REPRODUCTIVE HEALTH LESSONS:

A Supplemental Curriculum for Young People

Adapted for Sri Lanka

Planning for LIFE

a program of the International Youth Foundation

The International Youth Foundation (IYF) invests in the extraordinary potential of young people. Founded in 1990, IYF builds and maintains a worldwide community of businesses, governments, and civil-society organizations committed to empowering youth to be healthy, productive, and engaged citizens. IYF programs are catalysts of change that help young people obtain a quality education, gain employability skills, make healthy choices, and improve their communities.
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LIST OF LESSONS

INTRODUCTION 4

WELCOME 5

LEADER'S GUIDE 7

LESSONS

1. Personal Values 11
2. Puberty 17
3. Reproduction Review 23
4. Teenage Pregnancy 31
5. Contraception 37
6. Sexually Transmitted Infections 45
7. HIV/AIDS 51
8. Substance Abuse 59
9. Gender Roles and Stereotypes 67
10. Gender-Based and Sexual Violence 73

ANNEXES

Annex A: Puberty — Leader's Resources 83
Annex B: Contraception — Word Puzzle Handout 85
Annex C: Contraception — Worksheet Handout 87
Annex D: Contraception — Methods Handout 89
Annex E: Contraception — Role-Play Handout 93
Annex F: Sexually Transmitted Infections 95
Annex G: Leader's Resources — Risk Questionnaire 103
Annex H: Pre-Post Test 105

CONTENTS

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WELCOME

INTRODUCTION

Young people, like adults, require motivation to make healthy decisions about their reproductive behavior. Evidence demonstrates that positive youth reproductive health outcomes are closely linked with educational and economic opportunities. Comprehensive youth-focused programs support young people to develop skills and talents that lead to better educational and employment opportunities. When combined with reproductive health information and services, these programs can motivate youth to postpone sexual activity or practice safer sexual behavior by helping them understand the long-term impact of their decisions and the importance of planning their futures.

The purpose of this supplemental reproductive health curriculum is to provide life skills-based youth development organizations with a minimal set of reproductive health and family planning lessons for inclusion in their programs. Lessons can be presented by teachers, instructors, youth leaders or peer educators. Users of the supplement may also wish to consult two publications by the International Youth Foundation, the Planning for Life Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs or the Family Planning, HIV/AIDS & STIs, and Gender Matrix for background and guidance (see www.iyfnet.org).

Ten topics have been selected for inclusion in this publication: personal values, puberty, reproduction, teen pregnancy, contraception, STIs, HIV/AIDS, gender, substance abuse and violence. These carefully selected topics are designed to be used with any life skills curriculum and represent the minimum content necessary to provide information and raise awareness among young people on reproductive health and family planning. The supplement should be used in its entirety and should follow previously presented life skills lessons.

The lessons have been adapted to suit the needs of young female survivors of sexual violence ages ten and older who are living in shelters in Sri Lanka and are unable to attend school. Users of the supplement should adjust the lessons as needed to align with their target population's specific country and cultural context. Users may wish to adapt the role-plays and case studies or to add and localize other relevant content, such as child marriage, transactional or cross-generational sex or multiple concurrent partnerships. Special attention should be given to vulnerable groups, such as working youth, street children, refugees, and migrant workers, who may require additional information on risk reduction and preventive behaviors at earlier ages.

The International Youth Foundation gratefully acknowledges the African Youth Alliance, Advocates for Youth, Peace Corps, FHI, UNICEF, the Consuelo Foundation and IYF's program "Passport to Success" from whom much of this content has been adapted. Special thanks go to IYF partners in the Philippines, Tanzania and India for their valuable input in developing the lessons. This curriculum has also benefited from review with Jenny Truong, USAID. The design was done by Gillian McCallion, IYF's Graphic Designer. The curriculum was originally developed by Susan Brock, MPH; Rita Colombia, MD, MPA; Sarabecka Mullen, MA; and Julia Freed, MSW.

Many thanks to Iroshini Kalpage, Nirukshi de Lanerolle, Sithara Rangani and Bryanne Gilkinson from EMERGE Lanka for adapting this curriculum to the Sri Lankan culture. The curriculum has been successfully adapted and tested with a group of Sri Lankan youth who are involved in EMERGE's income generation and life skills programs.

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A NOTE FROM EMERGE LANKA FOUNDATION

Dear Trainer,

Emerge Lanka Foundation supports Sri Lankan girls, ages 10-18, who have been removed from their homes due to past abuse or the threat of abuse and are courageously testifying in court. Approximately half of the girls in our program are young mothers as a result of rape. All of the girls have been placed into shelters that typically lack resources and educational opportunities. Emerge partners with these shelters to transform them into entrepreneurship hubs, where girls develop the business and life skills needed for self-sufficiency.

The lessons in this supplement have been adapted specifically for our target population. The incredible girls with whom we work have varying levels of education upon entering the shelter, and there are several girls who are completely illiterate or have very low literacy levels. As such, we have made efforts to limit the activities in this curriculum that require higher literacy levels and have provided alternatives for illiterate participants when necessary. Since some of our beneficiaries are as young as 10 years old, we have also adjusted the lessons to maximize use of role-plays and active games.

We have taken special care in adapting the role-plays to reflect the unique history of our target population as well as the circumstances that the girls face when they leave the shelter. As our beneficiaries are all survivors of sexual violence, this is particularly important in the Gender-Based and Sexual Violence lesson. Accordingly, we have included two "Special Stories" based on real challenges that have been faced by past program participants after leaving the shelter. We have also sensitized the Teenage Pregnancy lesson to ensure that the young mothers in our program do not feel discouraged or ashamed during the activities.

We have found that hosting a stakeholders' meeting prior to implementation increases receptiveness to the curriculum and alleviates any potential concerns or objections. Conducting a pre-test and analyzing the results prior to initiating the lessons has also proven to be an effective way of identifying areas in which the beneficiaries' knowledge is weaker, thereby allowing our trainers to better tailor the lesson to address those gaps. We share these best practices in the hope that our experiences can help other trainers yield the greatest impact with their lessons.

We would like to thank our partners in this project, The Salvation Army and the Department of Probation and Child Care Services, whose continuing support and flexibility have facilitated the successful implementation of these lessons. Thank you to Grassrooted for their thoughtful and prudent work translating the text. Thank you to International Youth Foundation for enabling us to share this important curriculum with our beneficiaries, and a special thank you to Julia Freed who has given her advice and expertise to the Emerge team with tireless dedication. Lastly, we would like to extend a heartfelt thank you to our Founder and Executive Director, Alia Whitney-Johnson, for her vision and compassion that has made such a difference in the lives of the inspiring girls with whom we work.

