



COMPREHENSIVE SEXUALITY EDUCATION

FOR OUT OF SCHOOL YOUNG PEOPLE
IN EAST AND SOUTHERN AFRICA

PARTICIPANT'S WORKBOOK



Supported by



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

**Swiss Agency for Development
and Cooperation SDC**

© UNFPA 2017



United Nations Population Fund (UNFPA)

Regional Office for East and Southern Africa
Sunninghill Place, 9 Simba Road
PO Box 2980, Sunninghill, 2157
Johannesburg, South Africa

ACKNOWLEDGEMENTS

The Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in East and Southern Africa is the result of UNFPA's commitment to young people and interest in developing a comprehensive resource for teaching out of school youth about sexuality, reproductive health, gender, rights, services and related life skills aligned to international standards. The contents of this manual and corresponding participant's workbook compliment and extend the content young people receive through the formal education sector and make referrals to sexual and reproductive health services.

This resource manual is based on a Life Skills Education Curriculum for youth written by PATH that was adapted from several other training manuals and regional teaching and learning materials, including *Advocates for Youth's Life Planning Education*. It has been updated to include current best practices in sexuality education and new scientific information.

The development of this manual was made possible through a grant from the Swiss Development Cooperation Agency and the EU/SIDA, who are supporting UNFPA's Safeguard Young People Programme in Southern Africa. This regional programme aims to strengthen national capacity to improve and expand comprehensive adolescent sexual and reproductive health services including HIV prevention, in eight Southern African countries, namely, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

Special thanks goes to UNFPA ESARO. The adaptation of this manual was carried out by Dr. Asha Mohamud, Regional Advisor for Adolescents and Young People, Andrea Irvin, UNFPA CSE Consultant, and Maria Bakaroudis, CSE Specialist. Special thanks also go to Renata Tallarico, SYP Regional Coordinator, Maja Hansen, Adolescent and Youth Programme Specialist, Kizito Nsanzya, M&E Specialist, Ruth Chirumuta, Finance Associate. Appreciation is also extended to the young people who provided their valuable feedback during the field testing in Namibia and Zambia. ASRH trainers and UNFPA youth focal points from the East and Southern Africa Region, particularly the 8 countries of the Safeguard Young People Programme and UN colleagues, especially from UNESCO, also provided insightful comments. We thank you all.

This resource manual may be reviewed, translated, and used in part and or in whole for educational purposes as long as acknowledgement and full referencing is made to this original document and its authors namely, UNFPA ESARO, 2017. Neither this manual nor any reproduction or translation can be sold to other organizations or individuals.

TABLE OF CONTENTS

INTRODUCTION	2
SECTION 1: WHO I AM?	3
UNIT 1: VALUES AND RIGHTS	4
Worksheet: What did your family, culture, religion and friends teach you about...?	6
Worksheet: Meri's story	7
Worksheet: What my values tell me to do	8
Participant information: Our rights related to health, sexuality and gender	9
Worksheet: What I learned about values	11
Key messages	12
UNIT 2: ADOLESCENT DEVELOPMENT	13
Worksheet: What I learned about values	14
Worksheet: Poster and worksheet: The outer parts of the female sexual and reproductive system	15
Worksheet: The internal sexual and reproductive health system	16
Participant information: The woman's sexual and reproductive system	17
Diagram: Short and long menstrual cycles	19
Participant information	20
Diagram: Menstrual cycle	21
Worksheet: The internal sexual and reproductive health system	22
Worksheet: The internal sexual and reproductive health system	23
Worksheet: What I learned about growing up	26
Key messages	27
UNIT 3: SEXUALITY	28
Worksheet: John's Story	29
Worksheet: Sex - What's the truth?	31
Worksheet: What I learned about sexuality	32
Key messages	33
UNIT 4: GENDER ROLES AND EQUALITY	34
Worksheet: Types of power	35
Worksheet: What I learned about gender	38
SECTION 2: WHERE I AM GOING?	40
UNIT 5: PLANNING FOR THE FUTURE	41
Worksheet: My career needs and how to achieve them	43
Worksheet: Start with what you've got	44

Worksheet: What I learned about planning my future	45
UNIT 6: RELATIONSHIPS	47
Worksheet: Putting rights into action	50
Worksheet: Building healthy relationships	52
Worksheet: What can go wrong?	55
Worksheet: What I am looking for in a partner	57
Worksheet: Quiz - how sexy, smart n safe r u?	58
Worksheet: Quiz - how sexy, smart n safe r u?	59
Worksheet: Weigh the options for yourself	60
Worksheet: Types of pressure and ways to deal with it	61
Worksheet: Ways to deal with pressure	62
Worksheet: Where do you draw the line?	64
Worksheet: What I learned about relationships	65
Key messages	66
UNIT 7: COMMUNICATION	68
Purpose and objectives	68
Worksheet: Making I-statements	71
Worksheet: What I learned about communication	72
SECTION 3: HOW AM I GOING TO GET THERE?	74
UNIT 8: PREGNANCY	75
Purpose and objectives	75
Worksheet: Good decision-making	79
Worksheet: Talking about contraception	92
Worksheet: Teen service safari	93
Worksheet: What I learned about pregnancy	94
UNIT 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV	96
Purpose and objectives	96
Information: STIs	100
Worksheet: Important information about HIV and STIs	103
Worksheet: Hard Talk	105
Worksheet: Positively alive!	106
Worksheet: My name is Sunday...	108
Worksheet: What I learned about STIs and HIV	109

UNIT 10: PREVENTION AND RISK REDUCTION	113
Worksheet: Older partners, what's the risk?	114
Worksheet: Ways to protect yourself or reduce your risk of getting HIV from sex	120
Worksheet: The protection and risk line	121
Worksheet: Clear and direct communication about protection	124
Worksheet: What I learned about prevention and risk reduction	125
UNIT 11: SEXUAL AND GENDER-BASED VIOLENCE	128
Worksheet: Child marriage	129
Worksheet: Lila's story	130
Worksheet: Consequences of child marriage	131
Worksheet: Is it a myth (false) or a fact (true)?	132
Worksheet: Types of violence	133
Worksheet: What should they do?	134
Worksheet: Seeking consent and communicating expectations	136
Worksheet: What's the plan, man?	137
ANNEX 1: OPTIONAL ADVOCACY ACTIVITIES	141
Case studies for advocacy	142
Worksheet: Personal advocacy plan of action	143

INTRODUCTION

Welcome to the Comprehensive Sexuality Education Workbook!

Comprehensive Sexuality Education is designed to help you to face the challenges of growing up, to help you make decisions about your sexual health, and to prepare you for the future.

Young people today face many challenges:

- Growing numbers of teenage pregnancies;
- Dropping out of school;
- Drinking alcohol and using drugs;
- Getting raped;
- Become infected with sexually transmitted infections (STIs) or HIV (human immunodeficiency virus);
- Living with HIV.

All these and many more can make it hard for young people to cope. Adolescence is a time filled with excitement, new feelings, many unanswered questions, changes, and difficult choices. You must know the facts about your own sexuality and learn skills to help you prepare for a happy future and a healthy life. During your teenage years you will have relationships with peers of the same and opposite sex. At the same time, you will need to have respectful, loving relationships with family members. You still need to learn to make decisions on your own and how to deal with new feelings about your sexuality and all the changes that come with growing up. You have to become responsible for your sexual behavior and make responsible decisions about reproduction and parenthood.

Comprehensive Sexuality Education can help you:

- Identify your own values to live by and think about how to do that;
- Learn about your body and your sexuality;
- Understand your rights and develop the skills you need to have healthy relationships;
- Safely manage the changes in your sexual feelings and behaviours; and
- Prevent problems that could have a negative effect on your future.

Comprehensive Sexuality Education helps you find out who you are now, where you are heading, who you want to become, and how to get to where you want to go.

This workbook is for you to use and keep as you participate in Comprehensive Sexuality Education. It has many interesting activities, exercises, and facts to help you on your journey to a healthy adulthood.

Comprehensive Sexuality Education Objective

The main objectives of Comprehensive Sexuality Education are to provide you with a chance to:

- Learn more about yourself -- how you feel about sexuality and relationships; what your personal values are; what is happening to your body and emotions; what influences your feelings and choices; and how gender roles and stereotypes affect you;
- Identify what you want to have happen in your life and how to work towards a good future;
- Develop your understanding of relationships and your communication skills;
- Get accurate information about human sexuality, human rights and gender;
- Learn how to protect your sexual and reproductive health and how to reduce sexual and gender-based violence.



SECTION 1
WHO AM I?

UNIT 1: VALUES AND RIGHTS

Purpose and objectives

The purpose of this unit is to introduce and define the concept of values and rights and help young people identify their own values. The unit assists participants to talk about and explain their personal values, to identify how the values of their family, culture and religion and friends have influenced them and to examine the relationship between values and behaviour.

By the end of this unit, participants should be able to:

- Explain what values are;
- Identify their personal values;
- Compare their personal values to the values they learned from their family, culture, religion and friends;
- Explain what is most important to them in life and why;
- Describe how their personal values affect their behaviour;
- Communicate their values to others;
- Explain their human rights and responsibilities related to health, sexuality and gender.

Worksheet: What is important to me in life?

Personal values are the things that are important in the way that you live and work. They are the things that:

- Are important to you in life.
- You think are right and wrong.
- You think are good and bad.
- You think are desirable or not.
- You think are worthwhile or not.
- You think are acceptable or not.

Think about what you value most in life and list them.

The five most important things in life to me are:

1)

2)

3)

4)

5)

Worksheet: What did your family, culture, religion and friends teach you about...?

Think about what you learned from your family, culture, religion and friends about the following topics. Write down what they taught you. Make a note if you did not learn anything about the topic from the source. Remember that sometimes we learn from people's behaviour, not just their words.

1. What did you learn about differences between males and females from your:

Family:

Culture:

Religion:

Friends:

2. What did you learn about when it is okay to start having sex from your:

Family:

Culture:

Religion:

Friends:

Worksheet: What my values tell me to do

Look at the list you made of the things that are the most important to you in life on page 7. Pick one of them. Write down three things that a person who values this should do. For example, if you picked 'health,' write down three things that a person who values their health should do.

1)

2)

3)

Think about how you really behave. Is it in line with your values? If not, why not? If it is, what helps you to act in accordance with this value?



Participant information: Our rights related to health, sexuality and gender

We all have:

1. The right to be treated equally and with dignity.

From birth, we all have the same dignity and rights as every other human being has.

2. The right not to be discriminated against for any reason.

We all have these human rights no matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status. There is no justification for discrimination.

3. The right to feel safe.

We all have the right to feel safe and not to be harmed or humiliated. We have the right to live free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.

4. The right to control our bodies.

Each person's body belongs to him or her. No one has the right to abuse, injure, or violate someone else's body in any way. No one has the right to alter another person's body without their agreement. Everyone has a right to decide whether to have sex or not, to be free from forced sex, and to choose their partners. No one can force you to sell your body for money.

5. The right to privacy in our personal life.

This right means that no one has the right to harm or attack your reputation. No one can invade your privacy or interfere with or bother your family without good reason. This includes the right to privacy, respect and confidentiality when seeking health care. It means that your medical information, including your HIV status, must be kept private. Only you have the right to tell others about your HIV status.

6. The right to marry, when we are legally old enough, and have a family.

Both partners have the same rights when they are married and if and when they are separated. Nobody has the right to force you to marry or to choose your partner for you. Everyone has the right to decide whether or not to have children, how many, and when to have them.

7. The right to ask for, receive and share information.

This right includes information about health and sexuality.

8. The right to have a healthy life.

We have the right to the highest attainable standard of health, including sexual and reproductive health. We all, including young people, have the right to access sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV. We also have the right to have a satisfying, safe and pleasurable sexual life, free from pressure or force.

9. The right to education, including education about health and sexuality.

We all have the right to go to school. At school, we should have the opportunity to develop all of our talents and our mental and physical abilities. We should not be forced to drop out of school in order to get married or because we got pregnant.

Our rights come with responsibilities.

- We have the responsibility to learn about our human rights and the laws and policies of our country.
- Only we can stand up for our rights and ensure that they are respected.
- We have the responsibility to respect and protect the rights and freedoms of others, as they should protect and respect ours.



Key messages

Values and rights

- Your personal values are things that are important to you in the way you live and work.
- Our values are influenced by the people around us and by ideas we get from things like religion, the media, and books.
- Values influence our behaviour and the choices we make.
- Each one of us is influenced by the values of our family, culture, religion, and friends.
- Sometimes we learn different values from different sources.
- We need to decide for ourselves what our personal values are.
- You need to think carefully about what your own values are –they may not be the same as your family’s or other people’s values.
- It is important to know your own values and be confident enough to share them with others. This helps others understand and respect your opinions and decisions.
- Our values should guide our behaviour, but how people behave is often different from what they say or think they value.
- When we act in ways that are not in line with our values, we may feel conflicted or guilty.
- If you are acting in ways that are not in line with your values, you need to think about what your personal values really are.

We all have the same rights, freedoms and responsibilities just because we are human beings.

- Women and men of all ages have the right to experience their sexuality in a safe, healthy, responsible, respectful and pleasurable way.
- We have a responsibility to respect and protect the rights of others
- No one can take away our human rights.

UNIT 2: ADOLESCENT DEVELOPMENT

Purpose and objectives

This unit explains the physical, social and emotional changes that take place during adolescence.

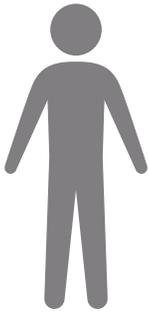
By the end of this unit, participants should be able to:

- Explain the meaning of adolescence;
- Describe the physical and emotional changes that occur during adolescence;
- Name the parts of the male and female reproductive and sexual anatomy and their functions; and
- Give a basic explanation of what happens during the menstrual cycle.

Worksheet: What I learned about values

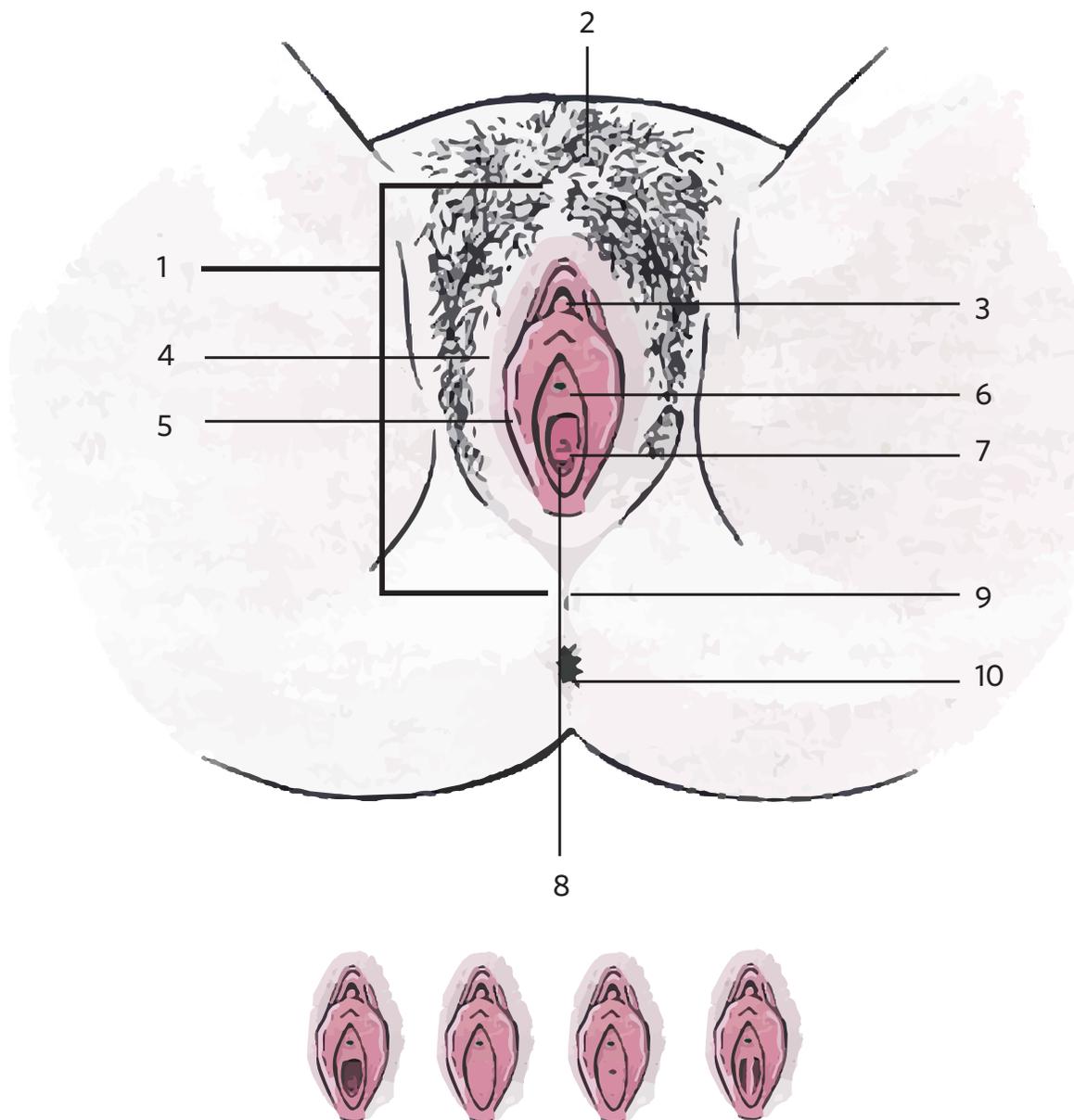
Which changes during puberty happen only to males, only to females and which happen to both? As you discuss the changes that occur during adolescence during the session, write the changes in the correct place on the pictures below.

Social Physical Emotional Social Physical Emotional Social Physical Emotional



Worksheet: Poster and worksheet: The outer parts of the female sexual and reproductive system

Discuss in your groups and match the number with the names of body parts in the diagram below.

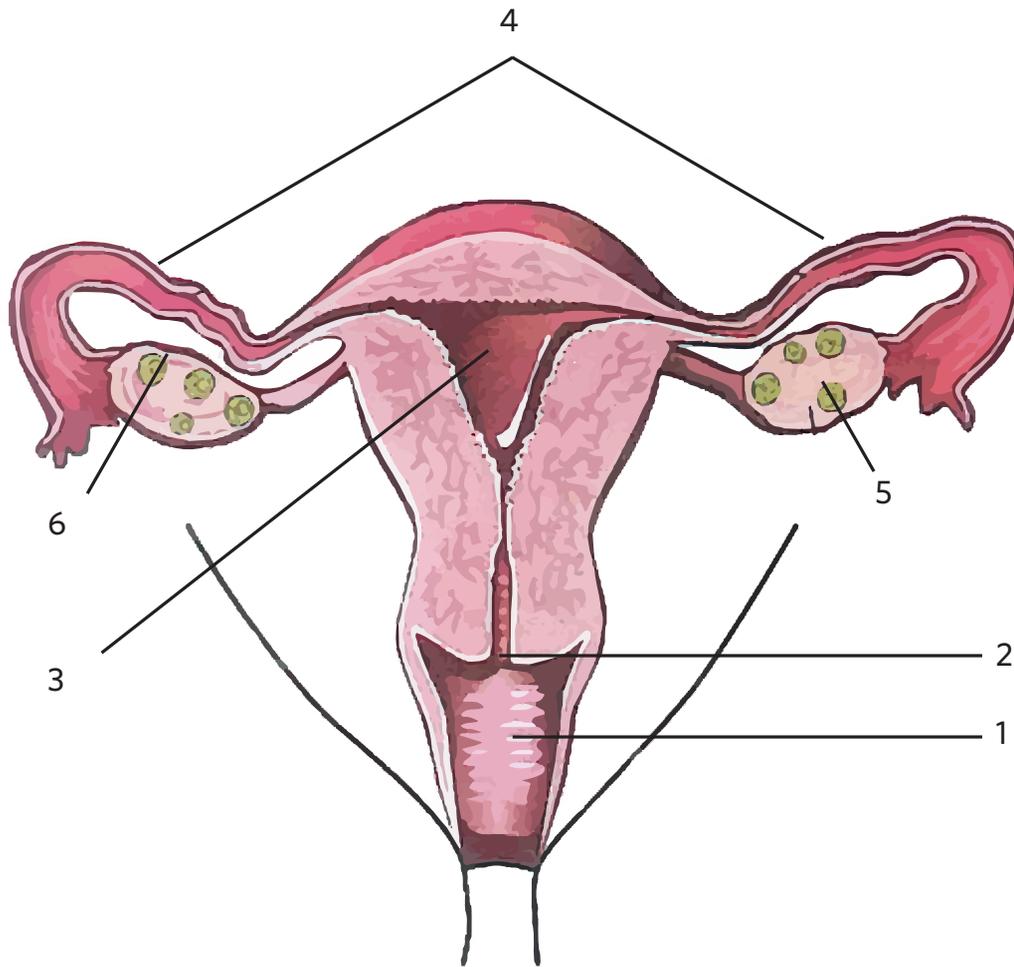


- ___ Mons pubis (pubic mound)
- ___ Vaginal opening
- ___ Urethral opening
- ___ Inner lips or labia
- ___ Vulva

- ___ Anus
- ___ Outer lips or labia
- ___ Hymen (not visible to my eyes)
- ___ Clitoris
- ___ Perineum

Worksheet: The internal sexual and reproductive health system

Discuss in your groups and write the names of the body parts in the diagram below



____ Vagina
____ Ova
____ Uterus

____ Fallopian tubes
____ Ovary
____ Cervix



Participant information: The woman's sexual and reproductive system

Outer sexual and reproductive parts

Vulva is the word for *all* of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

- **The mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.
- **Outer lips** (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.
- **Inner lips** (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.
- **Clitoris** is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the **glans**. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. 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.
- **Vaginal opening** is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.
- **Hymen** is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.
- **Perineum** is the area between the vaginal opening and the anus.
- **Anus** is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

Inner reproductive parts

The vagina leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have a lot of nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.

