer for characters. They should make sure the chosen scene is a realistic representation of an

adolescent's life under pressure to act against their will. Remember that each group member needs to successfully demonstrate this skill—they do not change their mind—they stand up to the peer pressure in an assertive manner.

For each group Check-Off

Successful use of the Five Refusal Skills

1. Ask Questions,
2. Name the Trouble,
3. State the Consequences,
4. Suggest an Alternative,
5. Leave, and Leave the Door Open

Summary

Often, peers will become the primary source for information on issues related to sex and sexuality. Identify and discuss critical rights of adolescents.

Building confidence is key for young adolescents is critical on issues around sexuality, Girls who lacked confidence in their ability to purchase condoms and negotiate their use tended to have a higher likelihood of engaging in unprotected intercourse.

5.4 Lesson Plan: Media Literacy and Sexuality

	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none"> Learners should be able to list different forms of media (e.g. radio, television, books, newspapers, the Internet and social media). Learners should be able to identify and critique unrealistic images in the media concerning sexuality and sexual relationships 	<ul style="list-style-type: none"> Learners should be able to demonstrate ways to challenge gender stereotypes and inaccurate portrayals of sexuality and sexual relationships in the media 	<ul style="list-style-type: none"> Learners should be able to acknowledge that not all information provided by media is true. Learners should be able to recognize the power of media to influence values, attitudes and behaviour relating to sexuality and gender
	Total lesson time: 40 min	Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.	

Methods

Group work, discussions



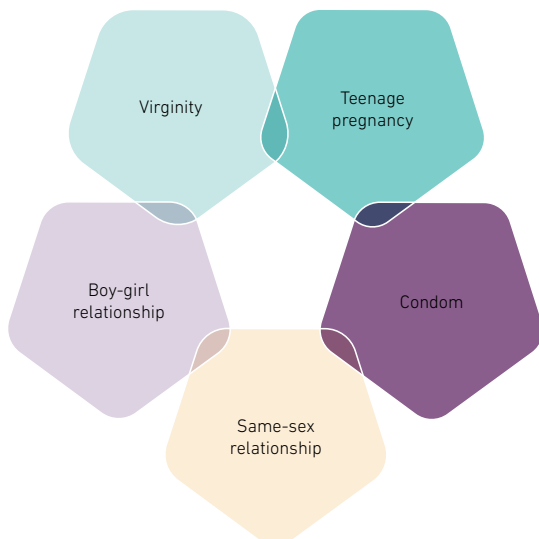
Activity

Select five mixed group

On a piece of paper, make three columns and label it with: Family, Peers and Media (including social media).

Distribute the five issues presented below to each group and ask them to discuss and write down what their Family say about the issue you?; What do their Peers say about the issue?; What does Media say about the issue?

- The five issues are:



Ask for volunteers to share in the big group.
Give the key messages:

- It is very important for us to understand our own values and where these are coming from.
- Each one has his/her set of values.
- One cannot impose his/her values on others.
- Values are not permanent. It can be changed for the better.

5.5 Lesson Plan: Finding Help and Support

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners should be able to describe specific ways in which people can help each other. Learners should be able to recognize problems for which children may need to seek help (e.g. abuse, harassment, bullying, illness) and identify relevant sources of help Learners should be able to identify where to access relevant sexual and reproductive health services or assistance 	<ul style="list-style-type: none"> Learners should be able to demonstrate ways to seek out and access help in the wider community Learners should be able to practise asking for help, assistance or support without guilt or shame 	<ul style="list-style-type: none"> Learners should be able to perceive the importance of critically assessing sources of help and support Learners should be able to acknowledge that all people have the right to be protected and supported
<p>Time: Main activity 45 min Summarising learning and key facts 20 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.</p>		

Method

Agree disagree game, discussions.

Ask the participants to stand up.

Step 1

As you read the statement, ask the participants to go to either the 'Agree' or 'Disagree' corner. There is no neutral spot.

Step 2

Ask participants to explain why they chose either 'Agree' or 'Disagree'.

The statements are as follows

- I am comfortable naming/mentioning the body parts/ reproductive system in our own language/dialect.
- I am comfortable discussing sexuality and relationship with my own parents.
- I am comfortable discussing sexuality and relationship with my brothers/sisters.

- I believe that I have the right to decide what I want to do with my body.

- I believe that parental consent is needed when an adolescent is seeking medical services related to pregnancy, STI, and HIV and AIDS.

- I am comfortable talking about sexuality to an adolescent who is different from me.



Activity 2

Put learners into small single sex groups. Tell them to imagine that they have a problem to do with growing up. Ask them to talk together about: who they could talk to about this situation with. This could be about Sexuality– for example, body changes or being attracted to the opposite sex

- What qualities they would look for in this person.

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Photo: Håvard Bjelland , Norwegian Church Aid

6. The Human Body and Development

Ground Rules. Before introducing lessons on reproductive health, it is important to create a safe space for adolescents and young people to share their ideas and openly discuss sensitive topics by establishing rules of behaviour and communication in the group. If ground rules have been developed prior to the reproductive health lessons, a learner should review the rules to make sure that the following issues are addressed:

- **Confidentiality:** Information shared in the group will remain there and will not be repeated or discussed outside the group.
- **Respect:** Participants will respect other's opinions and experiences even if they are different from their own.
- **Openness:** Participants will be open and honest, but never talk about someone else's private life by giving names or identifying the person in the story.
- **Non-judgmental approach:** It is acceptable to disagree with another person's opinion, but not to judge or put down another person.
- **Right to pass:** Those participants who do not want to share their feelings and experiences have the right to "pass" and not be part of discussion.

TOPICS



Photo: Håvard Bjelland , Norwegian Church Aid

- 6.1** Sexual and Reproductive Anatomy and Physiology
- 6.2** Reproduction
- 6.3** Puberty
- 6.4** Body Image

6.1 Lesson Plan for Sexual and Reproductive Anatomy and Physiology

KEY LEARNING OBJECTIVES

Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> Learners will be able to describe the body parts involved with sexual health and reproduction Learners will be able to explain the key functions of the body that contribute to reproduction (e.g. menstrual cycle, sperm production and ejaculation of semen) 	<ul style="list-style-type: none"> Learners will be able to express how they feel about changes in reproductive capacity over the life cycle 	<ul style="list-style-type: none"> Learners will be able to acknowledge that everyone's body is unique and that variations exist in size, shape, functioning and characteristics Learners will be able to acknowledge that everyone's body deserves respect, including people with disabilities
<p>Time: Main activity 45 min Summarising learning and key facts 20 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards. Handout "Information on contraception methods" Role play Scenario Handout</p>	


Age appropriateness


15-19 years old


 Group discussion class game
10 min


Myth or fact game


- Discuss myths and facts about the male and female reproductive systems. Give each participant a card with a word **MYTH** on one side and **FACT** on another.
- Read the following statements to the participants; ask if they think it is myth or fact.
- Each participant should show a card. Give them a minute to think about the
- After everyone provides feedback, share the correct answers.


The blood coming from a woman during menstruation means that she is sick  **MYTH**


If you squeeze lemon juice into your vagina you will be a virgin again  **MYTH**


If a girl misses her period this could mean she is pregnant  **FACT**


If men do not ejaculate sperm will collect and make their penis or testicles burst  **MYTH**


When a boy has a wet dream it means he needs to have sex  **MYTH**


Most boys have wet dreams during puberty  **FACT**


If a penis is touched a lot it will become permanently large  **MYTH**

Menstruation, ejaculation, erection and wet dreams are normal signs of puberty  **FACT**

If a boy continues to wear briefs it will stunt the growth of his penis  **MYTH**

Washing up with Dettol (local disinfectant) after sex will not clean or cure STD's contracted during intercourse.  **FACT**

If a girl rubs cow dung on her breasts they will grow.  **MYTH**

Applying cocoa butter or black soap to your boys face will speed up the growth of his facial hair.  **MYTH**



Lesson 2 30 min

- Learn about family planning
- Be able to describe several contraception methods
- Discuss how to communicate about contraceptive use

Lesson Preview

- Explain the meaning of family planning.
- Discuss different methods of contraception.
- Practice skills for making informed decisions about sexual behavior and contraception.
- Discuss the optimal time to communicate with partners about contraceptive use.
- Understand personal values related to family planning

Explain that family planning means that people plan when to have children, using birth control and other techniques to implement that plan. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections (STIs) including HIV/AIDS, counselling and treatment of infertility.

Tell the adolescents and young people that we all have different values and ideas about family size. Some people want to have large families; some don't want to have kids. And it is the right of each person to plan his/her own family, and to make decisions about when and how many kids to have.