Sincerely,

Bryanne Gilkinson
Emerge Global
Sri Lanka Country Director

LEADER'S GUIDE

LEADER'S GUIDE

CURRICULUM DESIGN

This curriculum is designed to supplement any life skills-based curriculum with Reproductive Health (RH) lessons. It is based on certain assumptions, such as:

- Young people are familiar with life skills lessons and have been taught them prior to the RH lessons.
- Leaders feel comfortable to deliver messages on reproductive health to youth.
- The RH lessons are part of a life skills education program.

The curriculum consists of ten lessons. The structure of the lessons was adopted from GE Foundation Life Skills for Employability Program implemented by IYF.

Each lesson has two sections. The first section contains information a leader will need as he/she prepares to teach the lesson, including[1]:

Learning Objectives: Specific learnings for the lesson that are expected to be achieved.

Lesson Preview: An overview of the lesson that provides a chronological list of the information and activities included in the entire lesson.

Materials Needed: All materials that a leader should prepare in advance.

Tasks to Complete Before Teaching: Tasks a leader needs to complete prior to teaching the lesson are described. An example of a task to be completed is: "Create a visual listing the four ways to respond to a bully or intimidator."

Prerequisite Skill or Lesson: Life skills or RH lessons containing knowledge or skills that are referred to or used in the lesson are listed. You will need to conduct any listed lessons prior to conducting the current lesson.

Age Group of Participants: This serves as a guide to help the facilitator determine the age appropriateness of lessons. If participants may be more comfortable being separated into gender-specific groups according to local norms and customs, this is also noted.

Length of Lesson: The estimated amount of time to conduct the lesson.

The last section contains actual instructions for conducting the lesson. These include:

Generating Interest in Topic: A short introduction to the lesson is presented. The purpose of this section is to stimulate participants' interest in the topic and/or connect what they know or have experienced. This could be through a quote, a game, a discussion, a riddle, a brief statement, or similar method.

Information to Share: Information, concepts, or skills are presented or demonstrated. This presentation can be made by the leader or through a variety of methods, such as short lectures (5-10 minutes), large or small group activities, role-plays, demonstrations, and/or discussions.

Group Activity/Practice: Participants will practice using the concepts or skills presented in the lesson. This could be accomplished through a game, a practice situation between pairs or small groups of participants, a role-play, a skit, a discussion, or similar method.

Personal Application: Participants take what they have learned and what they have practiced and consider how they might use it in their lives. This is a critical aspect of the lesson. Without an opportunity to apply what they have learned, participants may not see the relevancy for their lives.

Leader's Notes: Some of the lessons have comments, suggestions, information, or helpful hints that will assist a leader in conducting a lesson. Some of the lessons have resources for leaders to give them additional information on a particular topic. It is advised that a leader will become familiar with a topic prior to the lesson and try to find additional information available in local language.

1 *Adopted from GE Foundation Life Skills for Employability Program*

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It is recommended that the lessons be taught in the order they are presented in the program. If a leader chooses to change the order of the lessons, he or she should make sure that the skills or information needed for the youth to be successful in later lessons have been taught. The "Prerequisite Skill or Lesson" section at the beginning of each lesson lists a prior lesson or skills that young people should be taught before the current lesson.

Each lesson is designed to be taught in 60-90 minutes, depending on the age and baseline knowledge of the beneficiaries. If it is necessary, a leader may divide a lesson into two parts and conduct one lesson in two consequent days.

Some of the lessons include handouts to be used by participants that can be found in attached Annexes.

GROUND RULES

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

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

TIPS FOR LEADERS[2]

To make the lessons more effective, it is important that a leader takes time to assess the participants' needs so that the most appropriate ways of meeting these needs are adopted. Below are some tips for leaders on how to conduct a reproductive health lesson effectively.

1. Read the entire RH curriculum.

   A preliminary reading of all reproductive health lessons will give you a holistic view of what you will be teaching, an idea about the material you need to gather, and how you should prepare yourself to provide health related messages.

2. Always be prepared.

   Before each session, thoroughly read the lesson's content. Pay special attention to the *Leaders' note* and be prepared for any questions participants might ask about that particular topic. Do not be afraid to say you do not know something. Offer to check it out and get back to the group.

3. Identify resource persons.

   If you are not comfortable facilitating a topic, or feel you need help with providing adequate information to boys and girls separately, invite someone (such as a health expert or peer educator) who can help you to deliver health messages.

4. Identify and understand the beliefs and values of youth participants and yourself.

   Think about what participants must be feeling as they grow up. Pay attention to your own beliefs and values. Doing so will make you a much more effective facilitator.

5. Create a non-judgmental environment where participants' values are respected.

   Accept and respect all participants' comments and questions. Let them know that their concerns and opinions are valid and worthwhile.

2 Adopted from GE Foundation Life Skills for Employability Program

6. Be enthusiastic!

   Maintain a positive approach to the normal, healthy process of growing up. Don't let your judgment reflect on the information provided. No matter how objective adults are trying to be, youth notice negative feelings and attitudes. How something is presented is often more powerful than what is said.

7. Be honest.

   Use accurate language for body parts and bodily functions. Research shows that when a child has accurate language for private body parts, she/he is more likely to report abuse, if it occurs, than when the child lacks appropriate language.

8. Make participants feel comfortable.

   Avoid causing anyone potential embarrassment. Do not make participants answer a question they feel uncomfortable answering. Express the need for confidentiality within the group. It is important for the participants to feel that what they say will not be used against them outside of the training session

9. Provide opportunities for participants to ask questions anonymously.

   Prepare a "Question Box" and have it available throughout the training for the participants to post their anonymous questions. These are questions that they may be embarrassed to ask in front of the group. Give participants time to write down questions and deposit them in a "Question Box." Make sure that any posted questions are addressed within the training or responded to accordingly.

10. Help participants develop their own rules.

    Help young people to develop and follow a clear set of rules to govern their discussions. It will make them feel comfortable sharing their thoughts and feelings. Ground rules also make clear what type of language and behavior is considered acceptable and appropriate. Once ground rules have been clearly stated, refer to them throughout the lesson and when dealing with difficult situations.

11. Be open.

    Respond to criticism openly and make every attempt to obtain an agreement of all parties involved. Explaining why something has been done in a particular way will often be enough to settle any concern.

12. Use a range of teaching aids.

    Games, role-plays, audio-video materials make the learning about sensitive issues such as reproductive health more effective. While playing young people to young people strengthen their knowledge about sexual and reproductive health and build their skills in healthy behaviors.