The cervix is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The uterus is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The **endometrium** is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.

The fallopian tubes are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow - only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called **fimbria**) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slow down the tube towards the uterus.

The ovaries are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (estrogen and progesterone), store immature eggs, and produce mature eggs.

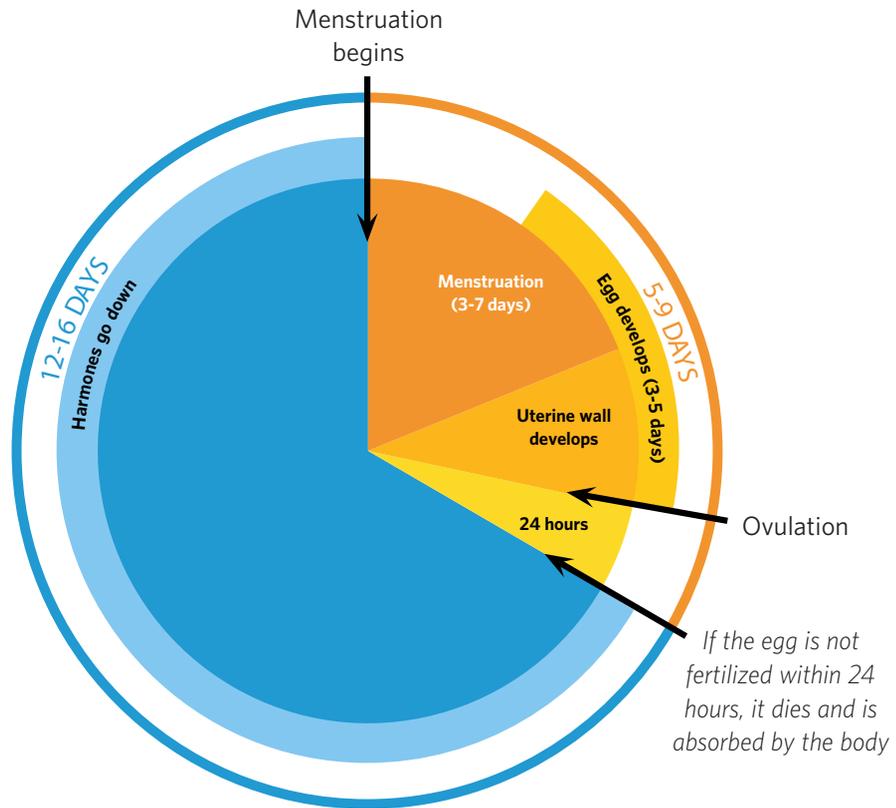
Other (not part of the sexual and reproductive system)

Urethral opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body. It is not a part of the reproductive system but it is found in the vulva.

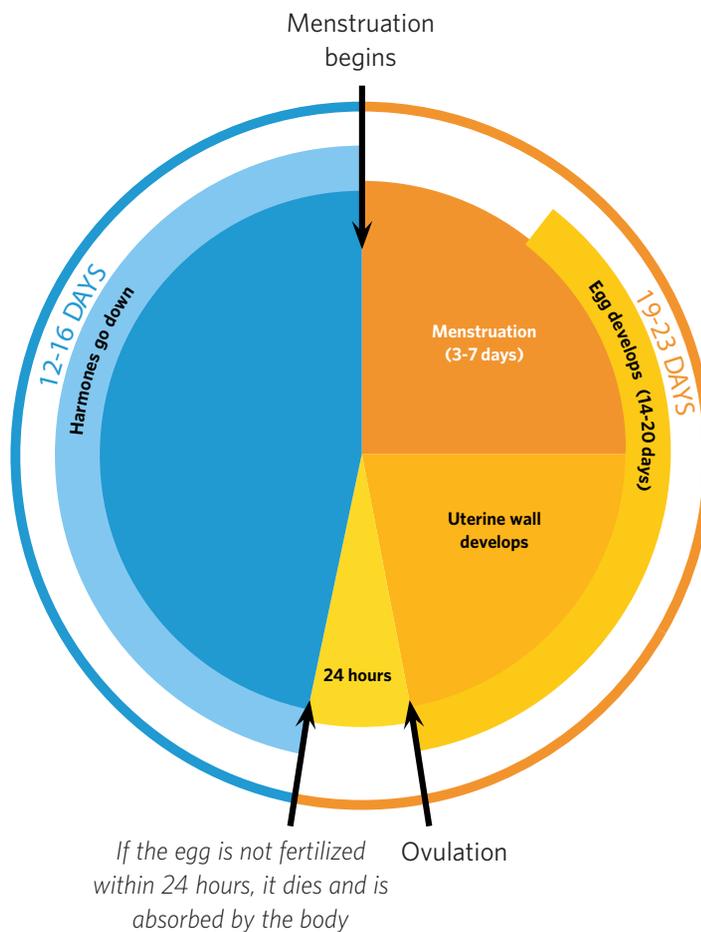
The **bladder** is the sac that collects and stores urine.

Diagram: Short and long menstrual cycles

21-Day Cycle



35-Day Cycle



Participant information

Menstruation

Menstruation is nature's way of preparing a woman's body for pregnancy.

Most girls start menstruating between the ages of 9 and 16. They will continue to menstruate regularly, unless they become pregnant, until menopause, which happens between the ages of 45 and 55.

The menstrual cycle has two main parts – pre-ovulation and post-ovulation. Pre-ovulation varies in length by woman and by cycle. It is usually between 15-17 days long, but can be as short as 9 days or as long as 23 days. It begins with the first day of menstruation and ends with ovulation. Menstruation happens when the lining of the uterus breaks down and leaves the body. It usually lasts from 3 to 7 days.

During menstruation, eggs begin to mature again. Usually only one will become fully mature. After menstruation, the lining of the uterus begins to thicken again. When the egg has matured, hormones cause it to be released from the ovary. This is called ovulation. It usually occurs 12-14 days before the start of the next menstrual bleeding, but can be anywhere from 8-17 days before menstruation.

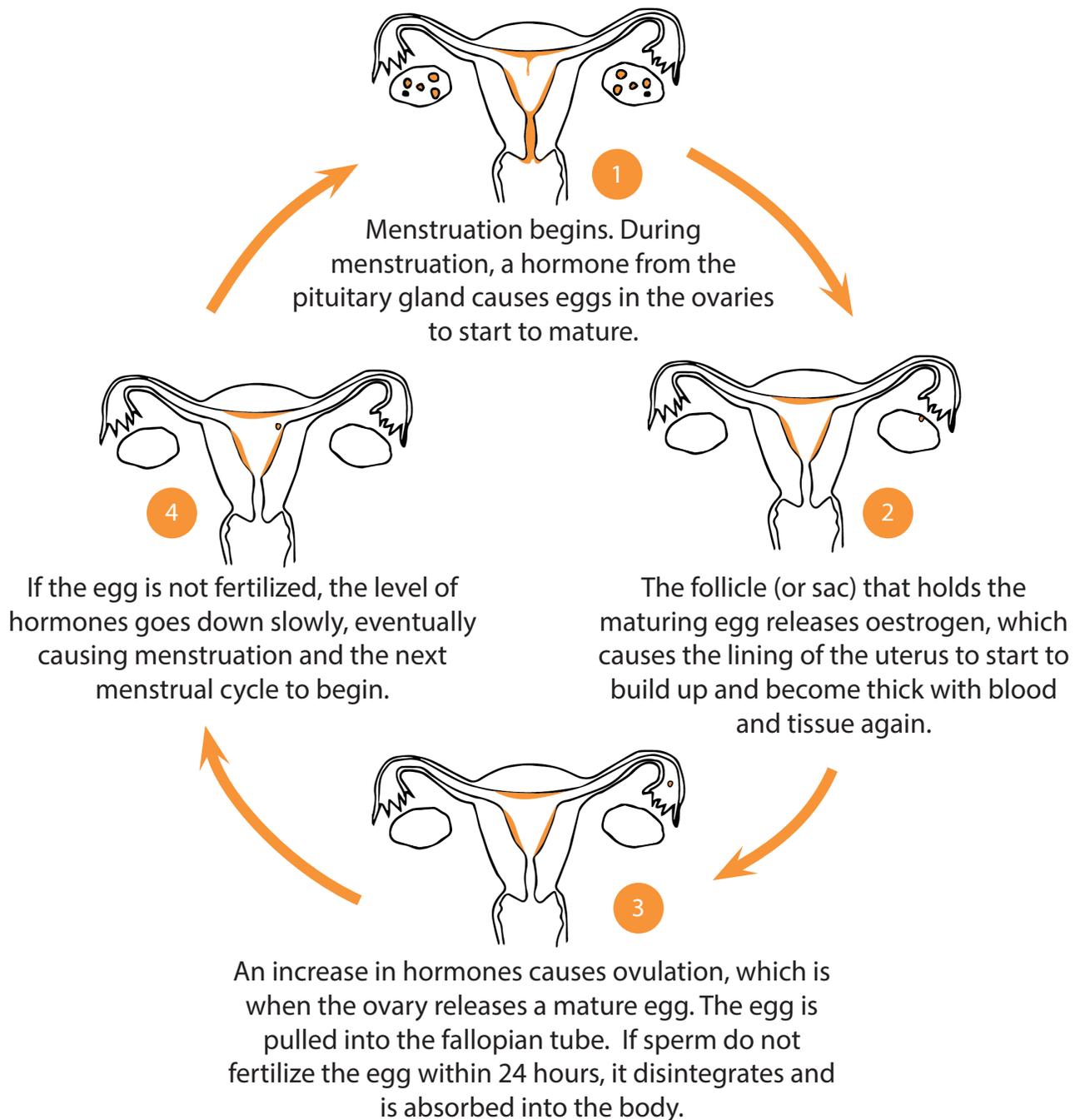
After ovulation, the finger-like ends of the fallopian tube pull the egg into the tube. If the egg meets sperm in the fallopian tube, it may be fertilized. If this happens, the fertilized egg is moved down the tube to the uterus. When the egg reaches the uterus, it attaches itself to the lining and the woman becomes pregnant.

If the egg is not fertilized within 12 to 24 hours, it dies and is absorbed by the body. The woman's hormone levels will go down and, usually after 12-16 days, the next cycle and menstruation start again.

Depending on the woman, the cycle may be from 20 to 35 days long or longer. A woman's cycle length often varies from month to month and it changes with age. During the first few years of menstruation, many girls miss periods or have irregular periods and the number of days between their periods may vary greatly.

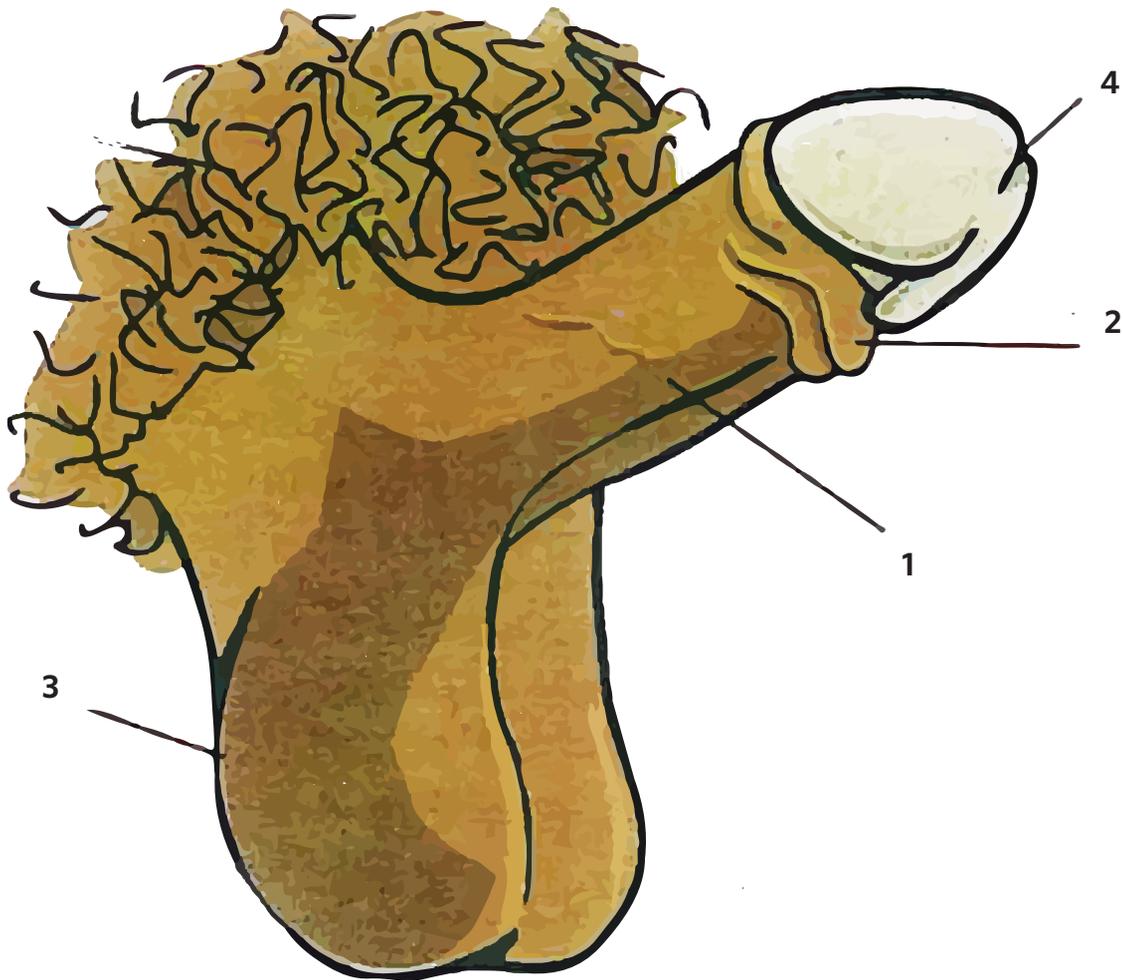
Things like travel, stress, depression, poor diet, and illness can also affect the length of the cycle. Depending on the length of a woman's cycle, the fertile period may or may not be in the middle of it. Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every woman to know her own cycle.

Diagram: Menstrual cycle



Worksheet: The internal sexual and reproductive health system

Discuss in your groups and write the names of the body parts in the diagram below



_____ Penis

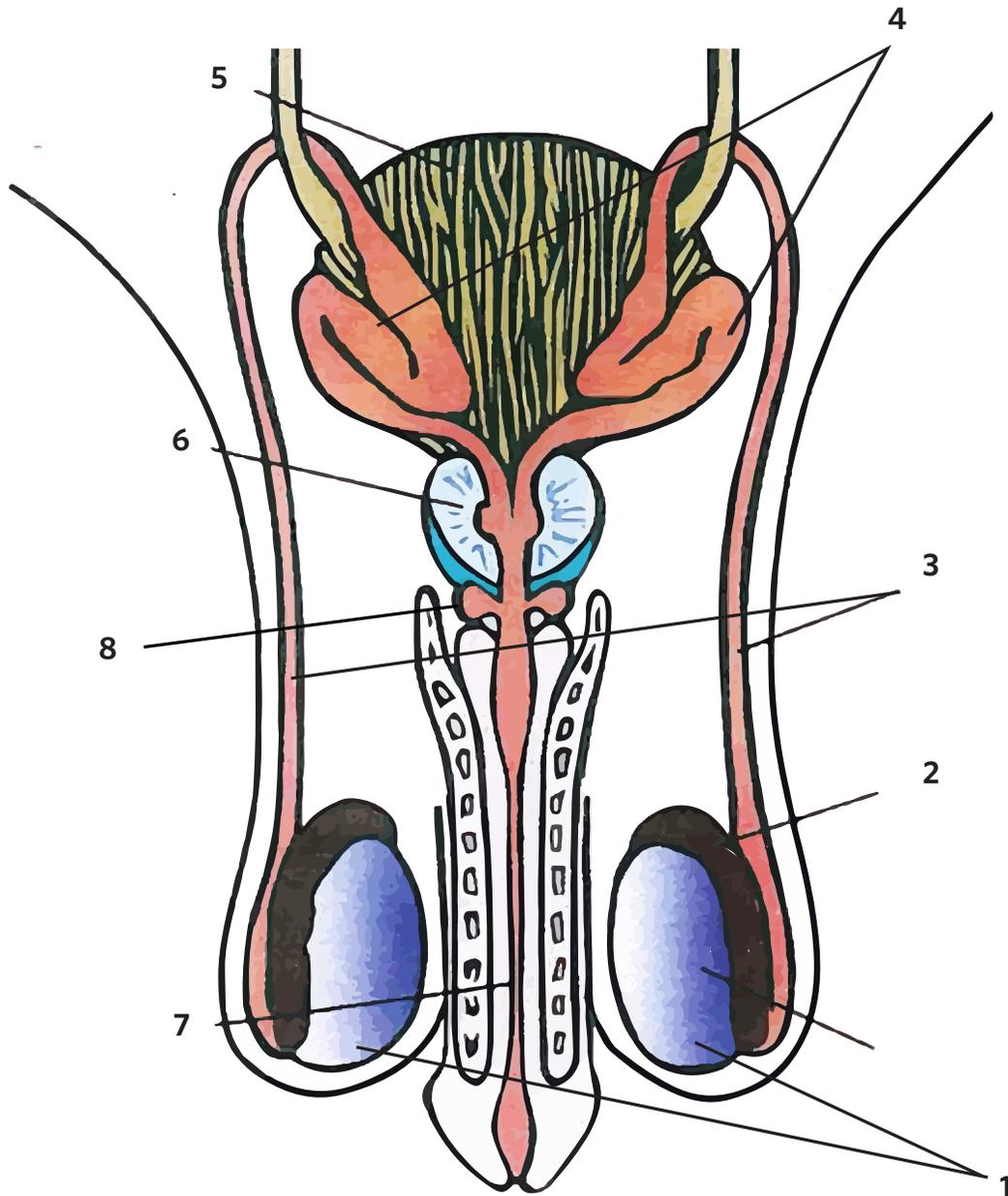
_____ Scrotum

_____ Foreskin

_____ Urethral opening

Worksheet: The internal sexual and reproductive health system

Discuss in your groups and write the names of the body parts in the diagram below



- _____ Testicles (or testes)
- _____ Epididymis
- _____ Vas deferens (sperm duct)
- _____ Seminal vesicles
- _____ Ovary

- _____ Cervix
- _____ Bladder
- _____ Prostate Gland
- _____ Urethra
- _____ Cowper's Glands

Participant Information: The male sexual and reproductive systems

The external parts of the male sexual and reproductive systems

The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, making it the most sexually sensitive organ in males. When stimulated, the penis fills with blood and becomes larger and harder (erect). The head or tip of the penis, called the **glans**, is the most sensitive part of the penis. In uncircumcised men, a fold of skin, called the **foreskin**, covers the glans. It can be rolled back to show the head of the penis. This skin is removed during circumcision. Both semen and urine leave the penis through the urethral opening at the tip of the penis. The three functions of the penis are urination; sexual pleasure, and reproduction.

The **scrotum** is a loose bag of skin that hangs behind the penis between the man's thighs. It holds and protects the testicles and the epididymis. The scrotum holds the testes or testicles outside of the body to keep their temperature low, so that they can make and store sperm. When it is cold, the scrotum pulls the testes up close to the body to keep them at the right temperature.

The internal reproductive and sexual organs of males

Testes or testicles are two oval-shaped glands, each the size of a small egg, that are inside the scrotum. They produce testosterone (the main male hormone) and sperm. The scrotum and testes are sensitive to touch and can be a source of sexual pleasure.

The **epididymis** is a small organ, made of many tiny tubes, that sits on top of each testicle. The sperm mature in these tubes and stay there until the man ejaculates. If sperm are not ejaculated after 4-6 weeks, they die and are absorbed into the body.

The **vas deferens** (also known as the sperm ducts) are two long, very thin tubes that go from the epididymis to the seminal vesicles. When a man is about to ejaculate, the sperm move from the epididymis and travel through the vas deferens to the seminal vesicles.

The **seminal vesicles** are two small glands that produce about 60% of the semen. When the sperm arrive at the seminal vesicle, they mix with this fluid, which nourishes and protects the sperm.

The **prostate** is a gland found just below the bladder. It produces a thin, milky fluid that is a lubricant for the sperm. This fluid mixes with the fluid from the seminal vesicles and with the sperm to make up semen. The prostate is also very sensitive and can give sexual pleasure when massaged.

The **Cowper's glands** are two small glands near the urethra, which produce a basic (non-acidic) fluid. This fluid, called **pre-ejaculate**, comes out of the penis before ejaculation. Urine leaves the urethra acidic; the pre-ejaculate neutralizes the urethra before the semen passes through it to protect the sperm.

The **urethra** is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation.

Other

Wet Dreams

Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.

Spontaneous Erections

Spontaneous erections are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touched and they feel no sexual excitement. Teenage boys can have erections 20 or more times a day because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched.

Girls, Wet Dreams and Erections

Girls can also have orgasms during their sleep. These are sometimes also called wet dreams, since their vaginas lubricate or get wet, but they usually don't ejaculate. Girls also have erections. 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.