An important part of planning a family is birth spacing. After the birth of a child, it is important for the mother to wait at least 18 months before becoming pregnant with her next child, to decrease health risks for both the mother and new born including pre-term births, low birth weight, stunting in growth, or death. Both partners are responsible for children as well as responsible for taking actions to avoid unplanned pregnancy.

Ask participants to list some reasons why birth spacing is important, based on the information that you have just provided. Record their answers on a flip chart and post on a wall nearby for their review during the “Personal Application” activity.

Ask participants to name as many methods of contraception as they can. List their responses and add any they omitted. Emphasize contraceptives available in our country and region.

- Abstinence
- Pill
- Condom
- Injectable
- Withdrawal
- Rhythm
- Spermicides (cream, gel, film)
- IUD
- Injectables
- Diaphragm
- Sterilization: female and male
- Patch
- Implants
- Sponge
- Vaginal ring,
- Female condoms
- Fertility awareness methods
- LAM (Lactation Amenorrhea Method).

Explain to the group that not all contraceptives protect from STIs and HIV/AIDS as well as pregnancy. To prevent both, it is important to use dual protection. Dual protection is a protection from unwanted pregnancy and STIs, including HIV/AIDS, through:

- Consistent and correct use of male or female condom
- Use of condom and other contraceptive method
- Abstinence - Avoidance of all types of penetrative sex

“Virginity testing is a harmful practice that infringed on a girl’s human rights and bodily integrity”

6.2 Lesson Plan; Reproduction

	Knowledge	Skills	Attitudes
KEY LEARNING OBJECTIVES	<ul style="list-style-type: none"> Learners will recall that changes in hormones regulate menstruation and when a pregnancy is most likely to occur 	<ul style="list-style-type: none"> Learners will be able to express confidence in understanding how the menstrual cycle or ejaculation of sperm happens 	<ul style="list-style-type: none"> Learners will appreciate how the menstrual cycle works, Learners acknowledge that men and women experience changes in their sexual and reproductive functions and desires throughout life Learners recognize that there are options for addressing infertility
	<p>Time: Main activity 45 min Summarising learning and key facts 20 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.</p>	


Age appropriateness

15-19 years old

Participants will

- Learn about the anatomy and physiology of the male and female reproductive systems
- Learn and be able to correctly identify the proper names of the reproductive organs and parts
- Become aware that menstruation and wet dreams as normal signs of puberty
- Understand hygienic practices

Method

 Group exercise
30 min

- Divide participants in two groups. Choose the most appropriate way to form the groups either by sex or randomly. If the group is mixed, make sure that participants are comfortable with discussing the topic.
- Each group will receive a poster of the male or female reproductive system.
- Each group should name the parts of the male or female reproductive system. The participants can name the organs with words they know except for swear words.

- Give the groups 5 minutes to complete the task. Ask each group to show their results. Leave the pictures on the wall for the next session.

Focus on the male reproductive system first. **Fig.1** Use the posters prepared by the participants during the first exercise and cards with the organs' names.

Start with the male outer reproductive parts. Read the name on the poster prepared by participants first and then place the card with the proper name and ask them to read it aloud. After they read the name give a brief explanation of the part.

THE SCROTUM is a muscular sac hanging between the man's thighs. The scrotum holds the testes and regulates temperature compatibility with the mobility of sperm. It tightens when temperature is cold and loosens when warm.

THE TESTES also called testicles, are two balls that sit in the scrotum and produce sperm and the male hormone called testosterone.

THE PENIS is the male outer sex organ. The penis is made of spongy tissue with many blood vessels. Inside the penis there is a tube called the urethra that has an opening at the end.

THE URETHRA has two main roles: 1) it carries urine to the outside of the body; and 2) it allows semen to pass during sexual excitement.

FIG.1
MALE REPRODUCTIVE SYSTEM

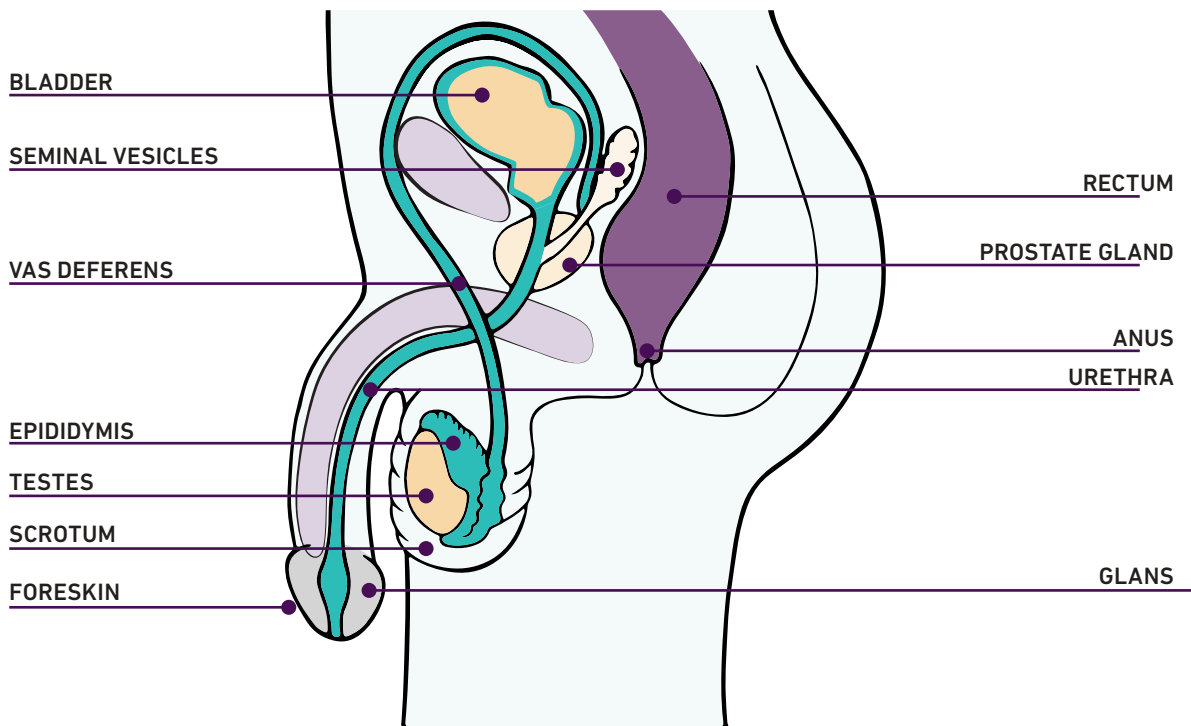
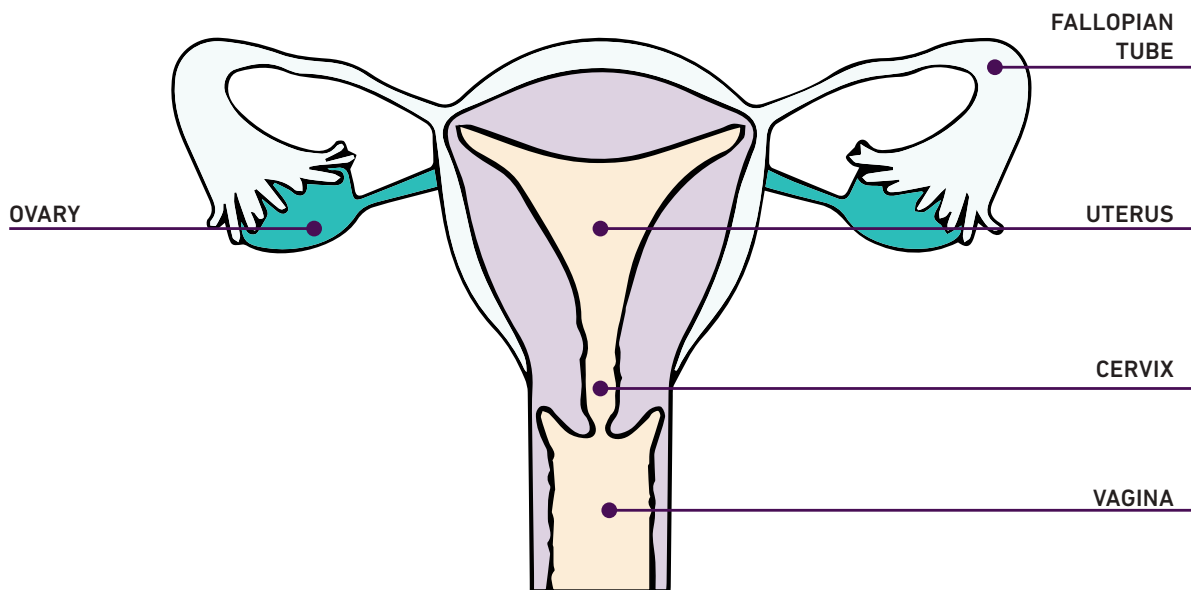


FIG.2
FEMALE REPRODUCTIVE SYSTEM



THE FORESKIN is the skin that covers the head of the penis. This is the skin that is removed during circumcision.