13. Evaluate.

    Evaluation can be done at the end of each day as well as at the end of each lesson and the entire curriculum. Different evaluation techniques can be used to assess the progress and effectiveness of the training. For example, the following techniques may be used:
    - *Mood Meter* — a chart that shows an everyday measurement of the mood and atmosphere in the group
    - *Flash Feedback* — feedback from participants on their experience during the day/ lesson and new things they learned
    - *Questionnaire* — a list of questions that measure range of knowledge and skills of the participants as well as assess their satisfaction with the training course. A questionnaire can be used for a pre-post test evaluation.

    Pre-post test evaluation can be used to assess a change in knowledge of youth who have participated in the training. A sample of a pre-post questionnaire is provided in Annex H. The results of the test should be discussed with the participants so that they can see their own growth and improvement.

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1. Personal Values

PERSONAL VALUES

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Become aware of values and priorities
- Articulate and explain personal values
- Examine the relationship between values and behavior

LESSON PREVIEW

- Explore the meaning of 'value'
- Explain different influences on forming values
- Demonstrate that people have different values
- Discuss why people behave either according to their values or against them

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk)
- List of unfinished sentences and tangible/intangible things
- Poster: "Value"
- Value statements and three signs, List of "Miracle Workers"
- List of "Family Values"

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare the list of unfinished sentences, and the list of tangible and intangible things
- For Information to Share: Prepare a poster with meanings of 'value'
- For Group Practice: Prepare value statements and three signs and hang the signs in different places around the room; Prepare list of "Miracle Workers"
- For Personal Application: Prepare a list of "Family Values"

PREREQUISITE SKILL OR LESSON

- None

AGE GROUP OF PARTICIPANTS

- All ages

LENGTH OF LESSON

60 minutes

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LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration and Discussion (10 minutes)

1. Give each participant a blank piece of paper and then show them the three unfinished statements below on a piece of chart paper or on the board. Ask each participant to complete the sentences on their piece of paper. Give them 2 minutes to complete the sentences.

- The characteristic I would like to develop is….
- If I had a million rupees I would…
- The most important characteristic in a friend is…

2. Tell the group that they will return to these sentences at the end of the lesson.
3. Divide participants into three groups. Explain that each group will be given a situation and a task.
4. Describe a situation: "An airplane crashes in a certain place: mountains, city, or forest. We are all survivors. What do we need to survive until we are found?"
5. Assign a different crash site to each group and ask them to choose seven items from the list below of tangible and intangible things that they need to survive.
   - Money
   - Health
   - Ax
   - Rope
   - Courage
   - Books
   - Food
   - Cloth
   - Trust
   - Honesty
   - Friendship
   - Water
   - Car
   - Kindness
   - Respect
   - Light
   - House
   - Respect
6. Ask each group to share what things they selected for their situation.
7. Write the word "value" on a flipchart. Explain that each of the items or qualities that they chose has a value. Tell the group that this lesson will help them to learn about and explore their own values.

INFORMATION TO SHARE

Leader Input and Large Group Practice (10 minutes)

1. Explain that 'value' has several meanings. One is the actual monetary worth of an object (tangible values) and another is a personal measure of worth (intangible values), such as how important certain objects, beliefs, principles or ideas are to someone.

2. Go back to the previous activity and ask the participants to give examples of tangible and intangible values that they selected to survive at their crash sites.
3. Provide more examples of intangible values such as:

- Be honest with yourself and the others.
- Treat everyone with respect.
- Girls have the same rights as boys and should be treated equally.
- Education and skills are important to get a job.

4. Explain that values are:

- Qualities, characteristics or ideas about which we feel strongly and consider the most important.
- A belief that someone or something is worthwhile.
- Standards that you use to make choices and that guide your behavior in life.

5. Ask several students to share some of the things they did during their free time over the past week. List their answers on the board. Point out that what we choose to do with our time also has to do with our values.
6. Explain that:

- Values give direction and consistency to behavior.
- Values help you know what to make time for and what not to.
- Values establish a relationship between you and the world.
- Values set direction for one's life.

7. Tell the group that our values are influenced by many factors: our families, school, society, friends, TV, church, culture, and environment. At different ages, different people and things have a different level of influence.
8. Summarize the discussion by highlighting that:

- Values are things that we believe in and support.
- Our values are shaped by everything and everyone around us.
- Values often influence the decisions and choices we make.

GROUP ACTIVITY/PRACTICE

Group Practice (30 minutes)

1. Prepare five value statements for the group activity. Make sure that the statements are appropriate for the country context. Suggested statements include:

- In a family, financial support is a man's responsibility.
- People with HIV and AIDS do not have to tell their sexual partners that they are infected.
- Having a good education and a job is important.
- Since it is the girl who gets pregnant, it is her responsibility to use birth control.
- Young people can make positive changes in their communities.
- A family with many children is better than a family with fewer children.
- Boys and girls are treated equally in schools and at home.
- Waiting to have sexual intercourse until you are married is a good idea.
- You should have sex only with someone you truly love.

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- Making money makes you happy.

2. Post signs marked “Agree,” “Disagree” and “Not sure” in three spots around the room.
3. Explain that the participants will be asked to express their feelings about particular values. Go over the instructions for the activity:

- Each statement will be read aloud to the group. Each statement is either for or against a particular position.
- When the participants hear a statement, each of them should decide whether he/she agrees, disagrees or is unsure about it.
- When they are told, they should find the sign on the wall that matches their position about the statement and stand beneath the sign.

4. Outline the guidelines for this activity:

- There is no right or wrong answer, only opinions based on your values.
- All are entitled to different opinions.
- The participants should not influence each other’s decision and should respect a person who has different values than their own.

5. Read the first statement and have the participants move to their positions. Then, beginning with the minority’s viewpoint, ask 2 to 3 volunteers at each position to explain why they chose to stand there. Keep the discussion to no more than 2 minutes. Help teens who seem to be articulating one value position, yet standing in another, to sort their positions out.
6. Repeat the process with four more statements. The processing statement and sharing reasons for participants’ positions is the most valuable part of the exercise.
7. Discuss the exercise with the participants by asking them:

- Was it easy to make a decision? Why? Why not?
- Did you feel like changing your position after seeing your friends move somewhere else? After listening to others views?
- Do you think peer pressure influences people’s decisions in other situations?
- What position do you think your parents would have chosen?