Key messages

Adolescent development

- Adolescence is the time in life when we move from being a child to becoming an adult.
- Adolescence is both challenging and exciting.
- Adolescence can be confusing because sometimes you feel or are treated more like an adult and sometimes you feel or are treated more like a child.
- As a group, girls start puberty earlier than boys.
- Puberty changes do not start at the same age for everyone.
- The social and emotional changes are the same for girls and boys, but some physical changes are different for boys and girls.
- These changes can make us feel confused or worried.
- There are many different ways to manage our feelings, including talking to adults, friends or others about what we are going through.
- The woman's sexual and reproductive organs are located inside and outside her body.
- The uterus is where a fertilized egg grows into a baby.
- The clitoris is the only organ in both men and women whose only function is sexual pleasure.
- Menstruation happens when the egg is not fertilized by sperm.
- Every girl is unique and has her own menstrual cycle. She needs to keep track of her cycle.
- Sperm can live in the woman's body for up to 7 days.
- It is possible for a girl to get pregnant if she has unprotected sex during her period or in the days immediately after it ends.
- Trying to identify "safe days" is too risky for young women.
- There are no safe days when it comes to STIs and HIV.
- A boy's first ejaculation means that he is now producing sperm and can cause a pregnancy.
- A single ejaculation has 150-500 million sperm in it.
- Most boys and some men have wet dreams or ejaculations while sleeping. They are normal.
- It is common for boys to have many sudden erections during puberty.

UNIT 3: SEXUALITY

Purpose and objectives

This unit introduces the concept of responsible sexuality and provides an opportunity for young people to identify sources of information and messages they have received about sexuality. The unit discusses sexual attraction and how to handle it. It also gives participants the opportunity to ask questions they have about sexuality, provides correct information on human sexual response and sexual behaviour.

By the end of this unit, participants should be able to:

- Define sexuality;
- List different sources of information about sexuality;
- Identify reliable sources of information about sexuality;
- Explain how values about sexuality affect behaviour;
- Become more comfortable talking and asking questions about sexuality;
- Describe human sexual response.

Worksheet: John's Story

My name is John and I was born in Uganda. There wasn't a moment when I realized I was gay. Somehow I always knew, but I could never express what it was until I learned the right words. As I grew older, I started being attracted to men. I heard stories on the radio of gay couples being beaten and killed by police. If I could have changed myself, I would have. I desperately wanted to be 'normal', to fit in and to make my family proud.

At my university, I met and fell in love with a man called Adam. We were always very careful when we were together in public. When I first took Adam home to visit my family, I introduced him as my best friend. My relatives and neighbours in Kampala would ask me why I never had a girlfriend. I used lots of excuses. I told them I'm not yet ready or I have a girlfriend who doesn't live around here. It was difficult because I could not be open about who I really was. I had to keep my distance. When you feel you're not yourself, it makes things really hard.

We used to hang out in this pub in Kampala. It's not a gay pub, but we knew as a gay group that we can hang up there. One day the police raided this place and they arrested the gay men. They beat them and forced them to give the names of other gay people they knew. The police went to my house. They went to my mum's house. My name was on the news, on the radios. So I was thinking, if I move from Uganda, I'll start a new life where I'll be safe. I used the money I had saved up and went to the UK.

I'd never heard of the word 'asylum seeker'. I said, okay, I can speak English. I can explain to the Home Office why I am here, but they didn't believe my story. I spent the next six years fighting in court for the right to stay in the UK. In 2008, I was deported back to Uganda without warning. When I arrived at the airport in Kampala, the police interrogated me. It was like being in a cage with a lion. I thought, 'This is the end of suffering. I don't want to suffer anymore. I'll never be accepted anywhere. If somebody doesn't kill me, I'll kill myself.' I was like in the mid of the ocean and nobody, nothing to hold on.

Some months later, my lawyers got me refugee status for five years and I was flown back to the UK. The life I had in Uganda was totally different. I had my own house. I was middle class. Now I live in one room. I miss my family all the time. But in Uganda, I've never had a chance where I can tell somebody I am gay and they embrace you and they hug you and say oh everything will be all right. Nobody has ever done that. All I want is freedom, where I can be who I am. There are two questions I ask myself all the time: Why was I born gay? And if I was born gay, why was I born in Africa?

Questions:

1. How did John know he was gay?
2. What are John's reactions to being gay?
3. How did he cope with being gay when he was in Uganda?
4. What happened to him because he was gay?
5. Why did John want to kill himself?
6. Which of John's human rights have been violated?
7. What does he want?

Worksheet: Sex - What's the truth?

Sex - What's the Truth?	T or F?
Masturbation is harmful.	
If a girl is a virgin, she will bleed the first time she has sex.	
It's the man's role to initiate sex.	
Many women do not have orgasms from vaginal intercourse alone.	
The first time a woman has sex, it will hurt.	
Masturbation helps people learn about their body's sexual response.	
Once a man gets sexually excited, he cannot control himself.	
The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them.	
Most men will at some time lose their erection during a sexual experience in their lives.	
If the man has a big penis, his partner will feel more pleasure.	
The right age to have sex is 18.	
If a man can keep vaginal intercourse going long enough, the woman will have an orgasm.	

Worksheet: What I learned about sexuality

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What is the most important thing you learned from this unit?
2. Why is this information important to you?
3. How will it influence your behaviour?
4. Write a commitment or promise to yourself related to your sexuality. You will not be asked to share this with the group.



Key messages

Sexuality

- Sex is the biology of being male or female. It also refers to sexual intercourse.
- Sexuality is much broader than sex. It includes sexual behaviour, but also includes the feelings, thoughts, and behaviours of being male or female.
- We learn about sexuality from many different people, places and things, including our own experiences.
- We need to make sure the source is reliable before we believe what we hear about sexuality and sexual health.
- Being attracted to someone is part of starting and building relationships and friendships.
- Sexual desire and excitement do not have to lead to sexual activity of any kind.
- Only YOU can make decisions about what you will and will not do.
- Society gives different messages about men and women's sexuality. These affect our sexual attitudes, desires, expectations and behaviours.
- If you are getting into an intimate, romantic relationship with someone, it's important to talk to him or her about your sexual feelings, values and how you want to handle them. If you can't talk about sex with someone, you aren't ready to have sex with them!
- People do not choose their sexual orientation.
- When a society does not accept people who are different, those who are different suffer a lot.
- Discriminating against people who are gay is a human rights violation.
- Young gay people who need help can contact a local NGO working for lesbian, bisexual, gay and transgender (LBGT) rights or contact OutRight Action International, website: <https://www.outrightinternational.org/region/africa>.
- Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about.
- We need to learn to talk about sex more openly.
- Talking more openly can help us to take care of sexual health and to enjoy our sexual relationships more.
- Physical touch and mental stimulation or fantasy can make the body respond sexually. This is called the Human Sexual Response Cycle.
- The parts of the sexual response cycle, whether alone or with a partner, are: desire, excitement; orgasm: and resolution.
- Knowing how your body responds to sexual stimulation can help you to feel more in control of your body, to give and receive pleasure and improve your relationships.
- Masturbation can be helpful to learn about one's body and to solve sexual problems.
- A girl may or may not bleed the first time she has sex.
- Most women need to have their clitoris touched to reach orgasm.
- To know how to please your partner, talk to them.
- Most men will at some time lose their erections during sexual experiences.
- There is no right age to have sex – it will depend on their relationship, values, and feelings.
- If you aren't sure about something you heard about sex or sexuality, check it with a reliable source before you believe it.

UNIT 4: GENDER ROLES AND EQUALITY

Purpose and objectives

This unit examines the meaning and effects of power, privilege and discrimination in general and specifically related to gender. It encourages participants to develop empathy by feeling what it is like to be in a group without power. It teaches participants to understand what gender is and to distinguish between sex and gender. The unit also challenges them to examine how gender roles limit both girls and boys, to consider what they want to see changed about gender, and to question gender stereotypes.

By the end of this unit, participants should be able to:

- Describe the different types of power;
- Discuss the effects of power and privilege on those without power as individuals, on interpersonal relationships, and on society;
- Distinguish between sex and gender;
- Explain gender stereotypes and how they affect personal development and relationships of both girls and boys;
- Identify their values about gender roles and gender equality;
- Challenge gender stereotypes.

Worksheet: Types of power

Write the following on a piece of flipchart paper:

Instructions: Work with your neighbour, to try to fill the spaces in the story below, putting one of the following words in each space: over, to, with, within

Abasi and Flora are boyfriend and girlfriend. They are members of a youth group. As individuals, they both have power (a) _____ themselves. Abasi had a girlfriend before, but she left him, because he was using his power (b) _____ her by trying to control everything she did. But in his relationship with Flora, Abasi has changed. Now, each of them joins their power (c) _____ the other as they support each other. They believe that relationships need to be equal and respectful to be happy and safe. That is why they have decided to use their power (d) _____ try create a community that encourages equality and non-violence.

Participant information

Types of power

Power within is the strength that arises from inside ourselves when we recognize that we all have an equal ability within ourselves to positively influence our own lives and community. By discovering the positive power within ourselves, we are moved to address the negative uses of power that create injustice in our communities and society. We can nurture the power within ourselves, so that we can take control of our own lives and work to improve our communities.

Power over means the power that one person or group uses to control another person or group. This control can come from direct violence or more indirectly, from the social beliefs and practices that position men as superior to women. Using one's power over another is injustice. We need to understand that whenever any group uses their power over another group, it is unjust and leads to community problems, including violence, and health problems such as HIV.

Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Understanding and valuing power with can inspire us to join our power with others to support those who are disadvantaged and to work for positive change in our communities.

Power to is the belief, energy and actions that individuals and groups use to create positive change. Power to is when individuals decide to work to ensure that everyone enjoys all of their human rights, and can achieve their full potential. We can use our power to take action to create a community that supports and promotes human rights and the equality of all human beings.

 **Participant information**

Sex	Gender
Biologically determined by our chromosomes (XX or XY); anatomy (penis, testes or vagina, ovaries, uterus); predominant hormones (e.g. more testosterone or more oestrogen)	Socially constructed roles, responsibilities, behaviours expected of men and women.
Universal: Factors related to sex are the same around the world — men have penises and women have vaginas in every country.	Cultural: Gender roles vary within and between cultures; the roles of men and women are different in the United Kingdom from the roles of men and women in Kenya.
Born with: Generally unchanging (although change is now possible with hormones and surgical intervention).	Learned behaviour: Changes over time. For example, in the past, few women became lawyers or physicians; today it is more common to find women in these professions.
Sex has more than one meaning. First, it means whether a person is biologically male or female. A person's sex is assigned at birth based on their genitals. It is also short for sexual intercourse.	

Gender roles refers to the different roles and behaviours that a society expects of men and women. These are based on what a specific society believes about what men and women can or cannot do. Some examples, include women should cook, clean, care for children and the sick; men should earn money and repair things. While traditional gender roles still have a strong influence on many people, they are also changing a lot. For example, until recently, some countries would not allow women to join the army.

Stereotypes are rigid and oversimplified beliefs about groups of people. They are not based on fact, but on assumptions, usually learned from others. Examples of stereotypes are 'all male hairdressers are homosexuals' or 'women do not make good mechanics'.

There are three differences between men and women based on the differences in their bodies:

- Only women can get pregnant and give birth.
- Only women can breastfeed.
- Only men can make women pregnant.

Other statements about the differences between men and women as a group are stereotypes.

Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person's biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However, some people feel that they are in the wrong body. They are **transgender**. Some say that they have a female brain trapped in a male body, or the other way around. Some identify with neither genders; some identify with both genders; while others feel they cannot relate to the idea of gender at all. Some transgendered people change their sex by taking hormones and having surgery.

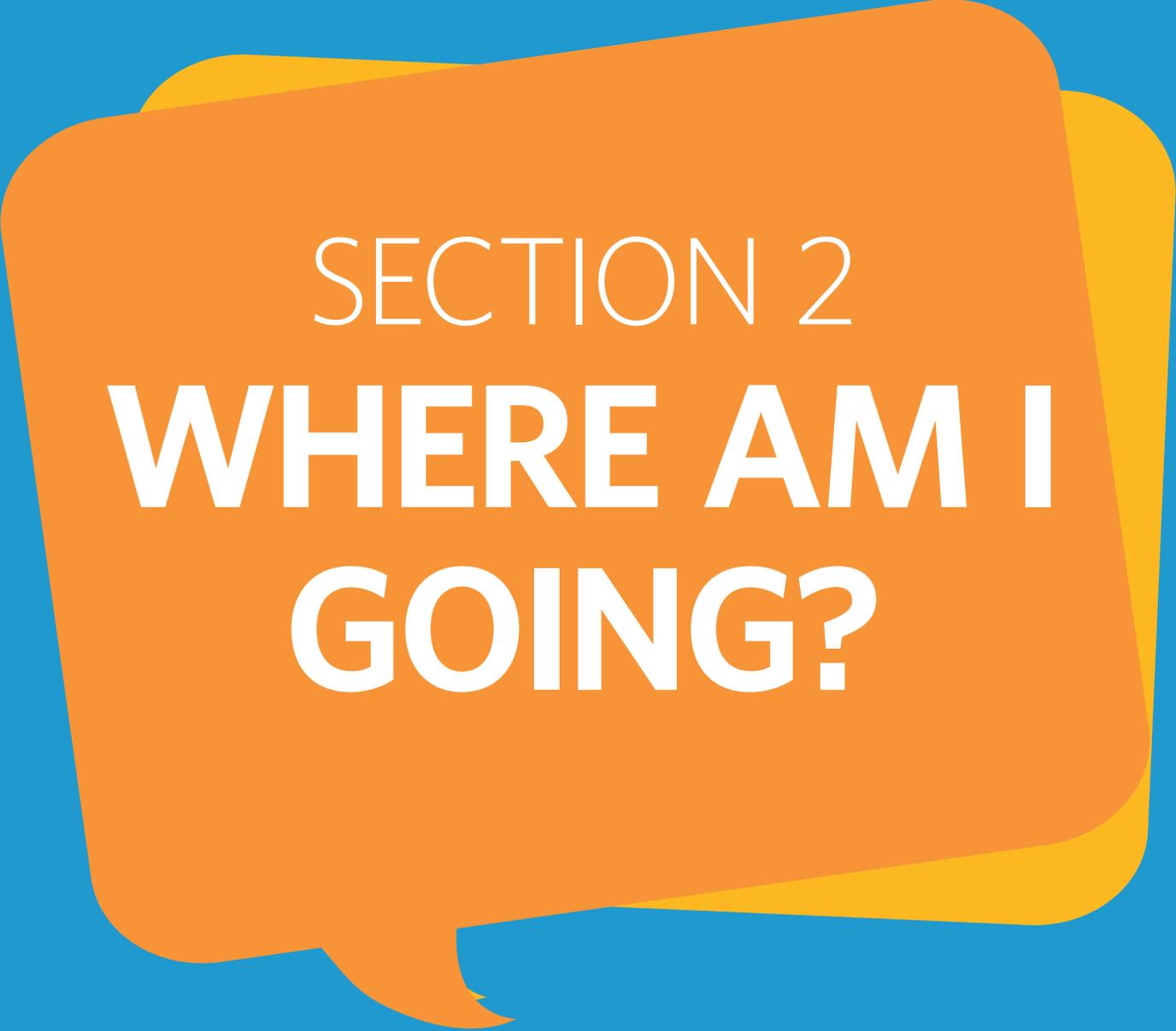
People who have **intersex** conditions have anatomy that is not considered typically male or female. They have variations or differences in their chromosomes (such as XXY, XXX, XYY), hormones (endocrine functions), their gonads (testis or ovaries) and/or other reproductive anatomy, such as a very small penis or very large clitoris.



Key messages

Gender

- Power can be used positively and negatively.
- We all have power within us, even if sometimes we don't realize it.
- Using our power over others often violates their human rights.
- We can join our power with others to change our community for the better.
- We all have power to do something, to act.
- We all belong to or have belonged to both groups, with and without power.
- Those with more power have privileges and are treated better than those with less power based on tradition.
- Discrimination against groups with less power is unjust, has serious consequences and is a violation of human rights.
- Power needs to be shared equally for all people to enjoy their human rights.
- When a group of people use their power over others, the two groups cannot work together well to reach their goals.
- The power imbalance between males and females is not healthy. It creates tension, struggle and resentment.
- Balancing power does not mean losing power because power does not come in limited supply. It is not a quantity; it is a feeling.
- Only when we speak out and reject the power imbalance between the sexes will the consequences of this imbalance on women and girls end.
- Men's power over women, and our silence about it, allows the discrimination against women and girls to continue.
- Sex is the biological state of being male or female. A person's chromosomes, anatomy and hormones determine their sex. It is the same everywhere in the world and usually does not change.
- Gender is what it means to be male or female in a specific society, including how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities. It is culturally determined; varies across the world and changes over time.
- The only things that men cannot do are to give birth to a child and to breastfeed a child.
- A woman can do anything she decides to do, except make another woman pregnant.
- Stereotypes are generalizations about groups of people that are not based on fact.
- Gender role norms and stereotypes (or gender rules) harm us and keep us from being ourselves.
- Society uses violence and name-calling to try to make people conform to gender norms (stay in the gender box).
- You should be yourself. You do not need to follow gender roles or live in the gender box.
- We need to work to change gender roles and gender-based inequality.



SECTION 2
**WHERE AM I
GOING?**

UNIT 5: PLANNING FOR THE FUTURE

Purpose and objectives

This unit assists young people to think about setting clear goals for their future and to identify obstacles that may affect the achievement of their goals. The unit will also help young people to recognise the influence of gender stereotypes on their vocational choices and to consider some different work options.

By the end of this unit, participants should be able to:

- Explain their short and long term goals
- Identify how gender stereotypes can affect vocational choices
- Describe their work options
- Discuss the kind of work they are interested in and what they need to do to reach their career goals

Participant information

Work options

Employment means that you work for someone else. You are an employee and receive a regular salary. You may also receive benefits such as a pension fund, medical aid or insurance; travel, study or car allowance. Not all employers provide all of these benefits. You will most likely have regular work hours, but there may be times when you are required to work on weekends or public holidays.

Entrepreneurship means you are self-employed. You have your own business and are your own boss or you are a partner in a business. You sell your services or goods to those who need and can pay for them and you set your own work hours. You have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service.

Volunteerism means you work without earning any pay or specific benefit. You do the work because you enjoy it, because it is meaningful or important to you, or to learn a skill or get experience. You may get a small allowance.

Worksheet: My career needs and how to achieve them

Copy the list of career needs and goals discussed in the group and the suggestions made on how to achieve them.

Need

How to achieve it

Worksheet: Start with what you've got

1. Think about yourself for a few minutes then fill in the boxes below:

A. My Abilities (list 3 below)

Things I can do well or am great at:

B. My Good Qualities (list 3 below)

2. Choose one item from column A and write how you could use this to a) earn money or b) gain more skill/ knowledge.

3. Look at the qualities listed in column B and decide if you have what it takes to achieve what you wrote in 2 above.

If yes, set one goal for yourself using that ability. If not, repeat steps 2 and 3 until you have set one goal that is realistic and achievable. Write that goal below. You will be asked to share this with the group.

My Goal:



Key Messages

Planning Your Future

- Setting goals is a good way to focus one's energy and efforts.
- Short-term goals are easier to achieve.
- Long-term goals call for more planning.
- Be flexible in planning so that if something goes wrong, you can adjust your plan or focus on another goal. You can have alternative plans.
- As you grow up, you become more and more in control of your own life.
- You can set your own goals and work towards them.
- If you imagine the obstacles that could come up, you may be able to prevent them or plan for what you would do if they happen.
- Beliefs about the type of work that men and women can or should do can affect our choices about what to study and what work to do.
- Sometimes people do not pursue the jobs they really want because of these gender stereotypes.
- We can go against these stereotypes to do the work that we want to do.
- It can be hard to get employment without skills and experience.
- To start your own business, you need money and business skills.
- Volunteerism can give you a lot of experience and skills for work.
- Many employers recognize volunteer activities as experience.
- Each person has a natural gift or talent that can be used to earn money.

UNIT 6: RELATIONSHIPS

Purpose and objectives

This unit examines different kinds of relationships and will help you to understand what builds or destroys a relationship. In this unit, we will look at the qualities of an ideal partner as well as exploring the advantages and disadvantages of being in a relationship. We will discuss the arguments for and against having sexual intercourse as a teenager. We will also talk about how to stay safe when you use social media.