Continue with the inner reproductive parts:

THE EPIDIDYMIS stores the sperm until they are mature. Once the sperm is mature it travels along the tube called the vas deferens.

VAS DEFERENS is the tube that carries sperm from the epididymis to the seminal vesicle. It acts as a passageway for sperm.

THE SEMINAL VESICLES are two pouches containing some fluids that nourish the sperm.

THE PROSTATE GLAND produces lubricating fluid for sperm. Semen contains the sperm, the nourishing fluid from the seminal vesicles and lubricating fluids from the prostate gland. Semen is the fluid that leaves the man's body through the urethra during the sexual excitement.

Explain erection, ejaculation, and wet dreams during puberty.

What Is an Erection?

An erection occurs when the penis fills with blood and becomes hard and straight. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys often do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning.

While asleep at night, a boy's penis will probably become erect and then go down about five to seven times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate.


What Is Ejaculation?

Ejaculation is when semen comes out of a boy's or man's erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the boy grows into a


man, he begins making a larger amount of mature sperm, and his ejaculation will probably become more whitish. Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce sperm and continues to produce them throughout his entire life. If the sperm is ejaculated into the woman's vagina, she may become pregnant. The ejaculate can also carry diseases that could infect and harm a woman.

What Is a Wet Dream?

A wet dream (or nocturnal emission) is when a boy's penis becomes erect, and he ejaculates while sleeping. This causes the boy's underwear or the bed to be a little wet when he wakes up. If a boy does not know about wet dreams, he could be worried or confused. Wet dreams are completely natural and normal. A boy cannot stop himself from having wet dreams.

 **Ask** participants if they have any questions about the male reproductive system. Answer the questions.

 Give participants a break

 Lesson two
30 min

Discussion of the female reproductive system. **Fig.2** Make sure to start with the outer parts. Read the name on the poster prepared by participants first and then place the card with the proper name and ask participants to read it aloud. After they read the name give a brief explanation of the part.

CLITORIS: Small organ at the upper part of the labia. It is made of spongy tissue and is covered with a protective hood. It is sensitive to touch and stimulation. When a girl or woman becomes sexually excited, the clitoris also fills with blood and becomes erect. Because it is relatively small, the erect clitoris is not easy to notice. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.

LABIA MAJORA (OUTER LABIA): Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule.

LABIA MINORA (INNER LABIA): Two folds of skin between the labia majora that extend from the clitoris on each side of the urethral and vaginal openings.

URETHRA: Short tube that carries urine from the bladder (the place where urine is collected in the body) to the outside of the body. Urethral (urinary) opening: Spot from which a woman urinates.

VAGINAL OPENING: Opening from the vagina where menstrual blood leaves the body.

VESTIBULE: Area of the external female genitalia that includes the vaginal and urethral opening (not shown on Fig 2).

VULVA: The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule (not shown on Fig. 2).

Female genital mutilation (FGM) is all procedures, which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons.

Haemorrhage is one of the most common complications of FGM, as excision of the clitoris involves cutting across the high pressure clitoral artery and attempts to stop bleeding may not be effective. Acute extensive bleeding can lead to haemorrhagic shock or even sudden death in the case of cataclysmic haemorrhage.

Continue with the inner reproductive parts explaining the process of fertilization and introducing menstruation:

CERVIX: Lower portion of the uterus, which extends into the vagina

FALLOPIAN TUBES: Tubes that carry the egg from the ovaries to the uterus

FERTILIZATION: Union of the egg with the sperm

MENSTRUATION: The monthly discharge of blood and tissue from the lining of the uterus (Explain what menstruation is)

MENSTRUATION is the normal, healthy shedding of blood and tissue from the uterus. It is also called a woman's "period." It usually lasts between three and seven days. Sanitary pads or tampons can be used to absorb a menstrual flow. Menstruation happens for most women about once a month. Some girls may begin to menstruate as early as age nine or ten, but others may not get their first period until a few years later.

Menstruation is a sign that a woman can possibly become pregnant if she has sexual intercourse. Women stop menstruating during pregnancy but then start again after they have the baby.

In an average 28-day menstrual cycle (which begins the first day of the girl's period), a girl is most likely to become pregnant around 14 days before her next period, during the time that she is ovulating. Sometimes – but not always – during the cycle, girls can notice a clear or whitish secretion on their underpants, which is a sign that she is ovulating during her most fertile time. However, it is typical for young women to have irregular menstrual cycles, so counting the days as a form of birth control is not a very reliable method (we will talk more about family planning in the next lesson).

OVARIES: Two glands that contain thousands of immature eggs

OVULATION: The periodic release of a mature egg from an ovary

SECRETION: The process by which glands release certain materials into the bloodstream or outside the body

UTERUS: Small, hollow, muscular female organ where the foetus is held and nourished from the time of implantation until birth

VAGINA: Is closed muscular canal that extends from the outside of the female genital area (vulva) to the neck of the uterus (cervix).

THE HYMEN is a very thin piece of tissue that surrounds the opening to the vagina and partly covers the opening of the vagina. The hymen varies in size, shape from woman to woman and girl to girl. Some girls are born without a hymen. The hymen changes over a girl's life with age and hormones from puberty. During puberty, the hymen becomes more elastic, stretchy, flexible, and the hymen is often folded tissues.

The hymen usually does not cover the entire vaginal opening, since there must be some way for the menstrual fluid, or period, to leave the body. Sometimes, when a girl gets her period she may worry that the blood coming out is related to her hymen. This is unrelated and she should not worry.

Explain that any girl who reaches puberty can become pregnant.

? **Ask** the group how a woman can tell that she has become pregnant? Possible answers are:

- a. Missed menstrual period
- b. Changes in the body: fuller and more tender breasts; bloating; morning sickness
- c. Positive pregnancy test

VIRGINITY: "The hymen has historically been associated with a woman's virginity. Some girls are taught that they should not have sex before marriage, or remain "virgins" and having sex before marriage is shameful. There is a myth that the hymen blocked the vaginal opening, it should remain "intact" or "unbroken" as long as a woman did not have sexual intercourse. This myth is widely believed. This is not true. First every woman or girls' hymen is different. Also for women and adolescent girls, the hymen stretches, allowing vaginal penetration with no or very minimal injury. Even if there is injury, the hymen and vaginal tissue can heal very quickly. There is no evidence to support the belief that looking at the hymen can tell whether or not sexual intercourse has taken place. The idea of virginity testing - or looking at a woman or girls vaginal opening to determine if she has had sexual intercourse - is based in ideas of controlling a woman's sexual activity, in shame and harmful, shameful, humiliating, unscientific and unreliable.

There is also a myth that a woman or girls' hymen will bleed or break during vaginal penetration. Remember - the hymen can be flexible and stretch during sexual intercourse without bleeding. However any pain and bleeding following sexual intercourse is more likely to be caused by bleeding from the vaginal wall because of force or a lack of lubrication, not the hymen tearing. Vaginal tissue heals quickly - often leaving no trace of harm. After puberty, the hymen itself has very few blood vessels that - even if torn - may not bleed significantly. Also hymens can also easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. So, not bleeding does not mean a girl has had sex before."

Virginity is often perceived as a 'yes' or 'No' answer. However, this is untrue because virginity isn't a medical concept but its meaning and understanding stem from cultural values and religious underpinnings that a girl/boy is brought up in. Therefore there is no one definition of virginity as it is a social construct that does not exist. What exists about who is and who is not a virgin is misinformation that is reinforced by a lack of comprehensive sexuality education."

Summary

Discuss the anatomy and physiology of the male and female reproductive systems.

- Explain menstruation and wet dreams.
- Practice identifying male and female reproductive organs.
- Practice addressing issues related to sexual changes in our bodies.
- Discuss hygienic practices.
- Discuss myths and facts related to reproduction.

6.3 Lesson Plan for Puberty

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to list the major physical and emotional changes that take place during puberty Learners will be able to describe personal hygiene and sanitation practices Learners will understand that young men may experience erections, either due to arousal or for no particular reason, and that this is normal 	<ul style="list-style-type: none"> Describe how to access, use and dispose of sanitary pads and other menstrual aids 	<ul style="list-style-type: none"> Learners will be able to recall that puberty occurs at different times for different people, and has different effects on boys and girls, Acknowledge that teasing, shaming or stigmatizing others based on the changes of puberty is hurtful and may have long-lasting psychological impacts
	<p>Time: Main activity 65 min Summarising learning and key facts 10 min</p>	<p>Materials: For Generating Interest in Topic: Prepare body image of a girl and a boy using chart paper. Paper, chart paper or white/chalk board and markers/chalk), cards or strips of paper Role play instructions</p>	

Age appropriateness

15-19 years old

Participants will

- Identify main physical changes experienced during puberty
- Identify emotional changes accompanying puberty
- Discuss how to cope with the emotions during puberty
- Relate life skills to coping with changes during puberty

Method



Role play
30 min.