8. Tell the group that you have 5 friends who are known as “miracle workers” and they have agreed to provide their services to the class members. Their extraordinary skills are guaranteed to be 100% effective. Explain to the participants that it is up to them to decide which of these people can best provide them with what they want.
9. Put the names of the miracle workers on a board and briefly explain what each of them can do for the participants.

- *Dr. Bodyshape*: A famous plastic surgeon who can make you look exactly as you want to look by means of a new painless technique.
- *Baron Job Brien*: An expert in education and job placement who can provide you with a job or college of your choice.
- *Dr. Luke Love*: An expert in love and harmony. Your life will be filled with love and harmony.
- *Dr. Aibolit*: He will provide you with perfect health and protection from physical injuries throughout your life.
- *Pop Larity*: He guarantees that you will have friends you want now and in the future.

10. Ask the participants to work individually and choose the three miracle workers that will help them achieve their ideal life. They can write their selections on a piece of paper or think quietly about their choices.

11. Ask for three volunteers to share their choices with the group. Help them to articulate why they made this choice. Thank the volunteers.
12. Ask participants:

- How did this exercise reflect on your values?
- Do you think people may change their values throughout their lives?
- Why is it important to respect other people's values?
- Are our behaviors (choices and decisions) in line with our values?

13. Summarize by emphasizing that:

- Values are personal.
- Values may change as experience changes.
- Respecting someone else's values system encourages his/her respect for your values.

PERSONAL APPLICATION

Discussion (10 minutes)

1. Ask the participants to look at the sentences that they completed at the beginning of the lesson and tell them that these sentences represent the values that the participants currently have. Ask them if they would like to change anything in the completed sentences.
2. Ask the participants to raise their hands if they want to make any changes. If there are some students that want to make changes, ask them to explain how they would change their initial answers.
3. If no one wants to make any changes, ask them to look at these sentences in a few weeks or a month and see if they are still valid for them.
4. Tell the participants that you want them to examine their values and the values of adults in their environment. Give them a list of values and tell them to write (or, if illiterate, tell a friend) their own perception of each of the values and then ask an adult (i.e. teacher, matron, trainer) about at least three values.
   - Grades in school
   - Getting engaged
   - Using drugs or alcohol
   - Graduating from school
   - Getting married
   - Getting a job
   - Going to university
   - Making money
5. The question for the participants is: "Does your perception agree with the values of the adult whom you consulted?"

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2. Puberty

PUBERTY

LEARNING OBJECTIVES

PARTICIPANTS WILL

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

LESSON PREVIEW

- Demonstrate what changes happen to boys and girls during puberty
- Explain what puberty means and the reasons for the changes
- Explore various emotional and physical changes at puberty and how to cope with them

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk), cards or strips of paper
- Role-play scenarios and chart paper with body images drawn out

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare body image of a girl and a boy using chart paper
- Read "Leader's Resources: Puberty" (Annex A)
- For Group Practice: Prepare role-play for each pair

PREREQUISITE SKILL OR LESSON

- Personal Values
- Negotiation skills
- Listening skills

AGE GROUP OF PARTICIPANTS

- 10–18 years old

LENGTH OF LESSON

60 minutes

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LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (10 minutes)

1. Ask participants to draw a body image of a girl when they are 5 years old, and then a second picture of a girl when they are 16 years old. Give them about 5 minutes to complete.

(At the same time the trainer should draw a boy at ages 5 and 16)

2. Ask participants to discuss changes in physical appearance they see in boys and girls during puberty.

- What visual physical changes they see in boys and girls between 5 and 16 years old?
- What changes happen by age 16 that they can't see? (For example: voice, emotions, wet dreams, menstruation).

INFORMATION TO SHARE

Leader Input and Large Group Practice (20 minutes)

1. Explain what puberty means:

   Puberty is a time when the bodies of boys and girls change, when bodies grow bigger and taller, genitals develop, and body hair appears. Puberty happens because new chemicals (hormones) are developing in the body, turning young people into adults. Usually puberty starts between ages 8 and 13 in girls and between ages 10 and 15 in boys, although some young people start puberty earlier or later. Typically, but not always, girls begin puberty two years earlier than boys. During puberty, girls become physically able to become pregnant and boys become physically able to father a child. If you are concerned about your developing body, ask to speak with a trusted adult or health provider.

2. Explain erection, ejaculation, and wet dreams during puberty.

- What Is an Erection?

  An erection occurs when the penis fills with blood and becomes hard and straight. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys often do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning. While asleep at night, a boy's penis will probably become erect and then go down about five to seven times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate.

- What Is Ejaculation?

  Ejaculation is when semen comes out of a boy's or man's erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the boy grows into a man, he begins making a larger amount of mature sperm, and his ejaculation will probably become more whitish. Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce

sperm and continues to produce them throughout his entire life. If the sperm is ejaculated into the woman's vagina, she may become pregnant. The ejaculate can also carry diseases that could infect and harm a woman.

- What Is a Wet Dream?

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

3. Explain what emotional changes they may experience during puberty. Emphasize that physical and emotional changes experienced at puberty are normal.
4. During puberty, young people might feel overly sensitive or become easily upset and experience mood swings. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression they may have.
5. Explain about sexual feelings. Emphasize that sexual feelings are normal.
   - During puberty, it is normal to become more aware of the opposite sex and to feel more sexual.
   - In boys, the main sign of sexual feelings is an erection of the penis.
   - In girls, it is wetness of the vagina.
   - Sexual feelings can come from reading a romantic novel or thinking about another boy or girl.
   - Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older.

GROUP ACTIVITY/PRACTICE

Paired Practice (20 minutes)

1. Divide the participants into small groups of 4 people. Assign one role-play to one pair in each group.
2. The pairs will act out the situation in their group using the information they have learned. While one pair presents the role-play, the other pair should watch and make notes if the information provided is correct. Encourage the participants to be creative. Give participants 5 minutes to prepare each skit and 3 minutes to perform it.

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

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

Role-Play 3: One person plays a 14-year-old girl and the other plays her older sister. The girl is worried about her relationship with her friends and she can't understand why her friends do not want to spend time with her anymore. The sister explains that one reason could be the girl's rude behavior towards her friends, letting her know about emotional changes during puberty and advising her how to control her anger and negative emotions.

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Role-Play 4: One person plays a 13-year-old boy and the other plays his older brother. The boy has feelings for a girl but he does not know how to express them and teases her all the time. The older brother has witnessed the scene between the boy and the girl. He talks to the boy about relationships with girls and how to express his feelings.

3. While the participants work in pairs, the facilitator should observe them and if necessary provide help with unclear situations.
4. At the end of the exercise ask them:

- Did they feel comfortable discussing these issues?
- What was the most challenging topic for you?
- What life skills could help you in performing these role-plays?
- What information do you need to answer your friends' questions about puberty?