By the end of this unit, participants should be able to:

- List and explain your relationships rights and responsibilities;
- Explain behaviours that can build or harm relationships;
- Discuss the types of problems that can happen when people use social media;
- Explain how to stay safe when using social media;
- List the qualities that you are looking for in a romantic partner, including the person's attitudes towards sex and protection;
- List the pros and cons of having sex as a teenager;
- Identify the different types of peer pressure;
- Demonstrate how to handle peer pressure effectively;
- Describe the behaviours that would lead you to end a relationship and why.

i Participant information: Relationship rights and responsibilities

Everyone has the following rights in their relationships:
<p>The right to ask for what I need or want</p> <ul style="list-style-type: none"> ▪ To ask someone to go out with me (to ask for a date) ▪ To suggest activities ▪ To tell my partner (boyfriend or girlfriend, husband or wife) when I need affection ▪ To tell my partner what my limits are (what I am willing or not willing to do) ▪ To tell my partner when I need time for myself ▪ To ask my partner to use a condom or other protection
<p>The right to say no without feeling guilty</p> <ul style="list-style-type: none"> ▪ To refuse to go out with someone ▪ To refuse any activities, even if my partner is excited about them ▪ To refuse any sexual activities at any time, for any reason, even if I have done them before ▪ To end a relationship for any reason I choose ▪ To refuse to lend money ▪ To refuse to take responsibility for my partner's behaviour, choices, mistakes, or acts of violence
<p>The right to be myself</p> <ul style="list-style-type: none"> ▪ To wear what I want ▪ To eat what I want ▪ To have my own opinions and say what I think ▪ To have and express my own feelings ▪ To decide how much time I want to spend with my partner ▪ To set my own limits and act according to my own values ▪ To be in charge of my own body, property, boundaries, and privacy ▪ To have friends, activities, and time apart from my partner ▪ To make my own decisions and change my mind
<p>The right to always be treated with respect and as an equal</p> <ul style="list-style-type: none"> ▪ To feel comfortable being myself ▪ To have my decisions, limits, and values respected ▪ Not to be criticized, put down or insulted, or treated as a servant or property ▪ To have a partner who values me, encourages me, and wants the best for me ▪ To be listened to seriously and not be interrupted ▪ To participate fully in decisions affecting me ▪ To have a partner who gives as much to me as I give to him/her ▪ To have my needs treated as equally important as my partner's needs ▪ To pay my own way ▪ To let someone pay for me without owing them something in return ▪ To feel safe in the relationship and not be abused physically or emotionally

The right to protect my sexual health

- To prevent unplanned pregnancy and STIs, including HIV
- To refuse unprotected sexual activities
- To get reliable sexual health information
- To access reproductive health services
- To decide freely and responsibly the number, spacing and timing of children

These rights come with responsibilities. Everyone has the responsibility to:

- Respect the rights of others
- Accept gracefully when someone refuses me
- Not to put others at risk for disease or pregnancy
- Share the results of my STI and HIV tests with my current and future sexual partners, if any
- Not to use physical or emotional force or violence to get someone to do something
- Not to abuse someone physically, sexually, emotionally or financially

Accept responsibility for myself and my actions

- Determine my own limits and values
- Check my actions and decisions to decide if they are good or bad for me
- Communicate clearly and honestly
- Admit to being wrong when appropriate
- Protect myself from unplanned pregnancy, STIs and HIV
- Get the information and services I need to protect myself
- Get tested for HIV and STIs, if I am sexually active
- Ask for help when I need it

Always treat others with respect

- Not to exert power or control in the relationship
- Never hurt my partner physically or abuse him or her verbally or emotionally
- Not to be controlling or manipulative in my relationship
- Respect my partner's limits, values, feelings, and beliefs, including his or her decisions concerning sexual activity and affection
- Involve my partner in decisions and be willing to compromise (find decisions and solutions that we both agree on)
- Give my partner space to be his or her own person

Worksheet: Putting rights into action

Instructions: Read the situation. Use the information on Relationship Rights and Responsibilities to identify which rights are being violated. Then answer the questions.

- 1. Your boyfriend or girlfriend works and you don't. When you go out, your girlfriend or boyfriend always pays. Now he or she is saying that you owe him or her sex.**

Rights being violated and why:

What can you do to stand up for your rights?

- 2. You want to use a condom, but your girlfriend or boyfriend is refusing.**

Rights being violated and why:

What can you do to stand up for your rights?

- 3. When you are apart, your girlfriend or boyfriend texts you ALL the time to find out who you are with and what you are doing. If you don't text back immediately, she or he gets angry.**

Rights being violated and why:

What can you do to stand up for your rights?

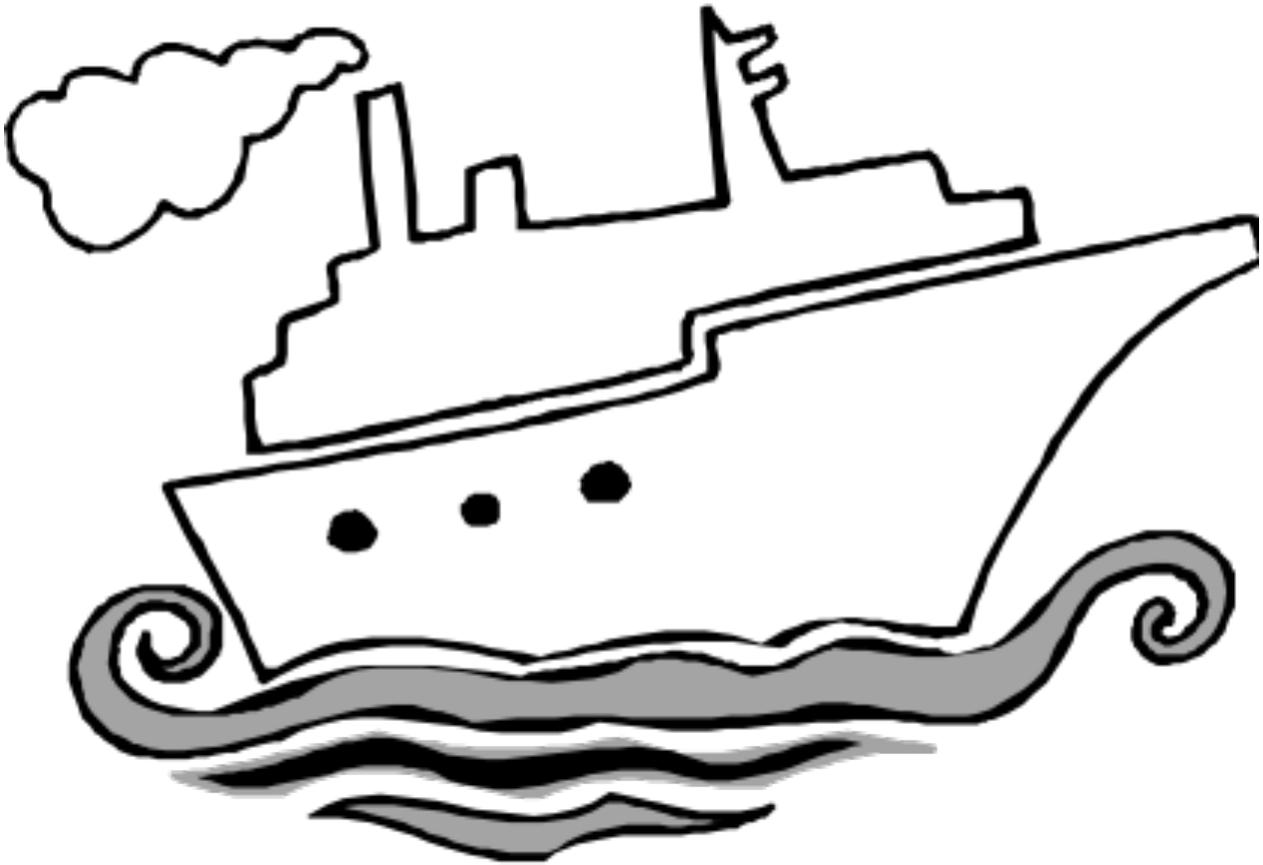
- 4. Often when you say what you think, your girlfriend or boyfriend rolls their eyes or makes a face.**

Rights being violated and why:

What can you do to stand up for your rights?

Worksheet: Building healthy relationships

Copy the list of things that can build or break a relationship. Write them where they belong on the ship - things that strengthen relationships on the body of the ship and things that damage, break or 'sink' relationships in the water.





Participant information: Qualities of healthy relationships

Everyone has the following rights in their relationships:

Respect

- Valuing and appreciating the other person – their ideas, opinions, activities, accomplishments, and contributions.
- Showing the other person that they are valued, worthwhile, and important, even when they are different from you.
- Respecting the other person's rights and showing consideration.
- Encouraging the other person's growth, activities and belief in self; showing concern for an interest in his or her feelings, needs and wants; acknowledging the other person's feelings and points of view; wanting what is best for the person; helping them.
- Negative criticism, name-calling and ridiculing are harmful.

Honesty and Trust

- Part of being honest is being your true self.
- To be honest, you need to communicate openly, fully and truthfully.
- Honesty is communicated when a person's verbal communication and non-verbal behaviour give the same messages.
- It includes admitting when you are wrong; accepting responsibility for your actions; and bringing up issues or problems.
- Showing that you trust the other person involves believing what they tell you; allowing the other person freedom and space to be alone, to have other friends, and to spend time away from you.

Communication

- Humans communicate both through using words and through their actions, gestures, facial expressions and other body language.
- Listening carefully to what the other person says without judging and accepting their feelings, even when we don't agree with them, are an important part of communicating respect and empathy.
- In healthy relationships there is a balance between talking and listening.

Empathy and Understanding

- Having empathy means trying to understand the other person's position and feelings – trying to put yourself in their shoes, see the situations from their point of view, and understand why they feel the way that they do.
- This shows a deeper understanding, particularly if communicated back to the other person using different words.
- Understanding someone does not mean that you agree with them.

Sharing Power

- Sharing power means that you have 'power with' the other person rather than 'power over' them.
- When you share power, you make decisions together; seek solutions to problems that both people agree with; are willing to compromise; have a balance of giving and receiving, and try to share responsibilities and work equally.

Common values and attitudes

- In successful relationships the two people often have many shared or similar values. If your values about most things differ, you may often be in conflict.
- Pressuring the other person to change their values may harm a relationship. If virginity before marriage is valued, for example, then pressure to become sexually active may damage the relationship.

Worksheet: What can go wrong?

Instructions: Read the situation assigned to your group and make a list of all the things that might go wrong in this situation.

1. A 16-year-old girl takes a nude picture of herself with her phone and sends it to her boyfriend.
2. A young man's friend asks him if he can use his computer or phone. He agrees.
3. A girl starts a phone or internet friendship with a cute 17-year-old boy. He wants to meet her and she agrees.
4. A boy gives his girlfriend his Facebook username and password.

My group's situation: _____

What can go wrong?



Participant information

Social media safety rules

- Don't post or give out personal information online, like your name, address, phone number, email, passwords or location.
- Do not share details about your life with people you don't know online.
- Think carefully about what you say before you post something online. Don't post anything that you would not say in person. Respect other people's privacy and be polite when you post photos of or information about others.
- Think carefully before posting or sending pictures or videos of yourself. Once you've put a picture of yourself online others can see it, download it, send it to other people and post it elsewhere. You don't control it anymore.
- Don't post or send pictures or other content that may embarrass you or get you in trouble now or later in life. Once something is online, it can remain online forever.
- Never send a picture of yourself to a stranger.
- Keep your privacy settings as high as possible.
- Don't accept or befriend people you don't know online.
- Remember that not everyone online is who they say they are. A person who says she is a 15-year-old girl could be a 40 year-old man.
- Don't meet up with people you've met online. You don't really know who they are or what they might do. If you ever do decide to meet somebody in real life who you met online, meet in a group of at least 3 or 4 people and in a public, well-lit and populated area during the daytime.
- Don't bully or attack other people online. Don't post inappropriate photos of them. Respect other people's views. Even if you don't agree with someone else's views, you don't need to be rude.
- If you see something online that makes you feel uncomfortable, unsafe or worried or if someone sends you a sexual picture or asks you to send them one of yourself, tell someone you trust about it immediately.

Worksheet: What I am looking for in a partner

Instructions: Discuss the following questions in your group. Prepare a presentation. If people in your group have different ideas, present all the ideas. For example, you can say: Some people thought... , and others thought...OR Most people in our group thought...but some thought....

1. What qualities are you looking for in a boyfriend or girlfriend?

2. What will make them 'sexy' or attractive to you?

3. What attitude do you want them to have about sex? Include attitudes about protection.

Worksheet: Quiz - how sexy, smart n safe r u?

Instructions: Answer these questions honestly to know how sexy, smart and safe you are. After completing the quiz, you will score it.				
	Agree	Disagree	Not sure	Score
1. Exploring sexual activities other than sexual intercourse sounds like fun.				
2. I can think of sexy things to do besides having sexual intercourse.				
3. I believe we can get and give sexual pleasure without having sex.				
4. Making love is about more than just having sexual intercourse.				
5. I am willing to wait to have sex until we both feel ready.				
6. I think the decision to have sex is serious.				
7. I want to know my partner well before I have sex.				
8. I will not have sex with someone who I know has another partner.				
9. I will talk with my partner about using condoms before having sex.				
10. I will not have sex without using a condom.				
11. I am willing to have an HIV test.				
12. I want to have only one partner at a time.				

Worksheet: Quiz - how sexy, smart n safe r u?

What is your score?

You get **2 points** if your answer is 'agree.' You get **half a point** if your answer is 'not sure.' You get **0 points** if your answer is 'disagree.'

My score for questions 1-4 is _____.

My score for questions 5-8 is _____.

My score for questions 9-12 is _____.

What does your score mean?

For questions 1-4:

If your score is 7-8 points, **you are very sexy!**

If your score is 5-6 points, **you are sexy!**

If your score is 3-4 points, **you are a little sexy!**

If your score is 2 points or less, **you are not so sexy (yet)...**

For questions 5-8:

If your score is 7-8 points, **you are very smart!**

If your score is 5-6 points, **you are smart!**

If your score is 3-4 points, **you are a little smart!**

If your score is 2 points or less, **not so smart (yet)...**

For questions 9-12:

If your score is 7-8 points, **you are very safe!**

If your score is 5-6 points, **you are safe!**

If your score is 3-4 points, **you are a little safe!**

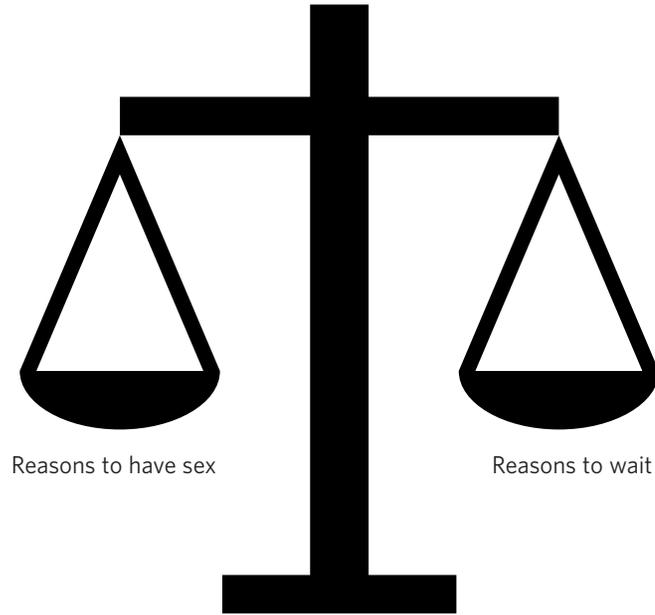
If your score is 2 points or less, **not so safe (yet)...**

I am _____, _____ and _____ !!
(sexy) (smart) (safe)

Worksheet: Weigh the options for yourself

Instructions: Think carefully about your personal reasons for waiting to have sex and/or for deciding to have sex.

WHICH WAY DOES THE SCALE TIP?



Personally, I think good reasons for waiting to have sex are:

- 1.
- 2.
- 3.

Personally, I think good reason for having sex are:

- 1.
- 2.
- 3.

Worksheet: Types of pressure and ways to deal with it

Arguments = Giving you reasons for why you should do something or change your mind. (The reasons are not necessarily good reasons!)

Example:

Put downs = Insulting you, saying things or calling you names to make you feel bad.

Example:

Threats = Saying that if you don't do what they want, they will do something that they think you won't like.

Example:

Peer or partner pressure can be:

- **External and explicit** - that is when your partner says so directly to you; OR
- **Internal** - when you just think or believe so. For example, your partner never said they will leave you if you don't have sex, but you think they will.

Worksheet: Ways to deal with pressure

If you do not want to agree to do what your friend or partner wants, you can:

Negotiate

Try to find a solution that both of you are happy with. For example, say:

- What if we do... instead?
- I don't want to do that, but maybe we could...
- What would make us both happy?

Delay

Put off the decision until later. For example, say:

- Maybe we can talk about it later.
- I'd like to talk to a friend first.
- I need to get more information before I decide what I want to do.

Refuse

Say 'no' clearly. For example, say:

- No, I don't want to do that! And I really mean no.
- No. Seriously! I won't change my mind.

Leave

Leave the situation and, if necessary, the relationship.

You can use these options with a partner or a peer or anyone who is pressuring you to do something you don't want to do.

Example

A: Don't do that. We talked about this before and I told you how I feel. I don't feel ready to have sex yet.

B: Come on, sweetie! I know you want to wait and all, but we've been together for so long now. We should do it, man. It's time! How long are you gonna wait, anyway?

Negotiate

A: You know that I want to finish school first. How about if I make you feel real good this way.... (touches partner)?

B: That's great, but we always do that... I want the real thing! I'll use a condom - you don't need to worry... Please!!! I really want it. You know I love you so much.

Delay

A: I know you do, but I am feeling pressured right now. I don't want to make any decisions under pressure. Let's talk about it again another time. Okay?

B: Another time, another time.... It's always another time!! When is it gonna be this time?

Refuse and Leave:

A: I know you really want to do it for real and you feel frustrated. But I am not going to be pressured to do something I am not ready to do. I want to finish school first. If you love me, you will understand that and you'll wait. Right now, I am willing to do other things to make you feel good, but I don't want to have sex. I think I am gonna go home now. I don't want us to fight about this. I'll text you later, okay?

B: Alright... Later.

Worksheet: Where do you draw the line?

Instructions: In a healthy relationship, both people are **honest, respectful, responsible and equal**. The behaviours in the chart below have been identified as signs that a relationship is **not healthy**. Use your imagination and decide what **you** would do if they happened to you in a relationship. Think about why you would do that and then tick the appropriate box.

Imagine that your partner:	Would you:		
	Do nothing?	Discuss the behaviour to try to change it?	End relationship?
1. Makes negative comments about your clothes, body, or hair.			
2. Reveals that they are much older than you were led to believe.			
3. Gets angry when you don't agree to do what they want to do.			
4. Makes you hide things from your friends or family.			
5. Puts you down in public.			
6. Often puts you down in private.			
7. Accuses you of cheating with someone when you are not.			
8. Blames you when s/he beats you because you made him or her angry.			
9. Calls, texts or turns up unexpectedly to check up on you.			
10. Cheats on you.			
11. Hits you and then apologizes.			
12. Refuses to use a condom.			
13. Will not let you get or use protection.			
14. Forces you to have sex when you do not want to.			
15. Refuses to get tested for HIV or STIs with you.			

Are you clear about the behaviours that would cause you to end a relationship?

What behaviours would you **not tolerate at all** in a boyfriend or girlfriend?

What behaviours would you **not tolerate at all** in a wife, husband or committed partner?



Key messages

Relationships

- Everyone has the same rights and responsibilities in relationships.
- Relationship rights include the right to ask for what you need or want; to say no without feeling guilty; to be yourself; to always be treated with respect and as an equal, and to protect your sexual health.
- Relationship responsibilities include respecting the rights of others; accepting responsibility for yourself and your actions; and always treating your partner with respect.
- Both partners in a relationship need to make sure that they respect the other's rights and that their own rights are respected.
- To enjoy these rights, people need to be willing to stand up for them.
- Respect and communication are important for building good relationships.
- We need to be honest with each other. We need to tell each other when things are going right and when we are unhappy about something.
- Sharing power in relationships is necessary. If one person has power over the other, the relationship is actually based on a lack of respect for the person with less power.
- No two people are the same. Being different doesn't make one person right and the other wrong. We need to understand our differences and compromise for relationships to be successful.
- It is healthy and normal to want to belong to peer groups.
- Peers and peer groups often influence young people's decisions and behaviours.
- We should be true to ourselves and our own values and make decisions that are good for us.
- Friends are important but we should not allow ourselves to be pressured into doing things that we do not want to do.
- Social media helps us to stay in touch with our friends and family more easily.
- Social media also has risks.
- Think carefully about what you post online because it can remain there forever. Lots of people can see it, download it, and share it. It won't be private anymore.
- Respect others online.
- Don't become friends with strangers online or agree to meet someone you met online.
- Most people want a partner who will talk openly about protection from pregnancy, STIs and HIV.
- Most people want a partner who will not have unsafe sex.
- You can be sexy and have pleasure without having sex.
- Each person must make their own decision about when to have sex and take responsibility for their choice.
- Choosing to have sex is a serious decision that needs to be thought about carefully to avoid regrets.
- Before you have sex, you should be able to talk to your partner about sex and protection and to take action to prevent unintended pregnancy, STIs and HIV.
- The three main ways people put pressure on another person are arguments, put downs and threats. These can be external and explicit or internal.
- If you do not want to do what the other person wants, you can: negotiate or try to find a solution that you are both happy with; delay making the decision; refuse directly; or leave the situation or, if necessary, the relationship.

- If someone is very angry and could get violent, you should leave the situation.
- Sexual and physical violence and emotional abuse in a relationship hurt a person and damage health.
- Respect is important in healthy relationships. Violence, abuse, threats and insults are not respectful.
- Many people remain in unhealthy relationships. They may tell themselves that the problems are not serious, make excuses for their partner, or blame themselves.
- It is helpful to think about what you would do about certain behaviours in a relationship before they happen.
- No one has the right to force you to stay in a relationship or to physically or verbally abuse you if you choose to leave.

UNIT 7: COMMUNICATION

Purpose and objectives

This unit examines the role of communication in every aspect of life. It provides a range of activities that practise effective communication in different settings and helps participants examine their communication skills.

By the end of this unit, participants should be able to:

- Explain the importance of communication;
- Distinguish between verbal and non-verbal communication;
- List at least five barriers to effective listening;
- Describe at least three ways to be an active listener;
- Demonstrate active listening skills;
- Demonstrate how to use an I-statement to address a problem they are having with someone.



Participant information: How to listen actively

Active listening is more than just hearing the words that someone is saying.

Active listeners:

1. Focus – give the speaker your full attention and concentrate only on listening.
 - Don't do anything else, like cooking, cleaning, texting, or reading.
 - Don't think about anything else, don't think about how to respond, why the person is wrong, or let your mind wander.
2. Show that you are listening and interested in what the person is saying.
 - Look the person in the eye;
 - Lean toward the speaker;
 - Nod or shake your head in response;
 - Say 'yes, I see, go on, uh-huh';
3. Use an appropriate facial expression.
4. Only speak to respond to what the person is telling you.
 - Get feedback. From time to time, check that you received the correct message by repeating and summarizing what you understood. For example, say, 'Let me see if I understood you. Are you saying that...?'
 - Ask questions to clarify and understand better. For example, 'Do you mean that...?'
5. Listen to more than the words.
 - Pay attention to non-verbal communication – their body, face and voice.
 - Try to figure out the feelings beneath the speaker's words.
 - Ask a question to see if you are right about how they feel. For example, 'Are you nervous about going for the interview?' or 'Are you disappointed that it ended like that?'
6. Don't jump to conclusions about what the person will say. Listen to what they do say!
7. Don't interrupt, judge, or criticize the speaker. Just be open and try to understand! Understanding someone doesn't mean you agree with them.