Role Play 1: One person plays a mother (aunt, grandmother), the other plays a 12 year old girl. The girl is worried because she has not developed breasts, although most of her friends have. The mother (aunt, grandmother) comforts the girl and tells her about changes happening to girls during puberty.

Role Play 2: One person plays a 12-year-old boy; the other plays the older brother. The boy is sad because everyone at school teases him about his breaking voice. The older brother explains why his voice is cracking and what to say to people when they tease him.

Role Play 3: Both people play 10-year-old girls. One girl teases the other girl because she is taller than all the other girls in the class. The tall girl explains that boys and girls grow at different paces and to different heights. She also explains why she does not like being teased and asks the other girls to be a nicer person.

Role Play 4: One person plays a 12-year-old boy; the other plays his father (uncle, grandfather). The boy is worried because he is growing hair under his arms and a little on his face. The father (uncle, grandfather) comforts him and tells him about changes happening in boys during puberty.



Discussions about the role plays
15 min

Explain what puberty means:

Puberty is a time when the bodies of boys and girls change, when bodies grow bigger and taller, genitals develop, and body hair appears. Puberty happens because new chemicals (hormones) are developing in the body, turning young people into adults. Usually puberty starts between ages 8 and 13 in girls and between ages 10 and 15 in boys, although some young people start puberty earlier or later.

Typically, but not always, girls begin puberty two years earlier than boys. During puberty, girls become

physically able to become pregnant and boys become physically able to father a child. If you are concerned about your developing body, ask to speak with a trusted adult or health provider.

Explain what emotional changes they may experience during puberty. Emphasize that physical and emotional changes experienced at puberty are normal.

During puberty, young people might feel overly sensitive or become easily upset and experience mood swings. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression they may have. 4. Explain about sexual feelings.

Emphasize that sexual feelings are normal.

During puberty, it is normal to become more aware of the opposite sex and to feel more sexual.



In boys, the main sign of sexual feelings is an erection of the penis.

In girls, it is wetness of the vagina.

Sexual feelings can come from reading a romantic novel or thinking about another boy or girl.

Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older. Not having sexual feelings is also normal as well as a boy or girl questioning his or her own sexuality.

 Give learners a 10 min break

 Menstrual hygiene
 Role play 10 min

This session involves a role-play/drama on a sensitive topic. The script follows the training session guide. The play requires three males and two females to play the role of pupils, plus one additional participant (male or female) to play the role of teacher. The actors must be comfortable role-playing on the topic of menstruation. They should receive the script in advance and be asked to rehearse at least once as a group in preparation.

A Role-Play in Three Acts

Characters
School Girl 1..... *add names*
School Girl 2.....
School Girl 3.....
School Girl 4 (absent)*no actor required*
School Girl 5 (absent)*no actor required*
Teacher
School Boy 1.....
School Boy 2.....

Setting Up

With the desks and chairs of the training room, set up a simulated classroom and put the rest of the chairs around the Classroom scene so the participants can be spectators.

Scene 2 is in the school yard so make sure you can play both the Classroom scene and the school yard scene without moving too much furniture around.

SCENE 1: A GRADE 7 CLASSROOM

Teacher calls pupils to class. Girl 3 has a stain on the back of her skirt.

Teacher calls roll of all girls and boys. Two girls 4 and 5 are absent. She notices.

Teacher is giving a lesson. She is explaining something and asks a question.

Boys 1 and 2 raise their hands quickly and want to be recognized.

Teacher: "Not always the same boys! Let's hear from some girls. Stand up, Girl 3, and tell us what you know!"

Girl 3 stands up and the boys see the stain on her skirt and start mocking and teasing her.

Girl 3 is completely embarrassed and ashamed. She closes her books, sits down, and refuses to participate anymore.

Teacher understands what happened and calls a break.

Teacher helps Girl 3 to leave last and hands her a chitenge wrapper or large shawl to wear.

SCENE 2: GIRLS IN THE SCHOOL YARD

Girl 1 and 2 are waiting for Girl 3 to come out of the classroom.

The girls talk about the embarrassing moment

Girl 3 just faced. Then they each share their own experience.

Examples:

Girl 1: "During my last menses, I had such pain I couldn't come to school, so I stayed home for 2 days."

Girl 2: "I hate the toilet facilities here. There is no privacy. How am I supposed to clean up and change my pad? It stinks in there, and those boys tried to follow me and laughed and mocked me."

The girls talk about their absent classmates. One girl passed by the house of an absent one in the morning and tells what her problem was: She had cramps, she wouldn't walk to school for fear of soaking her pad that is made from strips of old chitenge cloth.

Most of the girls go through periods very secretly and at times, we may wear the same napkin for a whole day.

Menstruation is NOT:

- An illness or a curse
- Shameful
- A reason to keep girls and women from school, household activities, or work

Ask learners to discuss the challenges that girls face managing menstruation
Fear of standing up to answer questions, in the classroom, in case they have stained their skirt

- Bullying and teasing from boys
- Shame and fear of people finding out that they are "on their menses"
- Lack of accurate information and fear about what is happening to them • Health problems related to inability to change their pads regularly i.e. urinary tract infection, vaginal candida, etc.
- Taboos on what they can and cannot do, where they can and cannot be, during their menses

Limited finances to buy pad and tampons

- Lack of support and understanding from the adults in their lives: families, and teachers.
- Boys might not understand menstruation and how to support the girls during menstruation

References


<https://www.unicef.org/wash/files/UNICEF-Guide-menstrual-hygiene-materials-2019.pdf>

6.4 Lesson Plan for Body Image

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to analyze particular cultural and gender stereotypes and how they can affect people's body image and their relationships 	<ul style="list-style-type: none"> Learners will be able to reflect on their own body image and how it can affect self-esteem, sexual decision-making and subsequent sexual behaviours 	<ul style="list-style-type: none"> Learners will acknowledge that physical appearance does not determine a person's worth as a human being, Learners will be able to show acceptance of a variety of physical appearances, including among their peers
<p>Time: Main activity 45 min Summarising learning and key facts 20 min</p>	<p>Materials: Flip charts, markers, Paper for participants, Power Points, Small reward (e.g. fruits, stationary) Quiz Cards.</p>		

Age appropriateness

15-19 years old


 Warm up activity
10 min

Ask the learners to stand up and write or mention three things that they like about themselves.

Or fill in the sentences below

- like myself because _____
- I feel good about _____
- I'm an expert at _____

After this activity learners will analyse the role of individual responsibility in enhancing health and body image.

 Activity 2:
30 min

Materials: Poster board with pencil OR chalkboard with chalk

Directions:

- Depending on size of class, split learners into teams of about 5-8 participants.
- Next, determine how long you would like the game to last. Depending on your time constraints, you can choose to have more or fewer categories.

Each category has 4 questions under it, so the game takes about 10 minutes per category.

- The objective of the game is for a team to earn the most points. A team can earn points by answering one of the questions correctly. Each question has a designated point worth assigned to it. The harder the question, the more points it's worth. For example, under category #1, the 400-point question would be a harder question than the 100-point question.
- Each team takes turns choosing a category and the number of points they would like to earn. The leader will then look at the corresponding question and ask the team to answer. The team will have 1 minute to discuss as a group and decide on its answer. If the guess is correct, then that team is awarded the points. The leader can then write these points on the chalkboard or can record points on a piece of paper. If the answer is wrong, another team has the chance to try to win those points. The second team will be asked to answer the question, after the leader tells the first team that it was wrong.
- After a team picks a category and a point worth, those points are gone for the rest of the game. So if using a chalkboard, the leader can then cross these points out, or erase them. If using a poster board, the leader can cross off the points with a pencil or something that is erasable (so that the poster game board can be used again in the future).

6. After one team has gone, it is now the next team's turn. And the same process repeats itself.
7. The game ends when all of the questions have been answered. The winning team is the one with the most points!

Additional Notes:

Encourage the teams to come up with a group name to promote team building, fun, and creativity!

- After each question, make sure to clarify the answer to make sure that the learners understand what the question was asking and what the answer is. If time permits, you can also give a brief discussion or explanation regarding the subject matter of the question, after it is answered.

Ask students, What does the term "body image" mean to you?