PERSONAL APPLICATION

Discussion (10 minutes)

1. Ask the participants what information and life skills they have learned that will help them to cope with emotions and physical changes during puberty.
2. Emphasize the following points:
   - All of the physical and emotional changes that happen at puberty are natural.
   - Each person develops at an individual pace. It is important not to tease or make fun of others that develop either earlier or later.
   - Young people often feel clumsy and uncomfortable because of the rapid changes in their bodies.
   - During puberty a girl becomes physically able to get pregnant and a boy is physically able to father a child.
3. Ask the participants to whom they could go with the questions or worries about puberty. Encourage them to talk to trusted adults, family, health providers, and facilitators.

3. Reproduction Review

REPRODUCTION REVIEW

LEARNING OBJECTIVES

PARTICIPANTS WILL

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

LESSON PREVIEW

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

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk) tape, color cards
- Jigsaw puzzle
- Role-play scenarios
- Myth & fact cards
- Pictures of reproductive systems

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare a picture of the female reproductive system and a picture of the male reproductive system, omitting names of the parts
- For Group Practice: Prepare a jigsaw puzzle for the male and female reproductive systems and cards with the names of reproductive organs
- For Role-Play: Prepare role-play scenarios for each pair. If possible, use local examples or situations for the role-plays
- For Paired Practice: Prepare hygiene practices/explanations for boys and girls
- Review the lesson content on anatomy of male and female reproductive systems
- For Personal Application: Prepare Myth and Fact cards

PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty

AGE GROUP OF PARTICIPANTS

- 10-18 years old

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LENGTH OF LESSON

90 minutes

LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (20 minutes)

1. Divide participants in two groups. Give them two female reproductive system puzzles and ask them to set it up during the time period. (Time: 10 minutes)
2. Each group will receive a poster of the female reproductive system.
3. Each group should name the parts of the male or female reproductive system. The participants can name the organs with words they know except for swear words.

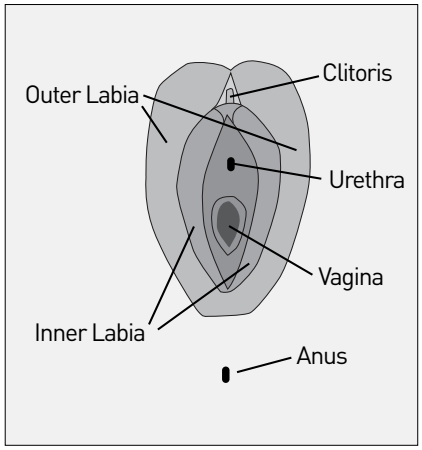
Give the groups 5 minutes to complete the task.

4. Ask each group to show their results. Leave the pictures on the wall for the next session.

INFORMATION TO SHARE

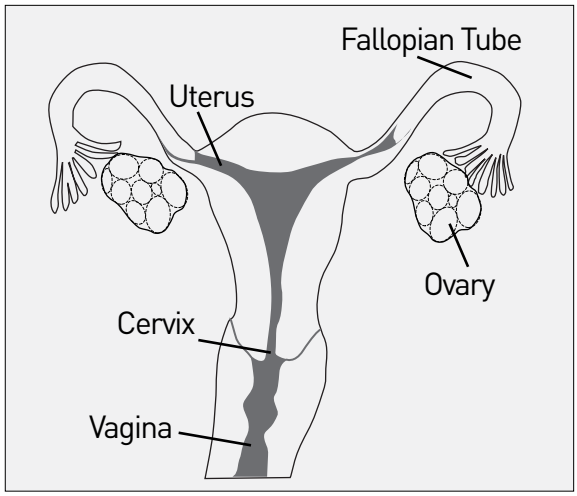
Leader Input and Large Group Practice (20 minutes)[3]

1. Ask the girls if they have heard any stories or myths about the female reproductive body parts or about the changes girls go through during puberty. Make note of their responses and ensure that you correct any misinformation during the lesson.
2. Go back to the results of the small group activity. Tell the participants that they should review their answers based on the information they will receive.
3. Proceed with the discussion of the female reproductive system. Make sure that you start with the outer parts. Read the name on the poster prepared by participants first and then place the card with the proper name and ask participants to read it aloud. After they read the name give a brief explanation of the part.
   - *Clitoris*: Small organ at the upper part of the labia, which is sensitive to stimulation
   - *Labia majora (outer labia)*: Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule
   - *Labia minora (inner labia)*: Two folds of skin between the labia majora that extend from the clitoris on each side of the urethral and vaginal openings
   - *Urethra*: Short tube that carries urine from the bladder (the place where urine is collected in the body) to the outside of the body
   - *Urethral (urinary) opening*: Spot from which a woman urinates
   - *Vaginal opening*: Opening from the vagina where menstrual blood leaves the body



3 Adapted from "Life Planning Skills":, African Youth Alliance, 2004

- *Vestibule*: Area of the external female genitalia that includes the vaginal and urethral opening (not shown above)
- *Vulva*: The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule (not shown above)



2. Continue with the inner reproductive parts explaining the process of fertilization and introducing menstruation:
   - *Cervix*: Lower portion of the uterus, which extends into the vagina
   - *Fallopian tubes*: Tubes that carry the egg from the ovaries to the uterus
   - Fertilization: Union of the egg with the sperm
   - *Menstruation*: The monthly discharge of blood and tissue from the lining of the uterus
   - *Ovaries*: Two glands that contain thousands of immature eggs
   - *Ovulation*: The periodic release of a mature egg from an ovary
   - *Secretion*: The process by which glands release certain materials into the bloodstream or outside the body
   - *Uterus*: Small, hollow, muscular female organ where the fetus is held and nourished from the time of implantation until birth
   - *Vagina*: Canal that forms the passageway from the uterus to the outside of the body

3. Explain what menstruation is: You can start the discussion by telling the girls that they will begin to hear people say "she is a big girl now" once they reach the years of puberty. Ask them whether they know why people say that, and explain that it is actually the time when menstruation begins. This period of time is like what spring and summer are to plants; it's a time when a girl's body will grow and change quickly.

   Menstruation is the normal, healthy shedding of blood and tissue from the uterus. It is also called a woman's "period." It usually lasts between three and seven days. Sanitary pads or tampons can be used to absorb a menstrual flow. Menstruation happens for most women about once a month. Some girls may begin to menstruate as early as age nine or ten, but others may not get their first period until a few years later. Menstruation is a sign that a woman can possibly become pregnant if she has sexual intercourse. Women stop menstruating during pregnancy but then start again after they have the baby.