Participant information: I-statements

I-statements are a very useful way to complain about something that is bothering you or to bring up a problem you are having with someone.

Example: On Monday, **when** you shouted at me, I felt really scared. It reminded me of when my father used to shout at my mother and then beat her. **I need** to feel like we can discuss our problems calmly and try to solve them. **Would you be willing to** talk to me about any problems you have with me when you are calm?

How to make an I-statement:

1. State the **facts** about what happened. It is best to use a specific example, like, 'Yesterday, when...' or 'Last weekend, when...' For example, 'On Monday, **when** you shouted at me
2. State your **feelings** about what happened without blaming. '**I feel...**' or '**I felt...**' For example, 'I felt really scared.' You can explain why you felt that way 'It reminded me of when my father used to shout at my mother and then beat her.'
3. State what you **need**. '**I need....**' For example, '**I need** to feel like we can discuss our problems calmly and try to solve them.'
4. Make a **request** for what you want the other person to do. '**Would you be willing to...?**' For example, '**Would you be willing to** talk to me about any problems you have with me when you are calm?'

The parts of an I-statement

When...

I feel OR I felt...

I need...

Would you be willing to...?

Worksheet: Making I-statements

Instructions: Read the situation assigned to you and come up with an I-statement to express to the other person the problem you have with their behaviour, how you feel and what you want.

1. You share a kitchen with some friends. On Monday, they left their dirty dishes around the kitchen, as they often do. You had to spend an hour cleaning the kitchen before you could cook. You like a clean kitchen and you don't want to have to clean someone else's dishes before you can cook. Tell your friends how you feel about what happened and what you want using an I-statement.
2. Your best friend invited you to meet on Friday evening. He or she forgot about it and went out with his or her boyfriend or girlfriend instead. You waited for an hour. When you tried to message him or her, there was no response. You don't want to be ignored or forgotten about when you've made plans with someone. Tell your best friend how you feel about what happened and what you want using an I-statement.
3. Last Saturday night your boyfriend or girlfriend really upset you by getting drunk and trying to force you to have sex. You don't feel ready to have sex yet and he or she knows that. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.
4. On Friday night, when you went out with some friends, your boyfriend or girlfriend got very jealous when s/he saw you talking to another boy or girl, as they often do. S/he shouted at you in front of everyone and then left. You don't want to be shouted at and you want to be able to talk to your friends without your boyfriend/girlfriend getting jealous and creating a scene. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.

Situation assigned to my group: _____

Our I-Statement (Use the parts of the I-statement given in 'Information about I-statements' above.):

Worksheet: What I learned about communication

Based on the information discussed and what you learned in this unit, answer the following questions:

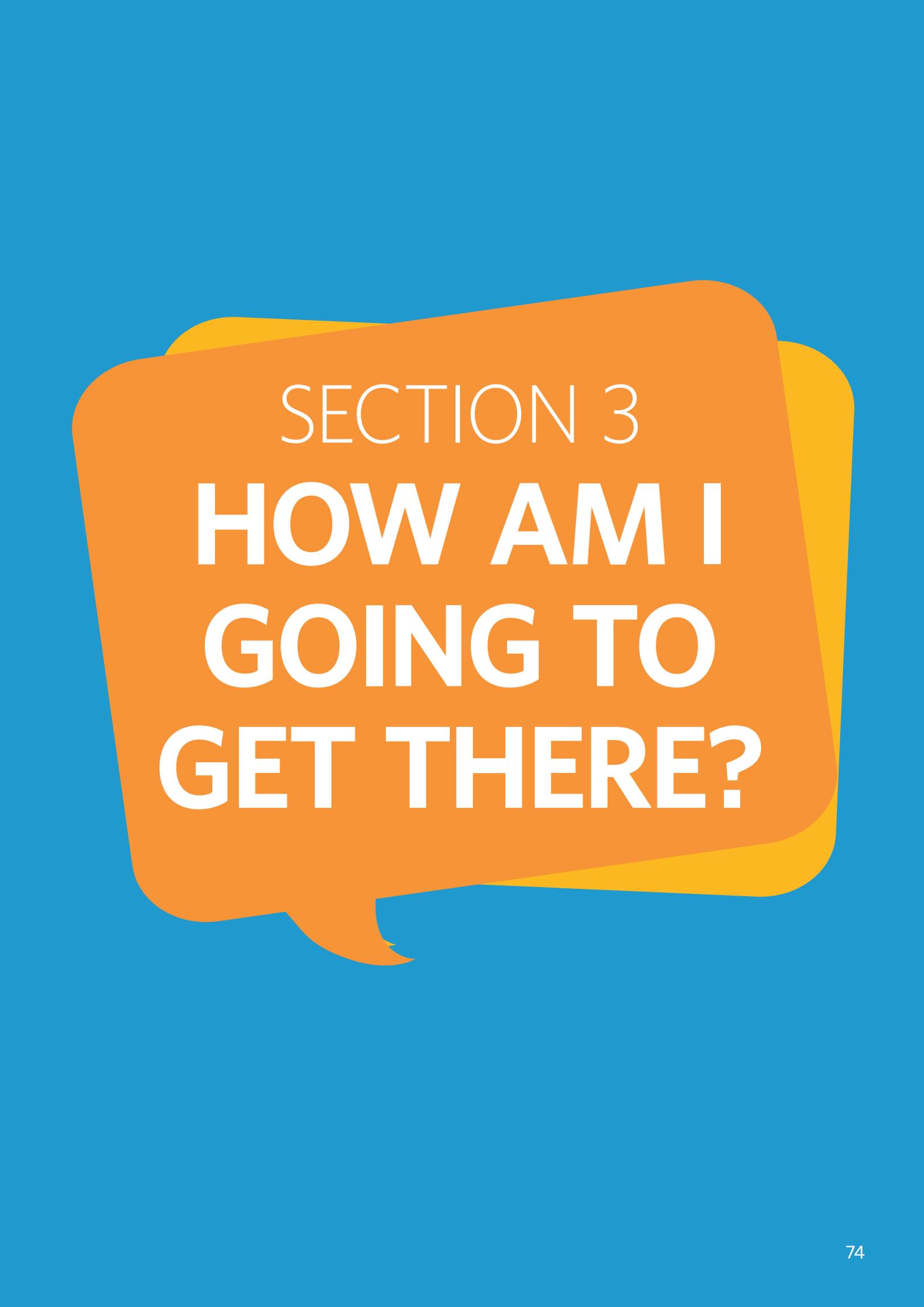
1. What is the most important thing you learnt from this unit?
2. Why this information is important to you?
3. How will it influence your behaviour?
4. Write a commitment or promise to yourself about how you will improve your communication. You will not be asked to share this with the group.



Key messages

Communication

- Communication takes place when two or more people exchange messages using verbal and non-verbal language.
- Good communication is when the person or people receiving the message understand what the person sending it wants them to understand.
- Active listening means focusing on the other person and trying to really understand what they are saying and how they are feeling.
- Check your understanding by repeating and summarizing what you hear the person saying, so the person can correct you if you misunderstood.
- Understanding someone does not mean you agree with them.
- Active listening can turn fights and arguments into discussions and can improve relationships.
- When communicating about problems, people often use 'you-messages' which blame, criticize, insult or attack the other person.
- You-messages are more likely to get defensive responses and to make the problem or conflict worse.
- I-messages explain your feelings and point of view and your needs without blaming, criticizing, insulting or attacking the other person.
- Learning communication techniques requires repeated practice before they feel natural.
- Only 7% of our communication is from words; 93% is non-verbal.
- Some ways that our voice changes the meaning of our words are: emphasis on certain words, how loudly we speak, how high or low we speak, how much emotion we use.
- Body language can include our facial expressions, our body movements and posture, our gestures, eye contact, touch, the amount of space between us, and our appearance.
- Body language can have more than one meaning and can be misinterpreted.
- Ideally, our verbal and non-verbal communication should send the same message.
- People can tell what we really mean by our non-verbal signs.



SECTION 3

**HOW AM I
GOING TO
GET THERE?**

UNIT 8: PREGNANCY

Purpose and objectives

This unit describes the how pregnancy happens and explores the consequences of an unintended or unwanted pregnancy on a young person's life. It teaches decision-making skills by looking at the options that a woman has when she becomes pregnant and emphasizes how to prevent unintended pregnancies. Finally, participants visit a sexual health service to learn about the services offered and what they can expect when they go there.

By the end of this unit, participants should be able to:

- Explain how a woman gets pregnant
- List at least three consequences of early pregnancy
- Explain how to make good decisions
- Describe the options that a woman has when she is pregnant
- Explain how to prevent an unintended pregnancy
- Discuss the contraceptive methods suitable for teens
- Explain how to use condoms correctly
- Speak more comfortably about contraception
- Identify where sexual health services are located in the community.
- Feel more comfortable going to sexual and reproductive health services.



Participant information

Most important information about emergency contraception

1. Emergency contraception must be taken **within 5 days** of unprotected sex.
2. You should take it **as soon as possible** after unprotected sex. The sooner you take it, the better it works.
3. Emergency contraception is available in clinics and, in some countries, at pharmacies. Just ask for emergency contraception.
4. Emergency contraception is for **emergencies**, not for regular use.
5. Emergency contraception does not protect you from STIs and HIV.



Participant information

How pregnancy happens

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the five days immediately before it, she may become pregnant. Once the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards the egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. The fastest sperm can reach the egg within 30 minutes of ejaculation. If the sperm find the egg, one of them may enter it. This joining of sperm and egg is called fertilization. The fertilized egg then begins dividing its cells as it travels down the fallopian tube to the uterus. When it reaches the uterus, it attaches itself to the lining. This is called implantation. Once implantation has happened, the woman is pregnant.

If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may leak into the fluid before it leaves the body.

Twins occur in two ways. One, the ovaries release two eggs at once and both are fertilized and implant themselves in the uterus so that two foetuses develop. These are called **fraternal twins**. The other way is when one fertilized egg splits into two and both develop into foetuses, resulting in **identical twins**. They are identical because they come from the same fertilized egg and therefore have exactly the same genes.

Ectopic pregnancy happens when the fertilized egg implants itself outside the uterus, most often in a fallopian tube although it can also implant in the abdomen, on the ovary or in the cervix. It may implant in the fallopian tube because scarring from an infection has blocked the tube. The fertilized egg then begins to grow outside the uterus. An ectopic pregnancy cannot develop normally outside the uterus and the growing tissue might destroy parts of the woman's reproductive system. For example, if the foetus begins to grow in the tube, which is tiny, it can burst without warning. This is called a tubal pregnancy. Ectopic pregnancies are very dangerous and need to be treated as an emergency in a hospital. In the case of a tubal pregnancy, if the woman does not get it removed before the fallopian tube bursts, she may lose the tube or even die. Symptoms of an ectopic pregnancy include:

- Vaginal bleeding with severe abdominal or pelvic pain;
- Shoulder pain; and
- Feeling lightheaded and/or fainting.

Participant information

Making good decisions

Whenever we are facing an important decision or difficult problem, we can go through a conscious process to help us make the best decision. This decision-making process is made up of the following steps:

- 1. Problem:** Identify the problem or challenge you are facing.
- 2. Choices:** List all the options or choices that you have.
- 3. Consequences:** For each choice, list all the possible consequences, both positive and negative.
- 4. Decision:** Look at the choices and their consequences and make your decision.
- 5. Evaluation:** Ask yourself why you made this decision and if it is the best one to make. Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If you do not think you made the best choice after answering these questions, make another decision and evaluate it.

Worksheet: Good decision-making

Instructions:

Read through the situation below and use the decision-making process you just learned to come to a decision by following the steps listed.

Situation: Sonja and Yousef are both 16 years old and neither of them has a job. They have been together for about six months. They started having sex about two months ago. They were using condoms but six weeks ago they had unprotected sex once when they didn't have a condom. They just found out that Sonja is pregnant. Imagine that you are Sonja. What will you do?

Step 1: What is the **problem** that you are facing:

Step 2: What are your choices? List all of the options that you can think of. Write them in the space below.

Choice 1:

Choice 2:

Choice 3:

Choice 4:

Choice 5:

Step 3: What are the **possible consequences** of each choice? Write these in the spaces below

Choices	Positive or Good consequences	Negative or Bad Consequences
1		
2		
3		
4		
5		

Step 4: Decide what to do. What is your **decision**?

Step 5: **Evaluate your decision.** Why did you make this decision?

Is this really the best choice? Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If not, go back and make another choice.



Participant information

Pregnancy options

The options available to teenagers who become pregnant are: abortion, adoption, single parenting, marriage and parenting; and fostering. In some countries there are homes for unmarried pregnant girls where they can stay during the pregnancy.

Abortion (or termination of pregnancy): Although legally restricted in many African countries, illegal abortions (sometimes called 'back street abortions') are common. When abortions are done in conditions that are not hygienic (unsafe abortions), the risk of infection is higher, which can result in infertility and sometimes death. Some people have very strong feelings for or against abortion.

Facts to consider:

- Abortion is legally restricted in most African countries. It is allowed without restrictions up to 13 weeks in South Africa and up to 12 weeks in Mozambique.
- In some countries, it is allowed in cases of rape and incest, if the life or health of the woman is in danger, or if the baby has a condition that means it cannot live.
- Some religions do not support abortion.
- Without counselling, the emotional risks may be higher.

Some reasons women choose abortion include:

- To finish education;
- To save the family name;
- To keep the pregnancy a secret;
- To please the man who caused the pregnancy;
- To pursue other goals;
- To avoid raising a child in poverty or as a single parent;
- To protect their own health;
- In cases of rape, sexual abuse or incest.

Adoption: There are two types of adoption: adoptions in which the mother and others know the identity of the adoptive parents, and adoptions in which the identity of the adoptive parents is not known to the mother.

Facts to consider:

- Giving up a child for adoption may or may not be a traumatic decision for the mother, the father and their families. The mother may experience additional emotional stress after the adoption if she was pressured into the decision; if she spends time with the baby before putting it up for adoption, or is rejected by her family or community.
- The teenage mother has the final decision. Whether she is 11 years old or 18, she has to sign the legal papers. In some countries, the baby's father may also have to give consent.
- Once legal papers are signed, the adoption is considered final. However there is usually a period of time during which the woman can withdraw her consent.

Some reasons women choose adoption include:

- Termination of pregnancy is against the girl's principles, illegal or too risky.
- To finish her education.
- To please her family.
- To try to start a new life.
- Thinking the child may have a better chance in life with another family.
- Because the father doesn't want to marry her, or she doesn't want to marry him.

Marriage and parenting: The couple decides to marry because of the pregnancy. They may be pressured to marry by the girl and/or boy's families.

Facts to consider:

- Few teenagers realize the enormous responsibility of parenting. The pressures of parenthood may lead to marital conflict.
- Few teenagers have the emotional maturity to marry. They may be unable to cope and/or face instability or violence in the relationship.
- If they have to leave school early in order to parent, they may have poor employment opportunities and financial difficulties.
- They may feel trapped and isolated from friends and resent the child.
- They may mourn their missed opportunities.
- If they live with their parents, they may have no privacy.

Some reasons couples choose marriage and parenting include:

- Their parents pressure them to do it.
- To give the child a name or to keep their child from being illegitimate or born out of marriage.
- Believing it is their payment for making a mistake.
- Thinking it was 'meant to be.'
- Being in love and thinking that they can handle it.

Single parenthood: Single parenthood is a common choice among teenagers but a very challenging one. Becoming a single parent often limits education, career, and marriage opportunities.

Facts to consider:

- A child is a 24-hour 7-day a week responsibility. Young people may not consider this seriously enough.
- A young parent's earning capacity is limited, often resulting in greater poverty.
- Single parenthood, especially in adolescence, can result in social isolation and loneliness. The young person may not be able to visit or go out with friends.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother lives at home, it may result in confusion of roles with her own parents, and eventually lead to conflict and power struggles.
- The adolescent father:
 - May not know his rights or his rights may be disregarded.
 - May be forgotten or ignored.
 - May have to pay child maintenance. If he does not do this voluntarily, the mother can get a court order that says he has to pay.

Some reasons women or men choose single parenthood include:

- Believing that it is the most acceptable choice.
- Wanting to have a baby even though their ideas about being a mother or father may not be realistic.
- Thinking it is her or his 'payment' for making a mistake
- Not wanting to marry the mother or father of the child.
- Her or his parents offered to help raise the child.
- Her or his parents want a grandchild.

Fostering: Fostering is when someone raises the child until the biological parents are able to care for it. Some people think it is traumatic for both the child and the foster parents when the biological mother or father retrieves the child.

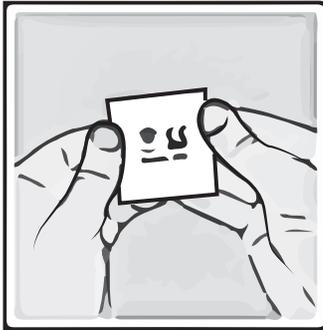
Some reasons women or couples choose fostering include:

- To be able to finish their education.
- To ensure the baby is well cared for until they are more mature and ready to take on the responsibility.

Participant information

How to use a male condom

Practice putting a condom on by following these steps:



STEP 1

Check the expiry date on the package. **Squeeze the condom package** and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



STEP 2

When the penis is hard or erect, **carefully open the condom package** along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.



STEP 3

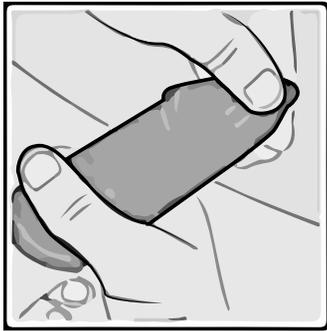
Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. **If the man is not circumcised,** make sure the foreskin is rolled down before putting the condom on.

Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do **not** use body lotion, oil or Vaseline – this could cause the condom to break.



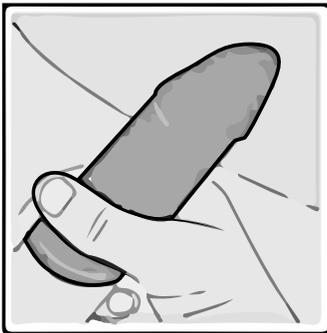
STEP 4

Place the rolled condom on the head of the penis and **pinch or hold the tip of the condom tightly** to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.



STEP 5

While pinching or holding the tip with one hand, **unroll the condom all the way down** to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.



STEP 6

After ejaculation and before the penis gets soft, **hold the condom firmly at the base of the penis and carefully withdraw** from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.



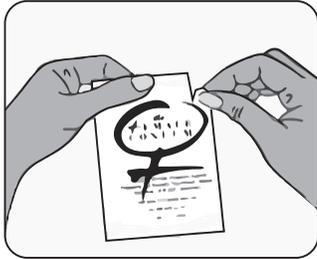
STEP 7

Tie the condom to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.

Participant information

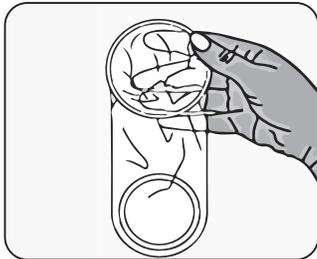
How to use a female condom

Follow these steps to use a female condom:



STEP 1

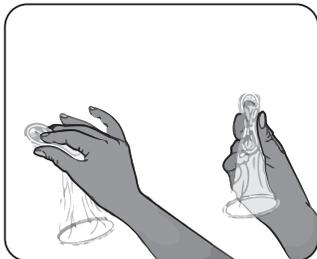
Check the expiry date on the package. **Squeeze the condom package** and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, **don't use it**.



STEP 2

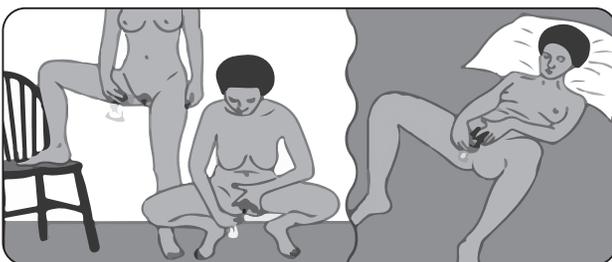
When you are ready to insert the condom (up to 8 hours before sex), **carefully open the package** and remove the condom. Tear the package at the notch on the top right. Do not open the package with your teeth or a sharp object like a knife or scissors.

The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse.



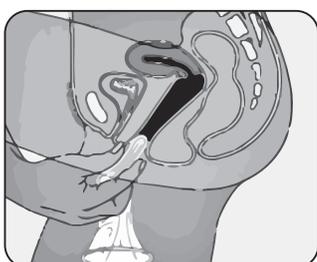
STEP 3

Hold the condom with the **open end hanging down and squeeze the inner ring at the closed end** with two fingers so it becomes long and narrow or turns into a figure eight.



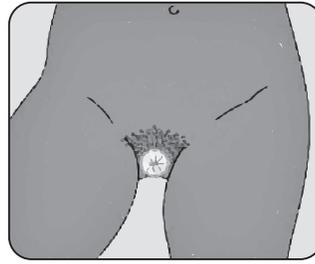
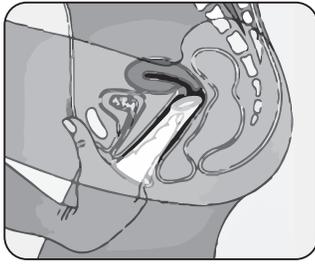
STEP 4

Choose a comfortable position – raise one leg, sit or lie down.



STEP 5

With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted.