Answers will vary. Put some ideas on the board. Build the class understanding of body image and factors that contribute to feelings of self-worth.

Next, ask students the following questions:

What does the term self-esteem mean to you? Self-esteem describes how you feel about yourself. It is related to self-image. Why is self-esteem important?

It has a major impact many aspects of your life (school, making friends, managing disappointments, coping with stress, etc.)

1. Valuing ourselves and believing that others appreciate us and enjoy our company.
2. A positive attitude: accepting our strength and our weaknesses, and avoiding three negative attitudes:

QUESTIONS and ANSWERS:

**CATEGORY #1:
WHEN I GROW UP (PUBERTY)**

100 points

Q: What is the age range at which puberty typically occurs?

A: The age range of 8 to 16 years.

200 points

Q: Name 2 things that happen to both girls and boys during puberty.

A: Changes that happen to both boys and girls: Get taller. Skin gets oilier and is more prone to acne. Grow hair under armpits and around pubic area. Hormones start developing. Start to develop body odour

300 points

Q: Name 3 changes that happen to girls when going through puberty and 3 changes that happen to boys when going through puberty.

A: Physical changes to boys: voice changes, Adam's apple, testes drop, grow hair under armpits, on chest, and in pubic area, skin gets oilier. Physical changes to girls: Breasts get larger, hair appears under armpits and in pubic area, hips get wider, skin gets oilier, start menstruating

400 points

Q: What gland initiates the start of puberty in both boys and girls?

A: Pituitary gland

**CATEGORY #2:
LET'S TALK ABOUT SEX (SEXUAL HEALTH)**

100 points

Q: Name 3 sexually transmitted diseases (STDs) or sexually transmitted infections (STIs).

A: Chlamydia, Syphilis, Herpes, HIV, Hepatitis, HPV, Gonorrhoea

200 points

Q: Name 2 ways to prevent getting sexually transmitted diseases and infections.

A: Abstinence, barrier methods, condoms, both partners get tested and then remain mutually exclusive to each other

300 points

Q: How do you prevent an unwanted pregnancy?

A: Condoms, other birth control methods (contraceptives pills or injectables, etc.)

400 points

Q: What is the only 100% effective way to prevent pregnancy?

A: To remain abstinent (no sexual relations) and this comes with a mutual buy in from both partners that may be difficult to achieve (see resource matrix for more information.) No contraceptive is 100% effective, not even a condom.

CATEGORY #3:
REPRODUCTIVE HEALTH

100 points

Q: True or False. Once a female reaches puberty, she will have her period for the rest of her life.

A: False. A female's period stops temporarily when she is pregnant and then stops permanently once she has gone through menopause.

200 points

Q: What is it called when blood flows to the penis and it becomes enlarged and hard?

A: An erection.

300 points

Q: What is menstruation and how often does it occur?

A: When the lining of the uterus is shed once each month and causes bleeding from the vagina. It occurs on average once every 28 days, but can vary.

400 points

Q: True or False. If a girl's egg is mature but she has not yet had her first menstrual period, she is still able to become pregnant if she has sexual relations.

A: True.

Category #4:

Keep it clean (hygiene)

100 points

Q: What does MHM stand for?

A: Menstrual hygiene management

200 points

Q: True or False. It is important to wash yourself daily in order to avoid body odours and getting infections.

A: True.

300 points

Q: How often should menstrual pads be changed?

A: Pads should be changed at least 2 times a day, if not more.

400 points

Q: Name 2 places where you can safely and hygienically dispose of pads?

A: Pads should be thrown away in disposal bins, pit latrines, or should be incinerated.



Teach learners about how media including social media can influence and affect perceptions of body image and cause stress.

- Focus on your positive qualities, skills, and talents.
- Say positive things to yourself every day (practicing affirmations puts this suggestion to use)
- Avoid negative or berating self-talk
- Focus on appreciating and respecting what your body can do
- Set positive, health-focused goals rather than weight loss-focused goals.
- Admire the beauty of others, but avoid comparing yourself to anyone else.
- Remind yourself that many media images are unrealistic and unattainable for the vast majority of people with the introduction of photoshop

7. Sexuality and Sexual Behaviour

A very narrow view of sexuality has been limited to sexual relationships and reproduction among people. It is important to re-examine this concept in the light of working with adolescents or any group of children at any stage of development. Sexuality is not synonymous with sex; rather it is part of a person's entire life from birth to death. It does not only entail genital and reproductive processes but encompasses gender roles, social roles, self-esteem, feelings and relationships. Sexuality is how one feels about him/herself as being a male or female, how one consequently relates to members of the same and opposite sex, and how one feels about her/himself as a total person.



Photo: Håvard Bjelland, Norwegian Church Aid

TOPICS




Photo: Norwegian Church Aid

7.1 Sex, Sexuality and Sexual Life Cycle

7.2 Sexual Behaviour and Sexual Response

7.1 Lesson Plan for Sex, Sexuality and Sexual Life Cycle

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to understand that we have our sexuality from the time we are born up to when we die Learners will be able to know that we do not need sexual intercourse to enjoy our sexuality 	<ul style="list-style-type: none"> Learners will be able to practise everyday actions to influence a positive and healthy sexuality in their homes, schools and communities 	<ul style="list-style-type: none"> Learners will be able to acknowledge that many factors impact sexuality Learners will acknowledge that expectations on sexuality can be changed
	Total lesson time: 35 min	Materials: Flip charts, markers,	

 Lesson One:
Concepts of Sexuality

Methods

Group work and discussion

SESSION ONE: WHAT IS SEXUALITY

Step 1

Divide participants in six small groups and give each group one of the following to discuss

1. A baby boy and a baby girl
2. A baby boy and girl aged 6 years
3. A baby boy and girl aged 15 years
4. A married man and woman aged 22 years
5. A woman and man with a baby
6. An elderly man and woman

Ask every group to discuss how the person they have been given might feel and express his or her sexuality.

For example a 6 year old boy or girl plays mummy and daddy roles

Inform them that they will have to report their findings in the plenary in 5 minutes time

Ask participants to be as concrete as possible and use examples when possible.

 Step 2:
15 min

Ask the group to tell the plenary their ideas about sexuality in the age group they talked about. Other groups may add their ideas.

NOTE TO FACILITATOR

Sexuality involves emotional and physical attraction to others. It could be feeling pleasure and excitement towards someone you are close to. It is a healthy part of being human and can be expressed in various ways such as kissing, hugging, touching, caressing and sexual contact so long as there is consent and respect between two parties (Refer to manual for definitions of sex and sexuality as well as factors that influence towards sexual activity and skills for coping with changes that occur at puberty including the "sexuality life circles").

 Step 3:
10 min

Ask the participants what they have learnt from this activity.

Summary: 10 min

The facilitator should point out that we could enjoy our sexuality at all ages even without having sexual intercourse. We should not be in a hurry to have sexual intercourse, but wait until our minds and bodies are mature. We should trust ourselves that when the time comes, we shall do it well. As a facilitator, you are responsible for creating a climate of safety and trust for all participants. Personal reflection, challenging discussions on (un)equal situations and providing constructive feedback are part of this role and require a sensitivity to power dynamics.

7.2 Lesson Plan for Sexual Behaviour and Sexual Response

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to understand that ways of showing love vary with age Learners will be able to understand that they have a right to making informed decision about sexual behaviour, including whether to delay sex or become sexually active 	<ul style="list-style-type: none"> Learners will be able to define positive and negative aspects of showing love Learners will be able to reflect how their own decisions in relation to sex and relationships could affect others and their future 	<ul style="list-style-type: none"> Learners will be able to acknowledge the dynamic nature of decision making and respect in relation to sexual relationships
	Total lesson time: 20 min	Materials: Example statements.	

Methods

Group discussion



Activity one:

Identifying situations of sexual violence including sensitive grey areas

Facilitator's tasks:

1. Explain to participants that sexual violence, as one part of GBV is not always as clear-cut as rape with the threat of a knife. These situations are called the grey areas of sexual violence. They often include sexual harassment, or violating somebody's boundaries.
2. Ask two volunteers to come forward and read the story of Ashley and Jordan; one participant preferably a boy reading Jordan's part while a girl reads Ashley's part.
3. After the story discuss the story using the questions below;

(Story adopted from <http://www.vtnetwork.org/wp-content/uploads/Youth-Advocate-and-Educator-Activity-Manual.pdf>)

Ashley:

Jordan and I had been going out for six months. Things were great between us until the night of Nick's party. His parents were out of town, and it was supposed to be the biggest party of the year. I borrowed this great mini skirt from my best friend to look good for Jordan.