4. Ask the girls whether they have heard any stories or myths about the male reproductive body parts or the changes that happen to boys during puberty. Make note of their answers and ensure that you correct any misinformation during the lesson.

5. Continue with describing the male outer reproductive parts. Read the name on the poster prepared by participants first and then place the card with the proper name and ask them to read it aloud. (Repeat it several times.) After they read the name give a brief explanation of the part.
   - The *scrotum* is a muscular sac hanging between the man's thighs. The scrotum holds the testes and regulates temperature compatibility with the mobility of sperm. It tightens when temperature is cold and loosens when warm.
   - The *testes*, also called testicles, are two balls that sit in the scrotum and produce sperm and the male hormone called testosterone. (Extra emphasis should be given to this point.)

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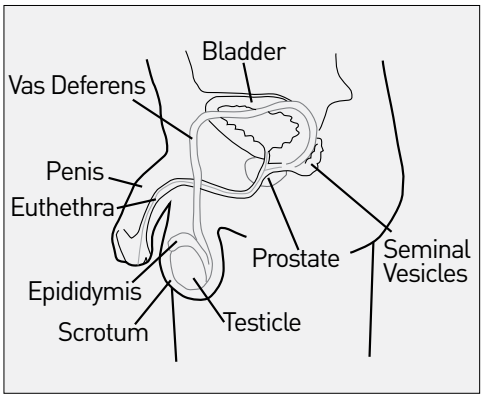
- The *penis* is the male outer sex organ. The penis is made of spongy tissue with many blood vessels. Inside the penis there is a tube called the urethra that has an opening at the end. The urethra has two main roles: 1) it carries urine to the outside of the body; and 2) it allows semen to pass during sexual excitement.
- The *foreskin* is the skin that covers the head of the penis. This is the skin that is removed during circumcision.



6. Continue with the inner reproductive parts:
   - The *epididymis* stores the sperm until they are mature. Once the sperm is mature it travels along the tube called the vas deferens.
   - *Vas deferens* is the tube that carries sperm from the epididymis to the seminal vesicle. It acts as a passageway for sperm.
   - The *seminal vesicles* are two pouches containing some fluids that nourish the sperm.
   - The *prostate gland* produces lubricating fluid for sperm. Semen contains the sperm, the nourishing fluid from the seminal vesicles and lubricating fluids from the prostate gland. Semen is the fluid that leaves the man's body through the urethra during the sexual excitement.
7. Write down all organs on the white board and ask them what each organ does.
8. Ask the participants to think back to what they learned in the previous lesson and explain erection, ejaculation, and wet dream.
9. Divide participants in two groups. Give them two male reproductive system jigsaw puzzles and ask them to set it up during the time period. (Time:10 minutes)
10. Ask participants if they have any questions about the male reproductive system. Answer the questions.

GROUP ACTIVITY/PRACTICE

Role-Plays (20 minutes)[4]

1. Divide the participants into groups of 4. Assign one role-play to one pair in each group. If there are too many pairs, more than one pair can do the same role-play if they are in different groups.
2. The pairs will act out the situation in their group using the information they have learned. While one pair is presenting the role-play, the other pair should watch and make notes if the information provided is correct. Encourage the participants to be creative. Give participants 3 minutes to prepare their skits and 5 minutes to perform.

Role-Play 1: One person plays the aunt; the other plays a 12-year-old girl. The girl is worried because she has not yet gotten her period , but her friends have. The aunt comforts the girl and explains to her why she may not have gotten her period yet.

Role-Play 2: One person plays a 10-year-old girl; the other plays the older sister. The girl has stained her clothes with menstrual blood and is frightened because she began her period and does not understand what it is. The older sister explains what menstruation is and why it is happening and comforts her and tells her that every

woman has an occasional spot on her clothes and explains what she can use to prevent spotting.

Role-Play 3: One person plays the father; the other plays the 13-year-old son. The son is worried because he keeps waking up, and the bed is a little wet. He asks his father what is wrong with him. The father explains to him what wet dreams are and that they are normal.

Role-Play 4: One person plays the older brother; the other plays a 12-year-old boy. The boy is worried because he ejaculated and now thinks his sperm is floating in the air and might get someone pregnant. The brother explains to him about wet dreams and ejaculation.

Paired Practice (10 minutes)[5]

1. Form 2 groups. Give each group a handout with the following chart.
2. Ask participants to match each practice with an explanation. Give them 5 minutes for discussion.

1. Using deodorant/or cleaning under arms	**A. Keeps the body odor-free**
2. Using facial cleanser/soap	**B. Can help with body odor**
3. Washing hands after using the bathroom	**C. Prevents spreading diseases**
4. Changing sanitary pads and/or tampons regularly	**D. Can help prevent acne**
5. Frequent bathing	**E. Prevents infection, keeps genitals clean**
6. Wearing clean underwear	**F. Avoids infection, keeps genitals clean**
7. Washing genital area every day	**G. Protects genitals from germs and prevents odor**

Answer Key: 1.B, 2,D, 3.C, 4.E, 5.A, 6.G. 7.F.

3. When participants finish the exercise, give them the correct answers. If needed, explain the hygiene practices.

1. Using deodorant/or cleaning under arms	**Can help with body odor** Regular bathing and wearing clean clothing will usually keep a person smelling clean and fresh. Deodorants are designed to cover up unpleasant body odors; antiperspirants are designed to absorb perspiration in the armpit and reduce underarm wetness. Each person should decide whether his or her body odor or amount of perspiration requires the use of one of these products.
2. Clean underwear	**To avoid infection and keep genitals clean** Wearing clean underwear protects genitals from germs and prevents odor.

4 Adapted from "My Changing Body: Fertility Awareness for Young People", FHI and Institute for Reproductive Health of Georgetown University, 2003
5 Adapted from "Life Planning Education: A Youth Development Program", Advocates fro Youth, 1995

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3. Using facial cleanser/ soap	**Can help prevent acne** Facial cleanser removes excess oil and eliminates blackheads that can cause acne. Regular soap may cause dryness of skin and worsen acne.
4. Washing hands after using the bathroom	**Prevents infectious diseases** Washing your hands is the best way to stop germs from spreading. It's easy for a germ on your hands to end up in your mouth causing various diseases such as dysentery or hepatitis A.
5. Changing sanitary pads and/or tampons regularly	**Prevents infection** Sanitary pads and tampons are used to absorb blood during menstruation. Regular change of the sanitary pads and tampons reduces odor, keeps the genitals clean and prevents risk of bacterial infection.
6. Frequent bathing	**Keeps the body odor-free** Oil and sweat glands in boys' and girls' bodies become active at puberty, so frequent bathing or showering is important to keep the body clean and free of odor.
7. Washing genital area every day	**Prevents infection** It is important for boys and girls to wash their genital area every day before they go to bed. Proper cleaning of genitals prevents infections and inflammations of reproductive organs.