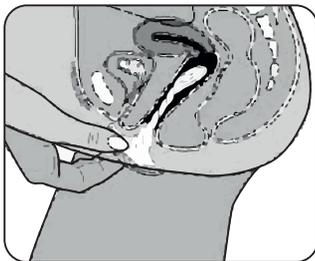
STEP 6

The condom is now in place. When you are ready to have sex, **guide the penis inside the condom**. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex.



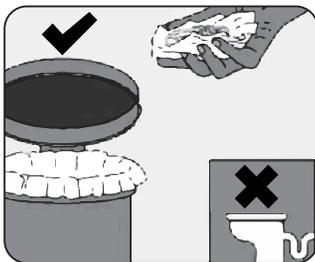
STEP 7

To remove the condom after sex, **squeeze and twist the outer ring** to keep the semen inside the pouch.



STEP 8

Then gently pull the condom out of the vagina.



STEP 9

Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.

Reference: <http://www.ripnroll.com/femalecondoms.htm>

Female condoms are not difficult to use, but they may take some practice to get used to. Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, try a different body position (for example, lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.

Participant information

There are four main types of methods that prevent pregnancy

1. Methods that rely on your behaviour, like abstinence, are called **behavioural methods**;
2. Methods that use hormones to interfere with ovulation, change the cervical mucus and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called **hormonal methods**; and
3. Methods that prevent the sperm and egg from meeting, are called **barrier methods**;
4. Methods that cannot be reversed are called **permanent methods**. They require surgery and are only recommended for people who already have all of the children that they want to have.

Methods suitable to young people

The methods for preventing pregnancy that are recommended for young people are:

- Abstinence and outcourse (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections
- Intra-uterine device (IUD)
- Emergency contraception
- Vaginal ring
- Contraceptive patch

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them result in infertility. No method is completely effective, although there are many that are highly effective. Therefore, there is some risk involved when using any method. Ideally, the decision about which contraceptive method to use should be made by both partners.

Abstinence

Abstinence means completely avoiding vaginal, oral and anal sexual intercourse. It is a good choice for adolescents who are not ready for sexual intercourse and the risks of pregnancy and STIs. Abstinence requires self-discipline and respect for each other's wishes. The responsibility rests with both partners. It is 100% effective in preventing pregnancy and STIs, including HIV, if used correctly (which means the couple sticks to their decision and does not have sex). For most people, abstinence is a temporary method during a part of life, such as adolescence. The transition from abstinence to sexual intercourse is often a gradual one. The period of transition, whether long or short, is especially risky for young people if they are not prepared and making conscious decisions about their sexual behaviour and getting protection. Abstinence can and does fail!

Outercourse

Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other, among others. Outercourse can be 100% effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.

Some **advantages of abstinence and outercourse** are: the most effective way to prevent pregnancy, if followed; the most effective protection from sexually transmitted infections (STIs) and HIV, if followed; no physical side effects; and is free. Some **disadvantages of abstinence and outercourse are**: it may be difficult not to have sex for long periods of time; and you may lose control and forget the decision not to have sex (in which case, you may not be prepared to use protection against pregnancy and STIs).

Male condoms

Male condoms are latex sheaths that are rolled onto the erect penis before sexual intercourse. They are a barrier method because they prevent the semen and hence, the sperm, from entering the vagina. When used properly, every time a person has sex, condoms are effective in preventing pregnancy and STIs, including HIV. **Some advantages of the male condom**, in addition to being the most effective way to prevent STIs and HIV for people who are having sex, are: doesn't require clinic visit or prescription; free or cheap and easily available; can be carried easily and discreetly by men and women; allows men to participate in preventing pregnancy and infections; may decrease early ejaculation and make intercourse last longer; nothing drips from the vagina after intercourse; has few side effects; and does not affect the menstrual cycle. **Some disadvantages of the male condom are**: can interrupt sexual activity; can reduce feeling during sex for men; and a few people may develop an allergy or sensitivity to latex (they can use female condoms which are not made from latex).

Female condoms

Female condoms are narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. A ring holds the condom in place during intercourse and the bag catches the man's semen so that it does not enter the vagina. If used properly, every time a person has sex, female condoms are effective in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, it also offers some additional protection from STIs that are spread by skin-to-skin contact.

Some **advantages of female condoms**, in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect female fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman's understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before intercourse so that they do not interrupt sexual activity. **Some disadvantages of female condoms are**: not as effective in preventing pregnancy as male condoms or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.

Oral contraceptives or the pill

Oral contraceptives or the pill: These include the combination pill and the mini-pill. The mini-pill is not recommended for young people. Contraceptive pills contain hormones that prevent pregnancy by suppressing ovulation, changing the movement of the fallopian tubes, making the mucous in the cervix thick, which prevents the sperm from entering the uterus and by reducing the thickness of the lining of the uterus before menstruation. When used correctly, the pill is highly effective in preventing pregnancy. **Some advantages of the pill are:** lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples. **Some disadvantages of the pill are:** does not protect against STIs, including HIV; must be taken every day at the same time (may be difficult for some women to remember); may have side effects; and requires a prescription.

Contraceptive injections

Contraceptive injections are hormonal methods that work similarly to the pill. There are different types of injections that work for different lengths of time. When used correctly, contraceptive injections are highly effective in preventing pregnancy. **Some advantages of contraceptive injections** are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone oestrogen; may decrease the risk of cancer of the ovary or uterus. **Some disadvantages of contraceptive injections** are: does not protect against STIs, including HIV; may cause changes in the menstrual cycle; may cause irregular bleeding or heavy spotting; menstruation may not occur (called amenorrhea); may result in weight gain; side effects can last for a long time due to the amount of the hormone injected into the body; requires injections on a monthly or tri-monthly basis; and when a woman stops using it, there may be a delay in her fertility coming back.

The intra-uterine device (IUD or coil)

The intra-uterine device (IUD or coil) is a small device that is inserted into the uterus by a trained health worker. It prevents the man's sperm from fertilizing the woman's egg. Depending on the type, it can work for up to 10 years before it must be replaced. Some IUDs contain the hormone progestin and use hormonal methods to help prevent pregnancy as well. It is highly effective in preventing pregnancy. **Some advantages of the IUD are:** immediate starts preventing pregnancy; regular attention is not required; effective for 5-10 years; no interference with sexual activity; low cost over time. **Some the disadvantages of the IUD are:** does not protect against STIs, including HIV; requires a visit to a clinic to be inserted or removed; can come out or change position; and can cause heavier than normal menstrual periods.

Emergency contraception

Emergency contraception is pills that are taken within five days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. They may cause a disruption in the menstrual cycle. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, and if the couple had unprotected sex.

A couple should seek counselling when choosing a contraceptive method other than condoms. Counselling will provide them with all the facts they need to make a decision about which method is most suitable for them and how to use the method properly. Young people can use both a condom and another method of contraception to increase their protection from pregnancy.

Common side effects and symptoms vary with the different methods but generally may include: headaches; irregular menstrual cycles; stomach cramps; nausea and sometimes vomiting; and/or weight loss or gain.

Worksheet: Talking about contraception

Instructions: In your groups:

- Read through the scenario.
- Discuss how you would deal with or discuss the situation.
- Prepare a five-minute sketch to show the scenario and your solution.
- All group members must play a role.
- You have 20 minutes to do this.

Scenario 1:

You are a 15-year old teenage girl who has painful cramps when you menstruate. A health worker who visited your school last week told you that using the contraceptive pill could stop the cramps or make them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

Scenario 2:

You and your girlfriend have been having sex regularly for a few weeks. You have not used a condom every time. You were hoping that she is using the pill or something so that she doesn't become pregnant. But now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect yourselves.

Scenario 3:

A number of your friends have become pregnant. Your boyfriend wants to have sex with you and you think you might be ready, too. However, you haven't discussed protection with him yet. You realize that the two of you need to talk about protection now, before you have sex.

Scenario 4:

Your mother finds a condom in the pocket of your trousers in the dirty clothes basket. She calls you and starts asking you about your sexual activities. She knows you have a girlfriend but doesn't think that you should be having sex. You and your girlfriend are not having sex. You have decided that you are not ready for sex until you have a job. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

Worksheet: Teen service safari

General Information about the Service	Sexual & Reproductive Health (SRH) Services Offered	Accessibility & Availability	Confidentiality	Youth Friendly Features	Barriers for Youth
<ul style="list-style-type: none"> ▪ Name and address ▪ Location of service ▪ Phone number 	<ul style="list-style-type: none"> ▪ Who works at the service? ▪ What SRH services do they provide? Include counselling, physical exams, treatments and referrals. ▪ Are all services found in one place? 	<ul style="list-style-type: none"> ▪ Hours of service ▪ Is an appointment necessary? ▪ Easy to access for young people? How would you get there? ▪ Is there a cost? If so, could you pay it? ▪ Are they welcoming & open to questions? How did they respond to your questions? ▪ Are they non-judgemental? 	<ul style="list-style-type: none"> ▪ Do you have the option to remain anonymous? ▪ Is parent consent required? ▪ Release of information - who will be able to access your personal information? ▪ Confidentiality what does it mean? 	<ul style="list-style-type: none"> ▪ List what they are doing to make their service friendly and welcoming to young people. What special services do they provide for young people? Include anything about the services that appeals to you as a young person. 	<ul style="list-style-type: none"> ▪ List anything that would be a barrier to your use of the service or that you think other youth would find a barrier.



Key messages

Pregnancy

- An unplanned pregnancy can result from vaginal sex without protection; from not always using contraception correctly; and sometimes when contraception fails.
- The only method you can use to help prevent an unintended pregnancy after sex is emergency contraception.
- Emergency contraception can help prevent pregnancy when someone has unprotected sex, when a condom bursts, when contraception is not used correctly or when someone is raped.
- Emergency contraception should be taken as soon as possible after unprotected sex, but no later than 5 days afterwards.
- When a teenage girl has an unintended pregnancy, she has several options to choose from (including becoming a single parent, getting married and parenting, putting the baby up for adoption, fostering the baby, and abortion).
- The pregnant woman or girl may involve the man or boy who is responsible in the decision, but she will make the final decision.
- Before making a big decision, you need to think of all the consequences of your options, especially the negative consequences.
- Making decisions with another person, for example, when you are in a relationship, often requires that both partners compromise.
- Abstinence is the most effective way to prevent pregnancy when used correctly.
- Ways to prevent pregnancy that are appropriate for young people include: abstinence, male and female condoms, the pill, and the injection.
- Different people may experience different side effects from contraception – many have none at all.
- The safest methods are those that protect you against unintended pregnancy, STIs and HIV. Those are abstinence, male and female condoms alone or with another method, such as oral contraceptives or injections.
- Pregnancy prevention is the responsibility of both partners.
- Using condoms correctly is the most important protection skill. Every young person must know how to do it.
- Practise using a condom properly, especially if you are not confident.
- Discussing contraception with your sexual partners is necessary and very important to avoid unintended pregnancies and protect your health.
- To make sure you are protected, you need to talk with your partner about what methods you will use to protect yourselves from pregnancy, STIs and HIV before you start having sex.
- You have the right to respect and to privacy (confidentiality) when seeking health care.
- If you need contraception, HIV or STI testing and treatment, ante-natal care or other sexual and reproductive health services or information, go to a health care centre.
- Some services are designed to be friendly to young people.
- Some services are available for free or at low cost to young people.

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV

Purpose and objectives

This unit aims to help you understand the facts about sexually transmitted infections (STIs) and HIV. It challenges myths and presents facts about how STIs and HIV are transmitted, their signs and symptoms and possible consequences. It will also increase your understanding of how HIV attacks the body and causes AIDS, why everyone should get tested for HIV, and the benefits of antiretroviral treatment if you have HIV. The unit emphasises living positively with HIV and challenges you to understand and reduce stigma and discrimination in general as well as stigma and discrimination based on HIV.

By the end of this unit, participants should be able to:

- Express the desire to protect yourself from STIs and HIV;
- Explain basic facts about sexually transmitted infections and HIV;
- Correct misinformation about transmission and prevention of STIs and HIV;
- Give a basic explanation of how HIV attacks the body;
- Convince others that it is better to get tested for HIV and to know your status than not to do so;
- Describe the importance of treatment for people living with HIV;
- Explain how to live positively with HIV and AIDS;
- Describe how it feels to be stigmatised; and
- List at least two things you can do to challenge stigma associated with HIV.



Participant information: What I want to tell you

Messages from young people living with HIV

Instructions: Some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers. Read what they had to say and think about it.

Johnson, 20 years old, says:

Young people are more afraid of pregnancy than the virus. You should concentrate on avoiding both pregnancy **and** the virus. We tend to believe that if we are with a boyfriend or girlfriend for three months, then we are a couple and there is no need to use a condom. Meanwhile, the other one is cheating on us. Looking at some grown up people, too, they are getting HIV because one is faithful but the other one isn't. You need to look out for yourself, man, and just use condoms all the time... If you are negative, get serious! Maintain your status – don't get the virus!

Stella, 25 years old, has known she has HIV since she was in secondary school. She says:

People will say it's normal to have HIV because you have options. But it isn't normal to live with HIV. You can't have that fun you used to have, fun like normal sex and having a baby without fear. The fear of death is always in you, even though we will all die. And if you are not in a relationship, you won't find the real one. HIV has a lot of stigma and discrimination attached to it. The best way not to feel the pain of being stigmatized and rejected by your peers is **not to get HIV**. Always use condoms and get tested with your partner if you are serious. Girls, don't leave it up to the man – you also need to say, 'Let's use a condom.' Protect yourselves, guys!

If you are HIV-positive, live your life and make the best out of it. You have a future. It is not the end of the world. HIV is a manageable virus. ARVs (antiretrovirals) are here at the state hospitals and there are mobile services in rural areas.

Justine, a 23 years old student at the university, says:

Young girls like me come from villages to the university and suddenly, you know, you aren't with your relatives anymore. And there is a lot of peer pressure -- you see how others are living – this one has this and that – clothes from Foschini, cell phones. It's a trap that is easy to fall into. There are a lot of pregnancies and some girls have unsafe abortions. Or like me, they end up pregnant and HIV-positive. Don't think it can't happen to you like I did. I am telling you – that is what is propelling HIV– the temptation, especially money. Ladies, I hope you will listen and understand me: If you hear about money or cell phones, **please, don't forget about your own life.**

Max is 13. He says:

Don't forget that there are children born with HIV. When you sing songs like 'AIDS is a Killer,' it hurts us. Think about how we feel. Don't hurt people who have the virus!

Participant information: Basic facts about STIs

Basic facts

How STIs are spread: STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of a woman's anatomy).

Types of STIs: STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus (HPV) or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomoniasis, scabies and pubic lice. They can be cured.

Signs and symptoms of STIs: In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs and symptoms of STIs on or around the genitals are: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men. Because STIs often don't have signs and symptoms, many people are not aware that they have one. So, if you have had unprotected sex, you could have an STI and not know it.

STIs and HIV: STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.

Consequences of untreated STIs: Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (PID - pelvic inflammatory disease in women, inflammation of the testicles in men), infertility (not being able to get pregnant), cervical cancer (from HPV), liver cancer (from hepatitis B and C), serious damage to the nervous and cardiovascular system (from syphilis) and even death (from syphilis and HIV).

Genital warts (HPV) and cervical cancer: The virus that causes genital warts (HPV) is an important cause of cervical cancer in women. There is now a vaccine against genital warts, so all young women should get vaccinated against genital warts, if possible. Women who have not been vaccinated can get a test, called a Pap smear, or the acetic acid test to detect pre-cancerous lesions or other signs of cervical cancer. All women should get this test every three years if they can, but it is especially important for women who have genital warts and for women who are HIV-positive because they are at higher risk for cervical cancer.

Preventing STIs: Abstinence or not having sex is the surest way to avoid getting an STI. For those who are having sex, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI. In addition to the vaccine for genital warts (human Papillomavirus), there is a vaccine for hepatitis B.

Candidiasis: Candidiasis, also called yeast infections, candida, white discharge or thrush, is usually not sexually transmitted. In women, it is the result of an increase in the natural yeast in the vagina. It is rare in men. Pregnancy, taking antibiotics, diabetes and illnesses that suppress the immune system, like HIV, make it more likely that a woman will get candidiasis. Signs of candida include thick white, lumpy discharge; bright red skin on the vulva and in the vagina; intense itching of the vulva and vaginal opening; and discomfort or pain during sex. It can be easily treated and will also go away on its own.

If you think you may have an STI, do the following:

1. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Traditional medicine is usually not effective in treating STIs.
3. Tell anyone with whom you've had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
4. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone.
5. Go back for a check-up to make sure the infection is gone, even if you feel better.
6. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
7. If you get an STI that cannot be cured, always tell your sex partners about the infection before you have sex with them and always use condoms.

Remember that anyone can get an STI.

Participant information: STIs

The table below lists some of the most common STIs and provides information about each of them.

	Gonorrhoea	Chlamydia	Syphilis	Chancroid
Common names	Drip, clap, dose		The pox	Soft sore or soft chance
Infectious agent	Bacteria	Bacteria	Bacteria	Bacteria
How do you get it?	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact Skin-to-skin contact
When will it start to show?	1 - 10 days	1 - 3 weeks	Stage 1: 1-3 months Stage 2: 3 - 6 months Stage 3: Many years	3 - 14 days
What are the symptoms?	Women: Pelvic pain, painful urination, vaginal discharge; fever; most will have no symptoms. Men: Painful urination, discharge or drip from penis or no symptoms	Women: Pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse or no symptoms Men: Discharge from penis, painful urination; most have no symptoms	Stage 1: A painless sore Stage 2: Fever, headache and a rash Stage 3: Very ill. The cause is not always easy to find.	Soft painful sore on the genitals (less noticeable in women) Swollen lymph glands in the groin
Treatment	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics
What are the effects if untreated?	<ul style="list-style-type: none"> ▪ Pelvic infection ▪ Infertility ▪ Blindness in baby ▪ Sterility in men ▪ Risk of tubal pregnancy ▪ Facilitates HIV transmission ▪ Infertility ▪ Blindness in baby ▪ Sterility in men ▪ Risk of tubal pregnancy ▪ Facilitates HIV transmission 	<ul style="list-style-type: none"> ▪ Severe infection of reproductive organs (PID) ▪ Facilitates HIV transmission 	<ul style="list-style-type: none"> ▪ Infertility ▪ Skin diseases ▪ Paralysis ▪ Mental illness ▪ Arthritis ▪ Baby born blind or stillborn ▪ Death ▪ Facilitates HIV transmission 	Scarring, thickening of tissues, fistula (passages or holes between organs, such as the vagina and the urethra)

	Herpes	Human Papillomavirus	Hepatitis B
Common names	Blisters, cold sores	Genital warts, HPV	Jaundice
Infectious agent	Virus	Virus	Virus
How do you get it?	Sexual contact Skin-to-skin contact with or without a sore From mother to child	Sexual contact Skin-to-skin contact	Sexual contact Exchange of body fluids (blood, saliva and urine)
When will it start to show?	2 - 20 days	1 - 6 months	1 - 6 months
What are the symptoms?	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. Sometimes there are no signs or symptoms.	Small painless bumps on the genitals with slight itching or burning. They can be inside the vagina in women or the urethra in men with no outward signs. Women need a pap smear or acetic acid test to detect lesions.	Stage 1: Flu, fatigue, weight loss, painful joints Stage 2: Jaundice - the skin and whites of the eyes become yellow
Treatment	Not curable Medications can help prevent the sores from reappearing	Not curable Warts can be removed by burning, freezing or minor surgery A vaccine is available	Rest and healthy food Lifelong infection A vaccine is available to prevent this infection
What are the effects if untreated?	<ul style="list-style-type: none"> ▪ Sores go away without treatment, but may reappear when person is ill or stressed ▪ Can pass to baby ▪ Facilitates HIV transmission 	<ul style="list-style-type: none"> ▪ Can grow large and spread ▪ Some types can lead to cervical cancer ▪ Can pass on to baby 	<ul style="list-style-type: none"> ▪ Can cause liver disease, liver cancer and death ▪ Can pass on to baby

	Pubic Lice	Scabies
Common names	Crabs	
Infectious agent	Parasite	Parasite (a small mite)
How do you get it?	Sexual contact Close physical contact Sharing a bed or clothes	Sexual contact Close physical contact
When will it start to show?	Immediately	1 month
What are the symptoms?	Itching in the area of the chest, genital hair Lice crawling and small eggs (nits) on hair and clothing	Itching at night Red lines in the skin as the scabies burrow Ulcers develop after scratching
Treatment	Special shampoos or lotions All bedding and clothing must be washed in hot soapy water	Special cream Wash all clothing and bedding before applying. Repeat after three days
What are the effects if untreated?	Skin irritation	Spreads all over the body

Worksheet: Important information about HIV and STIs

Instructions: Fill in the blanks with the correct information.

A. The **three ways** that a person can get HIV are:

- 1)
- 2)
- 3)

You **cannot get HIV** from mosquitoes, curses, witchcraft, or living or working with someone who has HIV.

B. The five body fluids that **can transmit HIV** are:

- 1)
- 2)
- 3)
- 4)
- 5)

You **cannot get** HIV from tears, saliva, sweat, sneezing and coughing.

C. The two best ways to **protect yourself from getting HIV through sex** are:

- 1)
- 2)

Participant information

From HIV to AIDS

CD4 or T-cells are part of the immune system. They are like the body's lookouts because their job is to keep watch and identify any germs, like bacteria or viruses, that cause diseases when they invade the body. A healthy person has a high CD4 count. So at the time a person becomes infected with HIV, they have a high CD4 count, but as HIV starts to attack and destroy their immune system, their CD4 count slowly goes down.

Soon after they first get HIV, some people may feel like they have the flu, but it goes away. Many people are HIV-positive for as long as 5-10 years or more without knowing that something is wrong.