Jordan:

Ashley and I had been going out for about six months. I'll never forget the night I met her. We got set up for this holiday dance at her school. I thought she would be a total loser because she didn't have a date, but she was far from that. Ashley is not like any of the other girls I have dated. I don't even mind when my friends tease me about spending so much time with her.

Ashley:


There were tons of people at the party when my friends and I got there. Jordan and I started dancing right away. We were having a great time. In between songs, we talked to our friends and drank alcohol. After a couple hours, I began to feel sick and dizzy. I could barely stand up, so I asked Jordan to take me upstairs. I thought I would feel better if I slept a while.

Jordan:

Last weekend, we made plans to meet at a party. She showed up in this incredible outfit. We drank some beer, which made her laugh at first, and then she started hanging all over me. When she said she wanted to go upstairs and lie down, what was I supposed to think? I mean, we had talked about sex before and she knew I really cared about her. I thought this was her way of telling me this was the night. Maybe she did grumble a little when I started to kiss her and take her clothes off. But I just figured she wanted me to slow down since it was our first time. We had sex, and I thought everything was OK when I took her home.

Ashley:

When we got upstairs, Jordan started kissing me on the neck and unbuttoning my shirt. I tried to tell him I just wanted to sleep for a while. The next thing I knew, Jordan was all over me. I didn't want to scream and make a fool of myself with all those other people around. I tried to tell him "No" and that I didn't want our first time to be like this. I guess I passed out because the next thing I remember is Jordan telling me he loved me while helping me get dressed. I never want to see him again. He seemed like the greatest guy. I thought he liked me as much as I liked him. What happened?

 **Questions for discussion**

1. How do you think Ashley felt at the end of this scenario?
2. Ashley asks; what happened? What do you think happened? Was this rape? Ashley and Jordan have been dating for a while does that change things?
3. Why do you think Ashley can't remember part of the night? Does that mean alcohol is to blame?
4. Ashley said she tried to say NO...but then she passed out. Were there any other indicators that Ashley did not want to have sex? What were they? Did Jordan notice them?
5. Both Ashley and Jordan mentioned Ashley's clothing's on the night of the party ...do you think that sometimes people make assumptions - sometimes unfair ones- based on the way someone is dressed? What do you think about it? Do you think in some situations it can be difficult to understand the ways in which people say no? Does that mean that what happened was not wrong?
6. How could the situation have ended better? Specifically, what should Jordan have done differently that night?

Summary

Sum up the exercise by emphasizing that there must always be mutual agreement and consent when any form of sexual behaviour is going on between two people. Fact is that many forms of sexual violence and sexual harassment are not recognized as such. A lot of young people disregard the fact that they are harassed or intimidated. They think it is normal and a lot of these acts or expressions are tolerated in many societies. Well, this is not normal and it is a basic right to be protected against all forms of sexual violence. If that is not the case, it is sexual violence and can never be tolerated.

It is also important to emphasize the right of choice for one to delay or have sexual intercourse. This includes the right to make decision-making on risk reduction strategies towards unintended pregnancy and STIs including HIV.

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8. Sexual and Reproductive Health

Having a sexual life is essential and meaningful for human beings. It is pleasant and entertaining. A healthy sexual life that is free from forceful acts, stigma and violence is a natural right of every human being. At the stage of adolescence, a young person experiences rapid physical growth and blooming of reproductive organs. Along with this growth, psychological and emotional developments like the development of feelings of love or sexual attraction towards the opposite (or same) sex, sexual desire and the aspiration to give birth may arise. It is a period that adolescents must also understand, recognize as well as mitigate risk reduction strategies and be aware of consequences of unplanned pregnancy and STIs including HIV.



Photo: Norwegian Church Aid


TOPICS




Photo: Reproductive Health Supplies Coalition

- 8.1** Pregnancy and Pregnancy Prevention
- 8.2** HIV and AIDS Stigma, Care, Treatment and Support
- 8.3** Understanding, Recognizing and Reducing the Risk of STIs, including HIV

8.1 Lesson Plan for Pregnancy and Pregnancy Prevention

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to understand what it means to have a child and the responsibilities it entails Learners will be able to understand the consequences of unplanned pregnancy Learners will be able to describe methods of pregnancy prevention 	<ul style="list-style-type: none"> Learners will be able to reflect on how they feel about contraception and the gender roles and peer norms that affect these feelings 	<ul style="list-style-type: none"> Learners will be able to know that children should be wanted, cared for and loved Learners will be able to recognise that unintended pregnancy at an early age can have negative health and social consequences.
	Total lesson time: 30 min	Materials: Flip charts, markers,  Tip: Make sure you are familiar with all the answers in this activity and are prepared to answer questions or know where to refer someone for more information	

 Lesson One:
Ins and Outs of Pregnancy


Methods

Game and discussion

SESSION 1 FACTS AND MYTHS ABOUT PREGNANCY

Step 1:
Instructions

Ask participants to be in a circle. Tell them that you will be reading out statements, and if they agree with the statement they should put both hands up, if they think it might be true they should put up one hand up, and if they think it is false they should not put up either.


 Statements:
5 min

- *A girl can only get pregnant if she has unprotected sex often.*
- *A girl cannot get pregnant the first time she has sex.*
- *The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation).*
- *A girl can't get pregnant until when she is 16.*
- *A girl/ woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating.*


- *Women can't get pregnant if they are over 40.*
- *A girl/ woman who is exclusively breastfeeding cannot get pregnant.*

 Step 2:
15 min


Lead a discussion around the answers, listed in the box below. Participants can share more facts and myths about pregnancy. Let them be discussed too.

A girl can only get pregnant if she has sex often  **FALSE**

Pregnancy can occur even if people have sex once. Any unprotected sexual act puts you at risk of becoming pregnant.

A girl cannot get pregnant the first time she has sex  **FALSE**

Any unprotected sexual act predisposes you to pregnancy, even if it is your first time to have sex

The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation)  **TRUE**

This is the most likely time for a woman to release an egg. She only does this once a month. Some women may release an egg earlier or later but this is the most common time.

A girl can't get pregnant until when she is 16



A girl can get pregnant as soon as she has had her first menstruation.

A woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating



Ask what are the other signs of pregnancy? These include nausea or vomiting especially in the morning, going off some foods, breasts get larger and after about three months the stomach getting larger.

Women can't get pregnant if they are over 40



A woman can get pregnant at any time between her first and last menstruation (which is usually towards age 50) but older women may find it much harder to conceive but not impossible.

A girl/woman who is exclusively breastfeeding cannot get pregnant.



This is sometimes true and sometimes false. If a woman is exclusively breastfeeding (providing her child only with breast milk) then it is unlikely that she will get pregnant. Once a child is provided with mixed feeding i.e. given breast milk in addition to porridge or other milk or water, then a girl/woman is at risk of pregnancy even if her period has not yet returned.

Summary: 10 min

The facilitator should recap on the female and male anatomy and briefly explain how pregnancy occurs as follows.


Fertilization takes place when a male sperm cell meets a female egg. After the male puts his penis in the female vagina and ejaculates, ejaculated sperm swim up through the cervix into the uterus to the fallopian tubes. If a mature egg is present, fertilization can take place. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move into the uterus (womb) where it will grow. In a woman's life, pregnancy has a very big importance. It is also important for a man given that pregnancy can never occur without a man's involvement.

SESSION 2 (I): CONSEQUENCES OF UNPLANNED PREGNANCY Time 40 min

Materials: Example statements.

Methods

Group work and Role Play


 Activity one:
Why unplanned pregnancies?

Instructions

1. Divide participants into groups of 4-5 people.
2. Ask the participants to brainstorm on the causes of unplanned pregnancy. (Give each group a piece of flipchart paper and markers to write down their answers).
3. Let the participants come back to the whole group and present their ideas in a creative way. Make clarifications if needed

Some examples include:

- Incorrect knowledge or not enough knowledge of contraception
- Religious opposition to contraception
- Incorrect use of contraception
- Lack of parental guidance
- Fear of going to the clinic for contraception
- Fear of contraceptive side effects
- Health care workers are intimidating and disrespectful to adolescents
- Contraception costs too much
- Lack of a balanced power in the relationship
- Rape

 **Energizer:** Ask a volunteer to facilitate any song or game

SESSION 2 (II) EXPLORE CONSEQUENCES OF UNPLANNED PREGNANCY

1. Ask the groups to go back to their original groups.
2. This time around they should come up with the different consequences of unplanned pregnancy.