6. At the end of the activity, the small groups will grade themselves. Those who match the most practices correctly are the winners.

PERSONAL APPLICATION

Individual Activity (20 minutes)

Ask each girl to draw a picture of the female reproductive system, present it to the group and turn it in to the instructor.

Note: At the end of the lesson, ask the girls to be prepared to do the male reproductive system presentation next week.

4. Teenage Pregnancy

TEENAGE PREGNANCY

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Recognize the consequences of early pregnancy
- Understand the fertilization process
- Understand what constitute risky sexual behaviors
- Practice decision-making and refusal skills

LESSON PREVIEW

- Discuss the consequences of teenage pregnancy
- Explain how pregnancy happens
- Discuss risky behavior and skills to prevent it
- Practice skills for making decisions about sexual behavior

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk)
- Posters with male and female reproductive systems
- Situations for small group practice

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare statements
- For Information to Share: Prepare posters of the male and female reproductive systems (or use the flip charts created during the Reproductive Review lesson); and if possible, use a video to demonstrate the fertilization process
- For Small Group Practice: Adapt situations to ensure they are relevant to participants' age and culture
- For Personal Application: Research youth-friendly resource and service providers that participants can contact for help or more information

PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty
- Reproduction Review
- Refusal skills

AGE APPROPRIATENESS

- 10–18 years old

LENGTH OF LESSON

80 minutes

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LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (25 minutes)

1. Begin the class by asking the girls to think back to the previous lesson and draw a picture of the male reproductive system, present it to the group and turn it in to the instructor.
2. Once the participants have finished their presentations, write the following statement on pieces of paper and fold the paper in half:

   - You just found out that you are pregnant.
3. Give each participant a folded piece of paper. Tell them not to unfold it.
4. Ask participants to think about 2-3 goals that they have for their future. Ask them to share these goals in pairs. Allow five minutes for this sharing to take place.
5. Ask them to unfold the pieces of paper and read the statements.
6. Ask participants to think about their goals and whether an unplanned pregnancy would present challenges to achieving these goals. Why or why not? Give them a few minutes to think about this.
7. Emphasize that pregnancy is an exciting moment when a couple plans for it and is ready to have a child. But raising a child always requires sacrifices and can change or delay plans.

Questions:

- How did this exercise make you feel?

Leaders' Note: It is important to take a sensitive approach to this activity. Emphasis should be placed on the added challenges of pregnancy but care should be taken to ensure that no participant feels as though their plans/ dreams are impossible as a result of unplanned pregnancy

INFORMATION TO SHARE

Leader Input and Large Group Practice (25 minutes)[6]

1. Tell the participants that they are going to discuss how pregnancy happens.
2. Show the students posters of male and female reproductive organs and ask two volunteers to make a brief overview of male and female reproductive organs.
3. Explain the steps of pregnancy development.

Leaders' Note: You can use an educational video on conception and fertilization such as "egg and sperm journey" from PBS: http://www.pbs.org/wgbh/nova/miracle/program.html

About once a month, one ovary releases an egg. This is called ovulation. This is the time when a woman is fertile and can become pregnant. Once the egg leaves the ovary, it begins to travel through the Fallopian tube, making its way to the uterus (womb). When a male and female have sexual intercourse, semen comes from the

6 Adapted from "Life Planning Skills":, African Youth Alliance, 2004

male's body. The semen carries sperm in it. A sperm is very little. If a man ejaculates during sex, the sperm are left in vagina. Even if he does not ejaculate, sperm still can be left in the vagina in the semen. Sperm can move on their own. They swim up through the cervix into the womb and into tubes, looking for the female egg. If a female egg is in the tubes at this time, the sperm may find it.

When one sperm joins the egg it is called fertilization. The fertilized egg travels in to the womb and settles into the soft part on one side of the womb. This is called implantation. A fertilized egg can grow into a fetus and that is pregnancy.

4. Explain that any girl who reaches puberty can become pregnant. This is true even if it is the first time a girl is having sex.

Leaders' Note: Place extra emphasis on the point that a girl ***can*** *get pregnant the first time she has sex if she has reached puberty.*

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

   a. Missed menstrual period

   b. Changes in the body: fuller and more tender breasts; bloating; morning sickness

   c. Positive pregnancy test

   d. Ultrasound exam

6. Ask the participants if they have any questions and discuss the information they received. Give 10 minutes for questions. Examples of questions and answers are:[7]

- When is a woman able to become pregnant?
  - A woman can become pregnant when she has an ovulation that happens only during certain days of each menstrual cycle, usually in the middle of the menstrual cycle.
- Can a girl become pregnant during her period?
  - Yes, it is possible although not common. It depends on the length of her menstrual cycle; how many days her period lasts; and when she has sexual intercourse; because the sperm can stay alive up to five days in the body.
- Can a girl become pregnant before she has her first period?
  - Before a girl's first period, her ovaries release the first egg during ovulation. She can become pregnant if she has sexual intercourse around the time of her first ovulation, before the first menstruation.
- What determines the sex of a baby?
  - Chromosomes define the sex of a baby. There are two types of chromosomes: X and Y. If the sperm contains a Y chromosome, the child will be male; if it contains an X chromosome, the child will be female.

7. Emphasize that pregnancy can have a negative impact on the health of girls who are under 20 years of age because their bodies are not yet ready for childbearing.[8]

- Early childbearing may be life-threatening to both the mother and the child. Mothers younger than 17 years of age face an increased risk of maternal mortality (death) because their bodies are not yet mature enough to bear children.
- Young mothers can also have complications during pregnancy such as anemia, toxemia, miscarriage, and premature birth.
- Teen mothers' deliveries are more often complicated by obstructed labor and bleeding, which may lead to death of the mother and/or child, or to maternal morbidity

7 International Youth Foundation. Maisha Bora: A Peer Education Manual on RH, STIs and HIV/AIDS. Baltimore: IYF, 2006
8 "The Impact of Early Pregnancy and Childbearing on Adolescent Mothers and Their Children in Latin America and the Caribbean, The Facts", Advocates for Youth, 1997.

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such as fistula.

- Children born to teenage mothers are more likely to be premature, be of low birth weight, and suffer from retarded fetal growth.