When HIV enters a person's body, it attaches itself to the CD4 or T-cells and enters them. It turns each T-cell into an HIV making factory, producing thousands of new HIV. These new HIV are released into the person's body and attach themselves to more T-cells and the T-cell eventually dies. At this stage, the number of viruses in the person's body goes up very, very fast.

When the CD4 cells notice that HIV is in the body, it sends a signal to the immune system to start to making antibodies to HIV. Antibodies are the cells that the immune system produces to fight off specific infections. So HIV antibodies only attack and kill HIV.

The HIV test detects the antibodies to HIV. For up to 12 weeks after becoming infected with HIV, the blood test for HIV will not show that the person is HIV positive. The reason is that during this time, there may not be enough antibodies in the blood yet for the test to detect them. Even so, the person can still spread the virus through unprotected sexual activity.

As the virus also continues to destroy the CD4 cells, the immune system also continues to produce millions more CD4 cells. However, this doesn't really help because HIV enters those cells and causes them to make and release more HIV and then to die. Although the person does not feel or look ill yet, the immune system is slowly getting weaker and losing its ability to fight off infections.

Overtime, there are more and more viruses in the body and fewer and fewer CD4 cells. When there are many HIV in the body and the few CD4 cells, the person is said to have a high viral load and low CD4 count. When there are not enough CD4 cells to fight infections, sicknesses, like tuberculosis (TB) and pneumonia, can easily attack the body.

So when the CD4 count is low, the person starts to get sick and is diagnosed with AIDS. The longer the person stays without knowing that they are HIV positive, the more likely it is that they will develop AIDS. When someone doesn't know they have HIV, a health care worker cannot monitor their health and give them antiretroviral medicine (ARVs) when they need them. Without antiretroviral medicine, it is likely that the person will eventually die from AIDS.

Worksheet: Hard Talk

Read the following scenario and follow the instructions below.

Scenario: You have been diagnosed with herpes, an STI that cannot be cured. The doctor told you to tell your past and current partners about it. She said that if you have any new partners, you will need to tell them before you have sex and you will have to use a condom. You have fallen in love someone that you have been seeing for some time and you want to have sex with them. You know you need to tell them about the infection.

Instructions:

1. Discuss how you would tell a sexual partner that you have herpes.
2. Prepare a role play to show this. The role play must involve all members of your group (characters may include a doctor or nurse or STI test counsellor, one of more former and/or current sex partners, your new love, friends or others). The role play should be no more than five minutes long.
3. You have **15 minutes** to prepare.

Worksheet: Positively alive!

Instructions: Read Patience's story and answer the questions.

After graduating from secondary school, Patience went to the university to study business. She did well in her classes and she also loved to have fun and never missed a party. Of course, she had heard about HIV but she didn't worry about it much. She was young and beautiful and middle class – how could she get HIV? After university, she got a job as an accountant. She earned a good salary and was happy to stay in the capital. She enjoyed shopping for the latest fashions -- and she went to all the parties and had lots of boyfriends. There was a lot of drinking and many wild nights.

Then, in 2007, she started feeling ill. She lost weight and got black spots all over her body. She went to several doctors and they all told her to have an HIV test. But she said no. HIV was something older people in the village got. Not her! She was a young, pretty college graduate with her whole future ahead of her! In the back of her mind, she realizes now, she knew it could be HIV, but she was afraid of the stigma. 'The only thing I knew was that if I had AIDS, people would reject me and then I would die,' Patience explains. 'Finally, I was so sick, I couldn't work and I had to go home to my parents. My mother took me to another doctor and he again told me to get tested for HIV. Then he said, "If you have HIV, you can get treatment and get healthy again."' That changed everything. She agreed to have the test: she was HIV-positive.

She started treatment and soon felt physically better. Even so, knowing that she had HIV was difficult: she had an incurable illness that she got from having sex! She stayed on living with her parents, feeling ashamed and depressed and dirty from the inside out. She felt so lonely but she just couldn't tell any of her friends. She felt like she wanted to die and started drinking. A few months later, she took a whole bottle of pills and tried to finish the job that HIV had started. When she woke up in the hospital, she was close to death. 'Suddenly, I realized that I actually wanted to live,' she says. With the help of her doctor, she got her health back once again.

One day she saw an advert for a job working for a programme that cared for people living with HIV. She applied and got the job. At work, she met other HIV-positive people, who had accepted their status and decided to live fully and positively. She says, 'I thought, "If they can do it, so can I." And, you know, I found that people who face death live differently. We are always aware of the value of life. We love every moment.' One day, someone sent a young guy who had just tested positive to talk to her and soon they began going out. 'It's difficult to tell people, especially someone you are interested in, that you are HIV-positive,' she says. 'With Michael, it was easy, because we already knew each other's status. It's a wonderful feeling to be in love -- and he's just so gorgeous! And who knows, maybe we'll even decide to have a child one day.'

1. Why did Patience refuse to get an HIV test at first?

2. Why did she agree to get tested in the end?

Worksheet: My name is Sunday...

Instructions: Read Sunday's story and answer the questions.

My name is Sunday. I am fifteen years old. I was born with HIV. I live with my mother -- she also has HIV. My father is now at north. When I found out I was HIV positive, I did not even feel bad about this because it is part of life. I think I was twelve years old. My mom told me because I asked, 'Why am I drinking my medicals?' And she told me the reason why and I found out the way I am. I am drinking my medicine until now to protect me from the bad guys. I collect them from the hospital.

Some young girls with HIV don't feel good because even at school, some of their friends, they tease them. But me and my friends, we are good. We don't tease each other. Even our school teaches that if you tease someone like that you will be just let out from school. Everywhere we go, we go together. There is no reason like, 'Leave that one out. She is like that and like that.' They know that I have HIV because, in 2004, I was in the newspaper and Channel 7 on TV. That was when we were chased out from the house. My father's brother didn't want to stay with us, just because of HIV. So, they decide to chase us from the house. Even our medicals, my medicals, were just lying on the sun. And we had nowhere to go because we were not even ready for that. We just thank Meme Nangula because she found a place for us to stay. Then her support group secured for us some money and we bought our things and we built our house, yeah.

When people got to know, to me, it was bad. The first week when they see me, they were teasing. Some of them, they were only asking me, 'Are you HIV? Is it true? How did you get it?' Like that. Me, I was not even answering them anything, just quiet. It was just the Grade 7s. And when I came in Grade 5, they were already gone. So the ones I was left with, they did not know everything.

To me, having HIV is not difficult. Meme Nangula and some women from an NGO give me support by giving school uniforms, some foods and even just to learn us some things. She told us, 'As adolescents living with HIV, even as your friends are teasing you like that, don't feel bad. You can share your problems with someone, so that they can help you. Don't stop your education. Just because you have HIV and you will no more go to school? You have only to continue and finish your school.' When I grow up I want to be a doctor and even help others that are living with HIV.

I would tell young people that are living with HIV, they must just continue as I am. And the others, they must stop teasing others. Maybe they were not even tested and they don't know if they have HIV or not. So they can stop to teasing the others.

1. How did Sunday get HIV?

2. What discrimination or difficulties has she experienced because of being HIV-positive?

3. What support does she get from others?

4. How does she feel about being HIV-positive? Why does she have that attitude?



Participant information: What I want to tell you

STIs and HIV
<p>STIs</p> <ul style="list-style-type: none"> • Anyone can get an STI if they have unprotected sexual intercourse. • STIs are spread through unprotected sexual intercourse, including oral and anal sex. Some, like herpes and genital warts, can be spread by skin-to-skin contact. • Both partners must be treated to make sure that there is no chance of re-infection. • Abstinence, or condoms used correctly every time you have sex, are the only ways to prevent transmission of STIs. • Many STIs can be cured, but those caused by viruses, such as herpes, genital warts, and HIV, have no cure. • There are vaccines to protect you from hepatitis B and from genital warts.
<p>HIV</p> <ul style="list-style-type: none"> • HIV can be transmitted through unprotected sex; through the exchange of blood (from sharing needles or other sharp cutting or piercing instruments); and from an infected mother to her baby during pregnancy, birth or breastfeeding. • The five body fluids that can transmit HIV are semen, pre-ejaculate, vaginal fluids, blood and breast milk. • Any time these fluids are exchanged between people there is a risk of HIV being transmitted. • HIV can be prevented by not having sex and by using condoms correctly every time you have sex. • Girls and women are at higher risk for HIV for biological reasons and because of the effects of gender roles and sexual violence on them. • HIV invades and hides in CD4 cells; it uses them to make more HIV, and then destroys the CD4 cells.. • The more HIV there is in the body, the fewer CD4 cells there are to fight off illnesses. • A weak immune system makes it easier for other infections to make the person sick and more difficult for them to get well again. • A person can live with HIV for a long time and look and feel healthy. • The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS. • You need to concentrate on avoiding both pregnancy and HIV, not just pregnancy. If you are negative, do everything you need to do to stay negative. • If you are offered money or cell phones, don't have sex without a condom for them and forget about your own life.

Testing and Telling Your Partners

- It is better to know your HIV status than not to know it.
- The advantages of knowing that you are positive or negative are greater than the disadvantages.
- All young people should get tested at least once. If they have risk behaviours, they need to be tested more often.
- All women should get tested before or during pregnancy; if they are HIV-positive, they can get care to decrease the risk of passing HIV to their baby.
- You can get tested for HIV at a Voluntary Counselling and Testing site or at a hospital.
- cannot be If your partner has an STI or HIV, they may or may not tell you. It is your responsibility to protect yourself from unwanted consequences of your sexual behaviour by using condoms correctly every time you have sex.
- A person living with HIV can face many consequences when they disclose their status, such as rejection, violence, bullying, their status being further disclosed or made public. Because of these consequences, they may be reluctant to disclose their HIV status to potential sex partners.
- Only the person with HIV can decide why, when, where and how to tell their partners. However, to protect their own health and that of their partner, they should use condoms when they have sex.
- When a person living with HIV is in a long-term or serious relationship, they should tell their partner about it.
- If you have an STI, you need to tell your past and present sex partners about it so that they can get treated and you won't get re-infected.
- Not everyone refuses sex with someone who has an STI that cured or HIV.

Treatment for HIV

- ART prevents HIV from making copies of itself. This greatly reduces the amount of HIV in the body fluids (the viral load).
- When there are few HIV in the blood, HIV can no longer effectively attack the immune system. It also makes it less likely that the person will transmit HIV to others.
- ART is not a cure for HIV.
- ART has to be taken every day for life.
- A person who tests positive for HIV should begin ART immediately.
- It is very important to take ART exactly as the doctor says.
- If a person has side effects from ART, they should see their doctor. They should not stop taking the medications unless told to by a doctor.

Living with HIV

- The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV.
- People living with HIV have the same rights and responsibilities as everyone else, including the right to have relationships, to marry and to have children and the right not to be discriminated against.
- If you are HIV-positive, you still have a future – it's not the end of the world. Living with HIV is not easy, but a person with HIV can live a long, full and happy life.
- Living positively includes getting medical care and taking ARVs correctly; always practising safer sex (using condoms); learning about HIV; reducing stress; eating well; staying fit; and getting support when needed.
- People living with HIV can have children that do not have HIV at birth.

Care and Support for People Living with HIV

- Don't hurt people who have HIV.
- You shouldn't discriminate against people with HIV and AIDS – treat them fairly, like you treat everyone else.
- Being stigmatised for being different is very painful and harmful. When people experience stigma, they feel isolated and rejected.
- Stigma occurs when something about a person causes them to be viewed badly by themselves and/or others. Self-stigma is when we feel self-hatred, shame, and/or blame ourselves for something about ourselves that we think is undesirable.
- When people feel stigmatised, they may hide who they are; neglect themselves; isolate themselves; and do things that harm them such as, drinking, taking drugs, and attempting or committing suicide.
- Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have or think they have.
- Stigma causes people to discriminate against others.
- Stigma and discrimination are violations of human rights.
- There is no need to judge and stigmatise people who are different from you.
- The stigma attached to people living with HIV comes from many sources, such as ignorance; fear; making moral judgments about people; making assumptions about people; and feeling immune.
- We can take action to change stigma (such as changing our attitudes, feeling empathy and compassion for others, changing the way we talk about groups of people, challenging others who express stigmatising and judgmental attitudes towards groups of people, standing up for those who are stigmatised and for ourselves when we experience stigma, and challenging discrimination).

UNIT 10: PREVENTION AND RISK REDUCTION

Purpose and objectives

This unit aims to help you to understand how you can prevent and reduce your risk of STIs and HIV. You will learn about the risks if you have multiple, concurrent partnerships; have relationships with older partners, especially when you receive benefits in exchange for sex; and/or drink. It looks in-depth at outercourse as safer sex behaviour and reviews how to use male and female condoms correctly. You will consider all the things that you can do to reduce your risk and learn the difference between prevention and risk reduction. You will build your skills and comfort with talking about and negotiating what you want to do to protect yourself and reduce your risk.

By the end of this unit, participants should be able to:

- Discuss the risks and consequences of having multiple concurrent partnerships and older partners, exchanging sex for benefits from sexual partners, and drinking;
- Explain how multiple concurrent partners increase the spread of HIV;
- Explain how to use outercourse correctly;
- Demonstrate how to use condoms correctly;
- Effectively counter arguments against using condoms;
- Understand and be able to explain the difference between prevention and risk reduction and give examples of each.
- Demonstrate the ability to communicate with a partner about not having sex, using condoms and getting tested together.

Nicolet: When I was a child, we were poor and my father drank all the time. I longed for affection and I wanted a better life for myself. I was thirteen years old when I met my boyfriend and he was eighteen. He put a lot of pressure on me to have sex with him. I was scared, but I was very committed to him. I wasn't informed about the risks and I didn't know he was dating more than one girl at a time.

5. Is Nicolet at risk for STIs and HIV?

6. Is she at risk for an unplanned pregnancy?

7. If yes, why is she at risk? Think of everything that is putting her at risk.

8. What advice would you give to Nicolet? Why?

Nicolet's story, continued:

In 2007, when I was 17, I found out that I was pregnant. My boyfriend left me then. About three years later, I was working on the farm and I just had a stomach bug. I went to the clinic to see the Sister and she did an HIV test and it was positive. I never expected that I would be infected with HIV since I only slept with one boyfriend. If I could go back to my younger years before I fell pregnant, if I knew what I know today, I wouldn't be infected with HIV and I would make better choices.

Participant information

Relationships with older partners

Getting into a sexual relationship with an older partner – someone five or more years older than you are – comes with a lot of risks. Some things for you to think about are:

- Older partners are very likely to insist on having sex.
- Older partners are much more likely to have had multiple sex partners than men or women your own age. This means that they are part of a larger sexual network.
- Older partners are likely to be married and to have multiple concurrent partners.
- Because of having multiple concurrent sex partners, they are more likely to have HIV or an STI already or to become infected.
- Older partners have more social power than young people. They can use that **power over** the young person to get what they want, including unprotected sex.
- Older partners have more money and can use it to manipulate the young person into having unprotected sex, which increases the risk of an unintended pregnancy as well as STIs and HIV.

Sexual relationships in which a young person exchanges sex for money or other benefits, like drinks, transportation, cell phones, clothes, and jewellery, also come with risks for the young person. Some things for you to think about are:

- The person giving the benefits has **power over** the young person receiving them.
- They can use that power to manipulate the person and convince them to have unprotected sex, putting them at risk of an unintended pregnancy, STIs or HIV.
- Most sexual partners who provide benefits to young people are also older partners (see the factors listed above).

Participant Information

Drinking responsibly

IF YOU ARE GOING TO DRINK, DRINK RESPONSIBLY!

Not drinking at all is the healthiest choice. However, some people will decide to drink. For those people who do drink, here are some ways to drink responsibly and to reduce the risks that can come with drinking:

- **Know your limits:** If you are going to drink, moderation is the key. Don't get very drunk. If you use, DON'T ABUSE!
- **Drink smarter:** If you choose to drink alcohol, drink water or soft drinks in between. This will keep you hydrated and help you not to drink too much alcohol.
- **Eat before and during drinking:** Food slows down the absorption of alcohol, so the level of alcohol in your blood stays lower and this helps stop the feeling of being out of control.
- **Resist pressure to drink more:** Don't allow others to pressure you to drink when you don't want to, to drink more than you want to or to drink too much.
- **Carry condoms with you:** Whether you drink alcohol or not, a condom is the best way to protect against HIV, STIs and unintended pregnancy.
- **Plan ahead:** If you're off to a party or going into town, plan how you're going to get home later. If you have a cell phone, make sure it is charged, so that you can call home if you need to.
- **Look out for friends:** Make sure your friends are safe. Be sure that they get home safely; talk them out of arguments; and make sure they're not getting sick.
- **Don't drink and drive and check that your ride is safe or walk:** If you have been drinking, don't drive. If you have a ride home, make sure the driver has not been drinking. If you are walking home, make sure you have a friend to walk with.

Participant information

What NOT to do when using the male condom

When you use a condom incorrectly, it is more likely to break or fail to work. Some common mistakes people make when using the male condom are:

- Not carrying condoms with them, so that they don't have one when they want to have sex.
- Keeping them in the wrong place (somewhere hot) like in their wallet.
- Using a condom that is too old, that has expired.
- Opening the package with their teeth.
- Not unrolling the condom all the way down to the bottom of the penis.
- Leaving air in the tip and not removing air bubbles.
- Not leaving a space at the tip for the semen.
- Putting it on upside down first and then put it on the right way. If you put it on the wrong way first, some body fluid will be on the outside of the condom. Throw it out and use a new condom.
- Using the wrong kind of lubricants. Do not use any oil-based lubricants - for example, petroleum jelly, body lotion, mineral or vegetable oil - because they can cause the latex to break down.
- Putting it on too late - like having 'a little sex first' before putting on a condom.
- Pulling out of the vagina too late. Do not let the penis get soft before pulling out. When the penis starts to get soft, semen could leak out of the condom or the condom could slip off the penis.
- Not holding the condom onto the base of the penis when pulling out. The condom could come off the penis and remain in the vagina and semen can spill out.
- Not using it every time they have sex!

REMEMBER: If the condom is not on, then the penis is not in! No hoodie, no honey!

Worksheet: Ways to protect yourself or reduce your risk of getting HIV from sex

Instructions: How many ways can you think of to protect yourself and reduce your risk of getting HIV from sex?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Worksheet: The protection and risk line

Instructions: Think of everything a person can do to protect themselves and reduce their risk of getting HIV and STIs from sex. Then decide how much each one will reduce the risk of getting HIV – completely, a lot, some or a little. Write it in the right place on the line.



Participant information

Young people's experiences of asking their partners to use a condom

Read what these real young people had to say about what happened when they asked their partner to use a condom:

'I am the one who told him to use a condom. He agreed. He did not say anything. He just took it and used it.' **Goma**

'I told my girlfriend that we have been in love for five months now and we have not done anything. She said, "Okay" and asked me if I will use a condom. I told her that I am also a trainee and that I cannot refuse to use a condom. Then she agreed that we can go ahead.' **Ferdinand**

'I wasn't sure if I wanted to have sex with him, so we planned it first. He came to visit me at our house. First we just spoke about our relationship and he asked me if I will have sex with him. I said, "Yes, as long as we can use a condom." I wanted to protect myself from unplanned pregnancies and STIs because I am still young. And he agreed. He always uses condoms.' **Fana**

'I called her on her cell phone and told her to come to my house. And then when she got there, I told her that I want to make sex with her. She asked if I'm having a condom because we cannot have sex without a condom. I told her, "Yes, it's alright. I have a condom."' **Kintu**

Participant information

Direct communication

Communicating directly means talking honestly about:

1. The situation or any problem or issue you have

Words you might use:

- We've been together for five months now, so I was thinking...
- I love you, but...
- I get upset when... or I felt upset when...
- It bothers me when... or It bothered me when...
- I don't like it when... or I didn't like it when...

2. How you feel

Words you might use:

- I am worried about....
- These days you hear so much about HIV. I feel like.... We've been getting very close lately and I am concerned that....

3. What you want or need without apologizing

Words you might use:

- I want us to....
- I think we need to....
- Can we.....?
- I wish you/we...

4. What your limits are

- Words you might use:
- However, I don't want to...
- I am not going to...
- I have decided that I won't...
- I am not ready to...

Speaking for yourself means talking about your own feelings and experiences rather than accusing, threatening or blaming the other person. You can use the basic formula you learned in the unit on communication: **I feel... I need/want... Would you be willing to...?**

Examples of communicating directly:

- 1) **'I feel like** it is still early in our relationship. **I would like** to know you better before we take that step. Having sex carries risks, so it is important **to me** to feel secure.... Would you be willing to wait until we know each other better?'
- 2) Nyasha: **I am worried** about HIV – it seems like so many people are getting it these days. It's great kissing and making out with you – but I **think we need** to be very careful about how far we go. Right now, **I don't want** to have sex yet. It feels too risky. What do you think?
Bertie: I know what you mean. Even though I would like to have sex, I think it is a good idea to wait. We don't want to do something we'll regret.
Nyasha: I am so glad that you understand. That makes me feel better. Thanks.

Worksheet: Clear and direct communication about protection

Instructions:

Write a direct and clear script for the following situations:

Situation 1: Berhanu tells Lebna that he does not want to have sex yet and why	
Berhanu	
Lebna	
Berhanu	
Lebna	

Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why.	
Louisa	
Michael	
Louisa	
Michael	

Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why.	
Pindile	
Sinkie	
Pindile	
Sinkie	

Situation 4: Hakeem tells Amina that he wants the two of them to get tested for HIV together and why.	
Hakeem	
Amina	
Hakeem	
Amina	



Key messages

Prevention and risk reduction

Your sexual behaviour can have negative consequences (or impacts) on your future.