Some examples include:

- Drop out of school
- Not enough money to feed the whole family
- Illegal abortion
- Poor care of the child
- Rejected by partner or family
- Death of the mother if her body isn't ready enough

3. From the consequences, they should choose one consequence and devise a role-play to show to the whole group.
4. After all the role-plays have been shown, choose the role-play that seems to present the issues most clearly.
5. Ask the small group to replay the scene and explain to the larger group that when they see a point where the person who becomes pregnant, or her friends and family, could have done something differently, they should then employ the touch tag strategy as described in the introductory part of the manual.
6. Once this has been demonstrated, thank the person and ask the original characters to come back and continue the role play from the point where it was originally stopped and invite the others to think of other interventions
7. After the role plays, initiate a discussion around these reflection questions:
 - How would unplanned and/or early pregnancies make you fail to achieve your personal goals?
 - Why are unplanned and/or early pregnancies dangerous for girls?
 - What can you do to avoid unplanned pregnancies?
 - What are the options, for a person who has an unplanned pregnancy?
 - What support is available?
 - Where can someone go to for support if they have an unplanned pregnancy?
 - What can friends, families and community do to help adolescents avoid unplanned pregnancies?"
 - What can health clinics do to help adolescents avoid unplanned pregnancies?"
 - Avoid blame and only focus on personal responsibility, broad to community support.
 - For each of these options, what advice would you give a person to ensure that she is healthy?

Summary

The facilitator should emphasize to the participants that being pregnant and having a child does not mean that one should lose her dreams, goals and ambitions. It is possible for a girl/ woman to continue with her dreams and ambitions even after getting pregnant.

You can also allow participants to mention the people they know who have returned to school, are doing businesses or working even after they had a child before the right time.

Closing Activity

Facilitator to initiate song or game


Thank participants for coming and remind them of the date, time and location of the next meeting.

SESSION 3

UNDERSTANDING THE DIFFERENT TYPES OF CONTRACEPTIVES. Time 50 min

Materials and Preparations

- Flip charts
- Markers
- A ball
- Examples of contraceptives available
- Have all the contraceptives to show the participants

 **Tip:** Be sure to know pros and cons of each method available in your area. If the facilitator is more comfortable having a nurse lead this session, and you know one who is able to come, invite them to lead the discussion with participants.

Methods

Group discussions



Activity one: What are contraceptives?
10 min

Instructions

1. Ask participants to share what they have discovered or heard about contraceptive methods
2. List down all the answers on a flip chart paper.
3. After all the answers have been exhausted, lead a discussion based on the following questions:

- Why do some girls not practice abstinence?
- Why do some girls who are sexually active not use contraceptives?
- What are reasons that some boys don't practice abstinence?
- What are the reasons that some boys who are sexually active don't use contraceptives?

 **Energizer:** Ask one participant to facilitate



Activity 3(ii)
Contraceptive methods. Time 40 min

Methods

Lecture or Guest speaker

Instructions

1. If you were able to get a guest speaker to come, give them this time to talk about the benefits of abstinence and different contraceptive methods. Or you can use this activity below.
2. Ask participants to listen and consider which method they think would be best when deciding to start having sex.

Summary

Emphasize to the participants that there are different types of family planning methods and are grouped into two broad categories, namely, (i) modern methods and (ii) traditional methods.

I. Modern contraceptive methods are further categorised into three subgroups: short-term methods (condoms, the lactational amenorrhoea method (LAM), and contraceptive pills), long-term methods (injectables, implants and IUDs) and permanent methods (female and male sterilisation).

II. Traditional methods consist of periodic abstinence, withdrawal, and various folk methods

It is important to understand what to do if you decide to have sex with a partner. When a man and a woman want to have sexual intercourse without having a child, they can use a contraceptive method to prevent pregnancy. These are short term like pills, condoms and injectables and long-term methods such as Implant and IUDs and permanent methods such as tubal ligation (for women) or vasectomy (for men). Contraceptives are one of our rights as women. Some other Sexual and Reproductive Health rights include

Reproductive Health rights include:

1. Access to sexual and reproductive health care services
2. Seek, receive, and impart information related to sexuality
3. Decide whether or not, and when, to have children
4. Control of one's fertility, including the choice of whether and when to marry or have children, and protection from forced sterilization
5. Prevention of early or forced marriage and inclusion of adolescents in planning and implementation of services and programs

CLOSING ACTIVITY

Facilitator to initiate song or game

NOTE TO FACILITATOR: Remind the participants about the benefits of abstinence when there is mutual buy in by both partners, and that it's the only 100% effect method for birth control if practiced consistently pregnancy (See resource matrix for this topic). Explain that although pregnancy is normal, having children by choice, not by chance, is best for the mother, the baby, the family and the nation. Be sure that everyone understands what the different methods of family planning are that are available and where they can access them in the community.

Also remind the participants that in any setting, women may find themselves with either an unplanned pregnancy for which they (or their partners) are unprepared, or a pregnancy that they cannot continue for other reasons. Around the world, the reasons for ending pregnancies are very similar and both wanted and unwanted pregnancies can be terminated. However, the participants must recognize that abortion is illegal in most countries unless it is assessed medically to threaten the life of the mother. When pregnancy is planned /wanted, then they must visit antenatal care services (See facilitator's manual for more details).

Thank participants for coming and remind them of the date, time and location of the next meeting.

8.2 Lesson Plan: HIV and AIDS Stigma, Care, Treatment and Support

KEY LEARNING OBJECTIVES

Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> Learners will be able to understand that people living with HIV have equal rights and live productive lives with right care, respect and support 	<ul style="list-style-type: none"> Learners will be able to advocate for everyone's right, including people living with HIV, to live free of stigma and discrimination 	<ul style="list-style-type: none"> Learners will be able to recognize that people living with HIV have a right to express sexual feelings, marry and have healthy children
<p>Total lesson time: 30 min</p>	<p>Materials: Flip charts, markers, Cards</p>	

 Lesson One
Understanding Stigma

Methods

Group Game

SESSION 1 UNDERSTANDING STIGMA

Preparations

Prepare two flipcharts, one with the title "Shame" and one with the title "Power." Set them aside and turn them over.

On small pieces of paper write down the following statements—one per piece of paper until you have one for each participant:

- That's not my problem.
- That's your fault.
- I don't care.
- You're the one to blame.

On one small piece of paper write: "I just tested HIV positive. My family is threatening to kick me out of the house."

Step 1:

Instructions

1. Ask all participants to stand in a circle and ask one participant to stand in the middle of the circle. Give her the paper saying, I just tested HIV positive. My family is threatening to kick me out of the house. Tell her not to show the paper to anyone.

2. Give all the remaining participants one of the other pieces of paper you have prepared. Again, ask the participants not to show their papers to anyone.
3. Ask everyone making the circle to hold hands, closing in the person in the middle.
4. Explain that the person in the middle has to find support from participants in the circle – those willing to join her in the middle of the circle. To be able to find this person she has to approach participants one by one, reading her statement and then hear each participant's response that they read off of their paper.
5. Let the activity start. In this first round the participant in the middle won't be able to find anyone to join her, because no one has a supportive statement on her paper.
6. Once the participant in the middle has tried to break free for about a minute, stop the activity temporarily and ask all the participants to close their eyes. Explain that a few participants will feel a tap on their shoulder and they should now become supporters of the girl in the middle. When she approaches those that have been tapped, they must think of a statement that is supportive of her situation and then after saying it, join her in the middle of the circle.
7. Tap four participants on the shoulder. Remind the group again that participants who have been tapped should use a new, supportive statement when the woman approaches them. Tell the group to open their eyes.

8. Restart the activity, and continue until several participants are in the circle with her.
9. Play the activity again, this time converting 10 participants into supporters. Then play again, this time converting 20 participants into supporters. In a final round, convert all of the participants into supporters.
10. After the game lead a discussion around the following reflection questions

- **For the participant in the middle:**

- ② How did you feel at the beginning of the activity? (Her responses could include: powerless, ashamed, etc.)
- ② What made you feel that way?
- ② How did you feel toward the end of the game? (Her responses could include: relieved, powerful, understood, etc.)

- ② What made you feel that way?
- ② How did you feel rejecting the girl in the middle? (Responses could include: powerful, bad, guilty etc.)

- **Ask all participants:**

- ② How did you feel when you or others started joining her?
- ② Did this change the power dynamics in the group?
- ② This was an example of someone being treated badly by her family because of her HIV status and feeling rejected by the community. Can you think of other circumstances that may cause someone to be rejected by the community?

11. Ask the group to share examples of when they have seen people experience stigma related to HIV or AIDS.

Summary: 10 min

The facilitator should explain stigma and discrimination, as well as its effects to an individual and society.

Remember to give examples when applicable. Use the guide as follows:

HIV stigma

Negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labelling an individual as part of a group that is believed to be socially unacceptable.