Multiple Partnerships

- People have different types of sexual relationships. Some people have only one sexual partner in their lifetime, others have more than one sexual relationship and some have multiple relationships at the same time.
- Concurrent sexual partnerships are the most likely to spread HIV through a community if condoms are not used correctly and consistently.
- The types of relationships and number of partners we have affect the spread of HIV and STIs in our community.
- Having sequential or multiple concurrent sexual partnerships greatly increases the spread of HIV and STIs.
- Having multiple concurrent sexual partnerships increases the spread of HIV because: 1) It increases your chances of having one or more partners who are HIV-positive or of unknown status; 2) It increases your chance of having (unprotected) sex with a newly infected partner, who has a lot of virus in their body fluids, making it more likely you will be infected.
- Using condoms greatly reduces the spread of HIV and STIs, but they must be used consistently and correctly with all partners to make them highly effective.
- Reducing the number of sexual partners you have is also important for reducing your risk of getting an STI or HIV.

Older Partners and Benefits for Sex

- The greater the age difference between partners, the riskier the relationship is for the younger person in terms of getting STIs or HIV and, for girls, of becoming pregnant..
- Partners who are older and who have more money also have more power and they often use that power to get what they want from a young person, including unprotected sex.
- Older partners often promise to take care of young women or men over a long period of time but rarely do.
- The risks and disadvantages of having an older partner can be far greater than any advantages.
- You must make your own decisions about your relationships. You alone are responsible for protecting your own health and for living with the consequences.

Drinking and Risk-Taking

- When people drink alcohol, they may take risks or do things that they normally would not do.
- These risks and behaviours can have serious, life-changing consequences.
- Using alcohol and/or drugs is one reason why people have unprotected sex and get STIs and HIV or become pregnant. They also contribute to broken relationships and families.
- Not drinking is the safest option for young people.
- No one should pressure another person to drink or take drugs.
- You have the right to say no to drinking without feeling guilty or bad about yourself.
- If you do drink, you can take steps to reduce the effect of alcohol on you.

Outercourse

- There are many ways to express one's sexuality that are pleasurable and safe besides sexual intercourse.
- Abstinence, or not having any kind of sexual intercourse, is the most effective way of preventing STIs, HIV and unintended pregnancies if practised correctly.
- Outercourse is expressing your sexuality and experiencing pleasure with or without a partner without intercourse or penetration. It is a type of abstinence and it is safe.
- Outercourse includes many pleasurable sexual activities.

Using Condoms

- There are no good excuses not to use a condom, except wanting to get pregnant.
- If you want to avoid STIs and HIV, use a condom every time you have sex from start to finish to protect yourself. Make your motto: 'No condom, no sex' or 'No hoodie, no honey.'
- It can be difficult for long-term, serious or committed couples to keep using condoms and this is when many young people get infected with HIV.
- If you are going to have sex without a condom, get tested together first.
- Getting tested together does not protect you over the long-term but it does reduce your risk.

Reducing Your Risk

- Preventing something means you stop it from happening; reducing risk means that you make it less likely to happen.
- Not having sex at all is the only way to protect yourself completely from HIV.
- You can reduce your risk of getting HIV by: using condoms correctly every time you have sex; having only one partner at a time; having fewer partners in your lifetime; getting tested and treated for STIs; getting circumcised for men; and having only partners close to your own age.
- There are some other things which may reduce your risk, such as not getting so drunk that you are out of control; waiting to have sex until you are older; getting tested for HIV with your partner;
- If you do any of these things to reduce your risk, you must still use condoms when you have sex if you do not want to get HIV and STIs.
- If you are going to protect yourself from HIV, you need to take action to do so.
- Communicating about what you want and need is an important part of protecting yourself.
- Each person needs to speak for him or herself by using the word 'I' to talk about his or her feelings and what she or he wants or needs.
- In most cases, when you ask someone to use a condom, the response will be positive

UNIT 11: SEXUAL AND GENDER-BASED VIOLENCE

Purpose and objectives

This unit aims to help you understand sexual and gender-based violence, including harmful traditional practices that violate human rights and have negative influences on reproductive and sexual health. It will help you to critically examine child marriage and its consequences on girls and to discuss how it can be stopped. You will also look at other harmful practices that take place where you live. The unit explains the different types of sexual and gender-based violence, challenges your thinking about rape, asks you to reconsider societal acceptance of violence, and helps you to think about what to do if you or someone you know experiences violence. The final activity on sexual and gender-based violence is about how to give consent. At the end of the unit and course you will make an overall plan for how you will stay healthy.

By the end of this unit, participants should be able to:

- Explain your rights related to marriage.
- Discuss the problems that result from getting married before the age of 18.
- List traditional practices in their community that are harmful and why.
- Explain what you think should be done about a harmful practice.
- Express your commitment to prevent child and forced marriages and other harmful practices in your own lives, the lives of your (future) children and in your community.
- Explain the different types of sexual and gender-based violence.
- Give reasons why rape is never the fault of the victim.
- Express a commitment to ending violence instead of accepting it.
- Explain what to do if someone experiences violence.
- Explain what consent is and demonstrate how to get it.
- Discuss how you intend to protect your own health.

Worksheet: Lila's story

'The first time it happened I was 11. I was going to the mill, when a group of men grabbed me from behind. They took me by surprise. I fell on the ground, and when I woke up again I was in the house of my abductor. I stayed there three days. While I was there, my parents met with my abductor's parents and the village elders. My parents agreed to my marriage with the abductor in exchange for a cow and two sheep. After three days, I escaped from the abductor's house while he and his friends were drinking and dancing. I went to the toilet and then I escaped through a fence and ran away. I hid at the house of one of my uncles. After nine months, I could not stand hiding anymore, so I decided to go back to school.

Then my parents received a letter from another man, who was 39 years old, asking to marry me, but I refused. He came to our house and kidnapped me with my parents' consent. But I managed to get my parents to agree for us to be tested for HIV. I had heard about it at school and on the radio. I was negative but my abductor was positive. Because of the test results, I convinced my parents to cancel the wedding. Although the law does not allow marriage before the age of 18, I am worried I may be abducted again. I don't want someone to take me by force. I want to go to school and study, then I will see. I want to become a teacher.' **Lila, 13 years old**³

1) How did Lila happen to get married? What kind of marriage was it?

2) What is your opinion of what happened to her?

3) How did she get out of her first marriage?

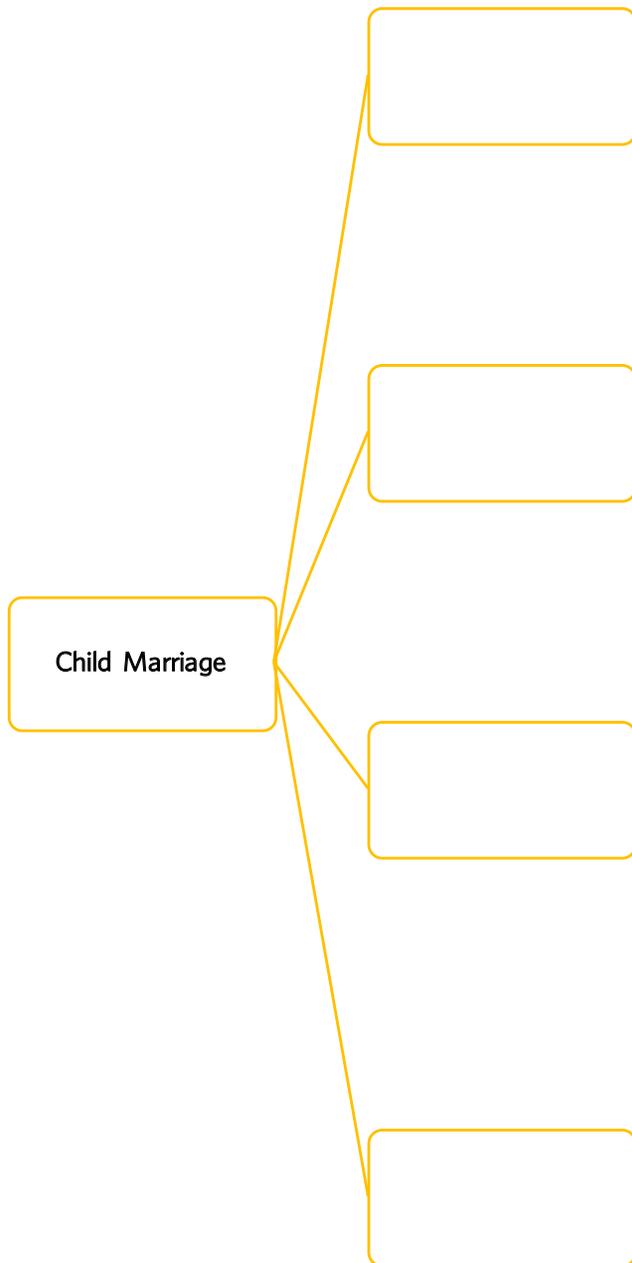
4) How did she get out of marrying the second husband?

5) How does she feel about her future? Why?

³IRIN, Humanitarian News and Analysis (2007). Ethiopia: Surviving forced marriage. Available at <http://www.irinnews.org/report/69993/ethiopia-surviving-forced-marriage> [accessed 31 August 2015].

Worksheet: Consequences of child marriage

Instructions: In the boxes leading from the one labelled 'child marriage' write the immediate consequences of child marriage for the girl. Then, in the boxes linked to those, write the consequences that follow the first. You can add boxes.



Worksheet: Is it a myth (false) or a fact (true)?

Read the following statements and decide if they are true (T) or false (F).	True (T)	False (F)
1. The Bible and the Koran state that females should be circumcised.		
2. There are no risks involved if female genital mutilation (FGM) is done in a hygienic environment with sterile equipment.		
3. FGM can cause infertility (inability to have children) in women.		
4. Women who have undergone FGM smell cleaner than women who have not.		
5. If the clitoris is not cut off, it will grow big and make childbirth difficult.		
6. FGM guarantees girls' virginity.		
7. There are no health risks involved if the woman's clitoris is removed.		
8. Children born to mothers who have not undergone FGM will be mad (crazy).		
9. A baby born to a mother who has not had FGM will die if its head touches the clitoris during birth.		
10. FGM enhances men's sexual pleasure.		

Worksheet: Types of violence

Instructions: Write the following terms in the box next to their definition.

Terms: Stranger rape; Gang rape; Statutory rape; Acquaintance rape; Date rape; Child sexual abuse; Sexual harassment; Intimate partner violence; Gender-based violence

Definitions	Term
1. Sexual contact between an adult and a minor child.	
2. When one person forces someone they know to have sexual intercourse against the person's will.	
3. Forced sexual intercourse that occurs on a date.	
4. Any violence that is motivated by gender issues, such as gender roles, expectations, limitations, including not following them.	
5. Any unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.	
6. Sexual intercourse that is forced by a stranger.	
7. Violence against a person in an intimate relationship (by informal or formal marriage or by dating) by their partner.	
8. Intercourse between an adult and someone under the age of consent (regardless of whether the younger person appeared to give consent or not).	
9. When a person is forced to have sex with more than one person.	

Worksheet: What should they do?

Instructions: Write the following terms in the box next to their definition.

- Read the scenario assigned to your group.
- Imagine that the main person in your scenario has confided in you and asked for advice on what to do.
- Use the decision-making process you learned to **list the options and their possible consequences**.
- Discuss the options and decide what you would advise the person to do.
- Prepare to share your decision and reasons with the rest of the group.

Agnes and her teacher: Agnes is studying catering at a technical and vocational training institute. One day her business skills teacher asked her to see him after school. When she went to see him, he started asking her personal questions. She was confused about why he called her in. When he started touching her, it became clear that he was expecting her to have sex with him. She pushed him away. Then he reminded her that she needed to pass the upcoming examination to get her certificate. Angry, she grabbed her bag and ran out the door. Now she is worried that she is going to fail. What should Agnes do?

Busi and her father: Busi starts crying after her father leaves her room. She feels like she always does when he comes into her room and molests her - she wants to die. He has been doing this since she was only nine. She hates it and feels so dirty and disgusted with herself when he leaves. He often tells her that if she tells anyone, he will kick her out of the house. Busi has thought about telling her mother, or running away, or even killing herself. But she has always been too scared to do anything. Now she feels she has to do something. What should Busi do?

Gift and Baraka: Gift wonders all the way home what he should do. Baraka forced him to have sex with her even though he had told her over and over again that he didn't want to. She said it was his fault for kissing and touching her and getting her so turned on. She said that he must want it too since he had an erection. Now he feels like he doesn't love for her anymore. Instead, he feels hurt, used and betrayed. He wonders who will believe that he did not want to have sex with his beautiful girlfriend. What should Gift do?

Debre and her husband: Debre was just 15 when her parents forced her to marry Dawit, who was 35 years old. She didn't know him and didn't want to get married. She wanted to finish school, but no one listened to her: she was married. Now she stays at home, cooking and doing housework all day. When Dawit comes home, she gives him his supper and tries to please him. But so often, like tonight, he is already angry. He starts insulting her and gets more and more angry. When she tries to say something, he hits her. Now he is sleeping in the next room. She is in the bathroom, looking in the mirror. Her right eye is swollen and turning blue. What should Debre do?

Mpho's side of the story

When I met Thandi, we liked each other immediately. I was very happy when she agreed to come to the party on Saturday. When Thandi arrived, she looked beautiful and very sexy. She gave me a big smile. We had some drinks and were feeling great. We started dancing and I was really getting turned on especially during the slow dance when she moved her hands over my shoulders and back. It felt so good. She was giving me all the signals. I wanted to go outside to kiss and fool around, so I asked Thandi if she wanted to go outside for some fresh air. When she said 'sure', I knew that we were going to have sex that night.

We headed over to some bushes on the side of the road to be alone where no one could see us. I held her close to me and I could feel her heart beating. I began to touch her breasts and kiss and rub her body. She made a few small noises and pulled away from me a little bit, but I told her everything was just fine. I continued kissing her and she kissed me back. I pulled her down onto her knees and then lay her down on the thick grass. She asked me to wait but I thought 'What for? We don't have all night - somebody might come looking, so let's just do it as quickly as we can.' She kept repeating 'No, don't, please, wait' but I knew it was only because she didn't want me to think that she was a fast girl. That is what girls do - they pretend to put up a fight but give in at the end. So I didn't stop. Even when Thandi started crying, I knew it was all part of 'the act'. I lifted up her skirt and had sex with her.

Thandi's side of the story

I really liked Mpho when I met him a few months ago. I felt really glad when he invited me to a party last Saturday. At the party, he was so funny and made me laugh. I knew he liked me from the way he was looking at me. His smile made me feel warm and relaxed. After we danced for a while, Mpho asked me to go outside for some air. I hoped it would be a chance to hold hands and maybe even kiss. I felt tingly inside at the thought of kissing him. So I agreed and we went outside.

We walked a short distance and stopped near some bushes where no one could see us. Mpho and I started kissing and touching each other all over. It felt wonderful. I started feeling hot all over. We dropped down onto our knees and continued kissing and touching each other. I could feel that Mpho's penis was hard and I realized that maybe we should slow down so I asked him to wait. But he didn't listen. He said that everything was okay and I shouldn't worry, but I still thought we should cool off. I asked him to stop again but he ignored me. He put his weight on me so that I was lying down on my back. Then I got scared. I had been enjoying what we were doing but I knew I didn't want to have sex with him yet. I kept saying no and then started to cry, but that didn't stop him. He pulled his pants down, pushed open my legs with his knees and started having sex with me. I couldn't believe that this was happening to me. I tried to push him off, but I couldn't.

Worksheet: Seeking consent and communicating expectations

Instructions: Imagine that you are Mpho, if you are a boy, or Thandi, if you are a girl. Discuss with your group and agree on how you would communicate in the situation to make sure that you have consent and communicate clearly what you want. Your goal is to enjoy being with your partner but not to do anything that you or your partner doesn't want to do. Discuss what you think the two of them should do and try to reach an agreement and then fill in the last block.

Mpho starts the conversation.

MPHO FEELS / SAYS ...	THANDI FEELS / SAYS ...
1. He feels Thandi responding to his kisses and touch. He starts to think about having sex. He says...	2. She says...
3. He responds...	4. She responds...
5. He responds...	6. She responds...
7. He responds...	8. She responds...
<p>They decide...</p> <p>Then Mpho...</p> <p>And Thandi...</p>	

Worksheet: What's the plan, man?

Instructions: How will *you* stay safe? Think honestly about your past and current relationship and sexual behaviour and your current situation. Identify your risks and think about your choices to protect yourself. Being as honest as possible with yourself, make your own action plan.

My Prevention Action Plan:

My risks are:

My action plan to protect myself now is to:

If your answer was abstinence or outercourse, also answer this: My action plan to protect myself when I decide to have sexual intercourse is to:

My action plan to protect myself when I am in a long-term or committed relationship (like marriage) is to:

Other things I will do to reduce my risks are:

When my partner and I decide to have a baby, we will protect our baby by:

To protect my children when they are growing up, I will:

My responsibilities that I will take seriously are:



Key messages

Sexual and gender-based violence

Child Marriage and Other Harmful Practices

- Child marriage is any marriage of a person under the age of 18.
- Child marriage has many serious consequences for the girl, including unfinished education, early pregnancy, health problems such as STIs, HIV, difficulties during birth that result in fistulas, death of the mother and/or foetus or baby, intimate partner violence, divorce, financial dependence on the husband and poverty.
- Child marriage is a violation of human rights.
- Together we can take action to stop child marriage.
- FGM violates the basic human rights of girls.
- Many of the reasons given for practising FGM are myths (false).
- There are three types of FGM. All can cause serious physical and psychological problems for girls and women, even if the procedure is done in sterile conditions.
- Long-term complications of FGM include infertility, difficulties in childbirth, and sexual problems.
- People can choose to modify or abandon practices, like FGM, that are harmful.
- Young people who oppose FGM can take action in their families and communities to stop it.
- Some traditional practices are harmful and need to be changed or stopped.
- Most of these practices harm girls and women in particular.
- Most of the harmful practices violate human rights.
- Some ways we can change the practices that we do not agree with are to try to refuse them ourselves and not to allow them to be done to our children.

Older Partners and Benefits for Sex

- The greater the age difference between partners, the riskier the relationship is for the younger person in terms of getting STIs or HIV and, for girls, of becoming pregnant..
- Partners who are older and who have more money also have more power and they often use that power to get what they want from a young person, including unprotected sex.
- Older partners often promise to take care of young women or men over a long period of time but rarely do.
- The risks and disadvantages of having an older partner can be far greater than any advantages.
- You must make your own decisions about your relationships. You alone are responsible for protecting your own health and for living with the consequences.

Drinking and Risk-Taking

- Gender-based violence is any violence that is motivated by gender issues, such as gender roles, expectations, limitations, including not following gender norms.
- Violence against homosexuals or people who do not fit the expected gender norms is also gender-based violence.
- Most victims know the person who has sexually abused them.
- Rape is when a person is forced to have sexual intercourse or to take part in any penetrative sexual activity against their will. Other forced non-penetrative acts are called sexual assault.
- It is important that sexual relationships be voluntary and wanted by both partners, even in marriage.

- Violence is a violation of human rights. Everyone has the right to live free from violence.
- Violence and rape are never the victim's fault. They are always the fault of the person or persons committing the violence or rape. No one deserves to be raped.
- Rape (or violent sex) increases the likelihood of HIV transmission.
- A person who has been raped should go to a clinic or hospital to get PEP (post-exposure prophylaxis) and emergency contraception to decrease their risk of HIV infection and unintended pregnancy.
- We do not have to accept violence.
- People who are being abused or who have experienced sexual or gender-based violence do not need to suffer in silence. They should try to tell someone and get help.
- It is often not easy to admit what is happening or has happened, but keeping silent allows the situation to continue and means that we cannot get help.
- Survivors of sexual violence should go to a health care centre right away to get counselling and medicines to reduce the risk of STIs, HIV, and unplanned pregnancy. They should also be referred to a law enforcement officer to seek justice for the crime.
- We do not have to accept violence in our lives or in our communities.

Getting Consent

- It is important to get consent in sexual situations because it prevents misunderstandings and rape.
- Consent means that both people agree on what they want to do.
- Decide what you want to do sexually and do not act confused about it. If you aren't sure, then postpone the activity until you are sure.
- It is important to say clearly what you do and do not want to do – do not leave it up to the other person to guess or 'read your mind'.
- If you get conflicting or confusing messages, ask direct questions. Don't assume you know what the other person means.
- Poor communication or lack of communication causes misunderstandings that can break friendships or relationships.
- Not all rapes or sexual assaults can be prevented.

ANNEX 1: OPTIONAL ADVOCACY ACTIVITIES

Purpose and objectives

These two optional activities aim to help participants to think about how they can advocate for the rights of young people and for change in their communities.

By the end of this unit, participants should be able to:

- Describe one issue that affects youth that is important to them that they would like to work to change.

Case studies for advocacy

A teenage girl went to the local clinic in her village to ask for information about contraception. The nursing sister told her that she was too young to ask for such information; that young girls her age who want contraception are promoting promiscuity. She said that she should just concentrate on her Bible studies. She did not give the girl any information and sent her away

A boy went to the health clinic because he suspected he had an STI. The sister there shouted at him while she treated him and told him that a boy his age has no business having sex. She said, 'It's people like you who are spreading HIV '. When he was leaving she told him very loudly to make sure and use a condom so that he doesn't infect others. The boy was embarrassed because everyone heard what she said.

Worksheet: Personal advocacy plan of action

Choose one of the youth issues listed on flipchart paper that you feel strongly about and would advocate for.

Write it here:.....

Answer the following questions

1) What I can do myself?

2) What I can do within my family?

3) What I can do in the community?

United Nations Population Fund (UNFPA)

East and Southern Africa Regional Office
9 Simba Road, PO Box 2980,
Sunninghill, 2157, South Africa
esaro.unfpa.org

 Access information and rate your health care experience on our new mobisite!
TuneMe.org