Here are a few examples:

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices

Causes of stigma

HIV stigma is rooted in a fear of HIV. Many of our ideas about HIV come from the HIV images that first appeared in the early 1980s. There are still misconceptions about how HIV is transmitted and what it means to live with HIV today. The lack of information and awareness combined with out-dated beliefs lead people to fear getting HIV. Additionally, many people think of HIV as a disease that only certain groups get. This leads to negative value judgments about people who are living with HIV.

Discrimination

While stigma refers to an attitude or belief, discrimination is the behaviours that result from those attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those without HIV.

Here are a few examples:

- A health care professional refusing to provide care or services to a person living with HIV
- Refusing casual contact with someone living with HIV

- Socially isolating a member of a community because they are HIV positive
- Referring to people as HIV or Positives

Effects of HIV stigma and discrimination

HIV stigma and discrimination affect the emotional wellbeing and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image. They may fear they will be discriminated against or judged negatively if their HIV status is revealed.

“Internalized stigma” or “self-stigma” happens when a person takes in the negative ideas and stereotypes about people living with HIV and start to apply them to themselves. HIV **Internalized stigma** can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV.



Lesson two
Support and Living with HIV

Time

25 min

Materials

Example statements

Methods and Preparation

Group Game. Invite a person living with HIV to talk to the participants. (Make sure he/she is free enough to share their life experiences with participants)



Activity one
Living with HIV

Instructions

1. Have participants stand in the middle of the room and explain that you are going to be reading o statements that are either true or false. If they believe it to be true, they should walk towards the right side, if they believe it to be false; they should walk towards the left.
2. Read the statements below. If there are any disagreements let the participants explain why they have chosen to stand where they are. Once the discussion has finished give the information that follows it and ask if there are any questions.

People who have HIV have been immoral ❌ **FALSE**

People living with HIV (PLHIV) are just like you and I. Some people are born with HIV. You should not judge someone by her/his status because you may not know her/his whole story.

If you are HIV positive you will die early ❌ **FALSE**

If you are living with HIV you can live a long and healthy life if you take care of yourself and adhere to antiretroviral treatment.

PLHIV must take their ARVs every day ✅ **TRUE**

Once you start taking treatment you need to take it every day around the same time of day. If you forget to take it, it may lead to resistance which means that the medication will no longer work and you will need to take a new kind, which will be expensive and may have more side effects.

You have to be very sick before you start HIV treatment ❌ **FALSE**

You should start treatment as soon as you know that you are HIV positive. Talk to your provider about this. The earlier you start treatment the sooner your body will be able to begin fighting the HIV and keep you from getting sick. When treatment is started early it leads to better outcomes for the person and a healthier life.

Once a person starts treatment they will take it the rest of their life ✅ **TRUE**

Once enrolled for treatment, you should remain on treatment for the rest of your life. When you are on treatment, it lowers the amount of virus in your body (this is often called the viral load), if you stop taking treatment the virus levels will increase which can weaken your immune system allowing other infections to make you sick.

Taking ARVs lowers the amount of HIV in the body

✓ TRUE

When you start taking ARVs they lower the amount of virus in your body (viral load) that allows the number of CD4 cells, part of your immune system that fights infection, to increase. Your provider can test for both viral load and CD4 to check if your treatment is working. You want your viral load test results to be low and your CD4 test to be high.

If one person is HIV positive in a couple that means their partner is HIV positive, too

✗ FALSE

Just because one person is positive in a couple does not mean that the other person is also HIV positive. The only way to know if you are positive is to get an HIV test. When one person in a couple is positive and the other person is negative, this is called a discordant couple, either partner may be positive. To protect the negative partner, you should use a condom and adhere to your treatment so that your viral load remains low.

A PLHIV can no longer achieve any goal in life

✗ FALSE

A PLHIV can achieve any set goal just like any other person. What one needs to achieve her/his goals is just to work towards them.

The people that do not have HIV are superior to the PLHIV

✗ FALSE

All people are equal and have to be treated with the same respect. They all have to enjoy their rights despite living with HIV.

3. After the game allow PLHIV to talk to the participants
4. Allow participants to ask questions that they may have
5. Also ask the participants the following questions:
 - ① How will knowing the truth about living with HIV help your interacting and associating with PLHIV?

Summary

The facilitator should promote positivity and emphasize that being infected with HIV is not the end of life. A person infected with HIV should employ the necessary steps to elongate the period of his/her life and delay the onset of full-blown AIDS. Moreover, he/she should make the best of his/her life by living positively and even more enthusiastically by:

1. Accessing the nearest health facility to get on going counselling and support to deal with HIV.
2. Get proper medical advice on the best treatment depending on the level of infection.
3. Take proper care of yourself through e.g. nutritional care, join support groups and always ensure that you are never idle; always keep your mind occupied.
4. Have many friends and family members around you.

It is also important for others to understand that they too can be of help to persons living with HIV by:

1. Having a positive attitude and approach towards people living with HIV i.e.

- ① Treat them like any other person.
- ① Do not discriminate/stigmatize them by either ignoring them completely or giving them too much attention.
- ① Involve them in your life and surrounding activities like you would any other person.
- ① Be patient and understanding: HIV positive people already have a lot to deal with; just by knowing they are positive. They are prone to getting upset, depressed, sensitive and moody; however you should be patient with them and actually help them through it.

- ✔ Ensure them that there is nothing wrong in being open about it and not to let others' opinions matter or affect them.
- ✔ Encourage them to go for regular counselling and medical check-ups.
- ✔ Encourage them to develop a POSITIVE attitude (if they haven't done so already) and if they have, encourage them to always remain that way, as it is encouraging and motivational for others to see.

2. Caring for people with HIV:

- ✔ If you know someone with HIV, a friend, family member or a colleague, ensure that you keep a regular check on their weight and diet and advice/help them to undertake better nutritional standards (if they are not already doing so).
- ✔ Discuss issues with them: those that are affecting them directly or indirectly (i.e. be there for them whenever they may need you).
- ✔ Show them that there are people out there who really love and care for them: take an active interest in their lives.
- ✔ Encourage other friends and community members to go visit them and be supportive towards a person who may be HIV positive

📌 NOTE TO FACILITATOR

Pay close attention to participants living with disability and vulnerable adolescents such as those married and ones living in conflict areas. In such instances, health service provision centres may act as leverage in disseminating information on HIV and AIDS stigma, treatment, care and support.


CLOSING ACTIVITY

Facilitator to initiate song or game

Thank participants for coming and remind them of the date, time and location of the next meeting.

8.3 Lesson Plan for Understanding, Recognizing and Reducing the Risk of STIs, including HIV

KEY LEARNING OBJECTIVES	Knowledge	Skills	Attitudes
	<ul style="list-style-type: none"> Learners will be able to understand how STIs including HIV are transmitted, manifested and prevented in humans. 	<ul style="list-style-type: none"> Learners will be able to critically reflect on how to promote risk reduction strategies to minimize spread of STIs including HIV 	<ul style="list-style-type: none"> Learners will be able to recognize that their behaviours to promote safer sex have consequences of preventing STIs including HIV
	Total lesson time: 30 min	Materials: Cards with common STIs	

 Lesson One
Detecting and preventing STIs

Methods

Open discussion using a question and answer method

Exercise One: Understanding HIV and Aids as well as STI's and methods of preventing an infection.

Facilitator's tasks

- Write on pieces of paper the names of the most common STI's, e.g. HIV, syphilis, gonorrhoea, Chlamydia, genital warts, etc. and fold the pieces of paper for participants to randomly select one.
- Ask participants to discuss with the person sitting next to him/her about the STI they have on their piece of paper.
- Following the discussion, asks questions:
 - What do you know about the STI (e.g. mode of transmission, symptoms and treatment)?
 - What have you heard about it?
- Correct answers and add correct information if participants do not know about it. (Please use basic information on Facilitators guide on HIV and AIDS and other STIs). Then,

- Discuss with participant's ways of preventing an infection with HIV and Aids as well as STI's. Do this separately in order to clearly state that HIV can be transmitted through various ways – not only through sexual intercourse.
- Explain participants what to do in case of an infection and about the importance of VCT (Voluntary Counselling and Testing).

Summary:

Summarize the ways of transmission for HIV and AIDS as well as other STI's from one person to another. Mostly, these infections are transmitted through unprotected sex with an already infected person (Emphasize that communication, negotiation and refusal skills could help young people counter unwanted peer pressure or navigate violent situations. In addition, sexual health services offer prevention prophylaxis like PrEP, PeP, VMMC to minimize the spread of HIV).

Explain how the resulting diseases impact on people's health. (See facilitators guide on HIV and AIDS and other STIs for further information).

Conclude that the best way to prevent STI's is to delay sexual debut or consistently use a condom.

CLOSING ACTIVITY

Facilitator to initiate song or game
Thank participants for coming.

References

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