8. Abortion is the ending of pregnancy before the fetus is viable. A pregnancy that ends on its own is called a miscarriage. An abortion may be induced — that is, a woman or girl may seek to end a pregnancy. In most countries, induced abortion is legal under some or all circumstances. Where it is legal, it tends to be safer. Where abortion is criminalized, unsafe procedures are common, and women and girls suffer health complications. In many places, abortions are performed by people who lack the necessary skills. Often they are performed in an environment that does not meet minimum medical standards. In these situations, abortion carries great risk. Globally, nearly half of all abortions are unsafe, and nearly all of these (95 percent) are performed in developing countries. The risk is often greatest in rural areas. As a result, nearly 70,000 women and girls die every year from complications of unsafe abortion. These deaths are preventable.

9. Ask participants what social impact a pregnancy would have on young mothers and young fathers. Write their answers on the board. Add the following information if it has not been mentioned:

   a. A young mother and young fathers may drop out of school.

   b. A young mother may feel isolated and rejected by community.

   c. Society may blame a young girl for becoming pregnant.

   d. Young mothers have more responsibilities in the family and less time for education and spending time with peers.

   e. Young mothers have an increased risk of poverty due to a lack of education and job skills.

   f. Young mothers may experience domestic violence either in her own family or in the family of her spouse.

10. Tell participants that now that they understand the consequences of teenage pregnancy, it is important to understand what behaviors can lead to unwanted pregnancy.

11. Ask participants to brainstorm about situations and factors that can lead to risky behaviors resulting in an unintended pregnancy. Write down their ideas on the board or flipchart. For example:
    - Peer pressure to have sex
    - Curiosity to have sex
    - Drinking alcohol and using drugs
    - Not knowing the risks related to unprotected sexual intercourse
    - Exchanging sex for money or present

12. Continue the discussion with a question on what can be done to prevent a teenage pregnancy. Refer them to the list of risky behaviors they identified earlier. Give participants five minutes to discuss the issues. Possible answers may include:
    - Abstain from sexual relationships until you are ready to have a family.
    - Practice safer sex (use of condoms and other methods of contraception).
    - Resist peer pressure to drink alcohol or use drugs that can lead to poor decisions such as having unprotected sex.

13. Continue with the message that abstinence for adolescents should be their first choice. However, if young people have already engaged in sexual relationships, they should protect themselves from unintended pregnancy and STIs, including HIV/AIDS.

14. Tell the group that they will learn about methods to prevent unwanted pregnancy in the next lesson.

TEENAGE PREGNANCY

GROUP ACTIVITY/PRACTICE

Small Group Practice (25 minutes)

1. Divide participants into small groups, with four people in each group.

Each small group will receive a a role-play. At the end of the role-play participants will discuss the situations and answer the following questions:

- What is a challenge that a main character is faced with?
- What are his/her choices? List all of them.
- What are the consequences of each choice?
- What is the decision?

Role-play #1: Sarath and Kumari are 17 years old. Kumari meets Sarath at a musical show and she really attracted to him. She was looking at him several times and he came over and talked with her. He asked her to meet him somewhere alone. She really likes him but she is not sure that she is going to meet him alone. She is worried because if he asks her to do something she isn't comfortable with, what should she do? She really likes him but she doesn't want to have sex. But she is afraid that if she rejects the request she is going to miss the opportunity to be with him.

Role-play #2: Shashika and Gihan meet at a garment factory. They both like each other. One day Gihan stops at Shashika's house when she is home alone. Shashika knows that she is not allowed to have boys over when she is alone. But Shashika likes Gihan and wants to spend more time with him. Shashika cannot decide if she should let Gihan stay and watch TV together or ask him to leave now.

Role-play #3: Gamini and Priyanthika met each other while they travel to the town by bus. They have known each other for six months now. Recently Gamini insisted on having sex to prove their love until they get married. Priyanthika does not want to lose Gamini and she really trusts him. So she agrees but is not sure that she is ready and she is afraid of becoming pregnant before marriage.

Role-play #4: Piumi and Ruwani are best friends and don't keep any secrets from each other. Piumi has noticed that Ruwani has become nervous and depressed. Piumi asked her friend what's going on. Ruwani tells her that she had sex with her partner some time ago and now she is worried that she may be pregnant because she missed her period, and it has already been a month.

PERSONAL APPLICATION

Discussion (5 minutes)

1. Discuss with participants: What are the things one should think about before getting pregnant?

   Answers should include:
   - To be ready emotionally
   - To be ready physically
   - To be ready financially

2. Provide participants with contact information for the Family Planning Association of Sri Lanka.

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5. Contraception

CONTRACEPTION

LEARNING OBJECTIVES

PARTICIPANTS WILL

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

LESSON PREVIEW

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

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk)
- Handout "Word Puzzle Game" (Annex B)
- Handout "Contraceptive Worksheet" (Annex C)
- Handout "Information on contraception methods" (Annex D)
- Role-play Scenario Handout (Annex E)
- Handout "Standard Days Method "

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare a word puzzle game (in local language)
- For Information to Share: Prepare handouts "Contraception — Worksheets Handout" (Annex C) and "Contraception — Methods Handout" (Annex D); collect example of contraceptives available in the community/county
- For Group Practice: Prepare "Contraception — Role-Play Handout" (Annex E) Adapt the role-play to make it relevant to participants' age and culture
- For Personal Application: Prepare questions on white board/flip chart
- For Information to Share: Map clinics and agencies in the community where youth can go to get Family Planning information, services and STI/HIV/AIDS counseling and testing

PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty
- Reproduction Review
- Teenage Pregnancy
- Decision-making Skills

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AGE APPROPRIATENESS

- 10-18 years old

LENGTH OF LESSON

60 minutes

LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (5 minutes)

1. Greet participants. Tell them that they will work individually. Explain to the group that they need to find twelve words in a word search puzzle. Tell them that words can be written in the puzzle vertically, horizontally, diagonally or backwards. A person who finds all words first will get a prize.
2. Give each participant the prepared "Word Puzzle Game" (Annex B). Tell the participants to raise a hand if they find all of the words.
3. Start the timer. Note the time for those participants who finish the game first. If nobody finds all words within three minutes, a winner will be a person who has a highest number of the words found.

Abstinence	**Pill**	**Condom**	**Contraceptive**
Spermicide	**Sterilization**	**Love**	**Talk**
Fertility	**Plan**	**Awareness**	**Wait**

Key:

S	T	E	F	E	R	T	I	L	I	T	Y	N	O	M	L	I	F	O	X
P	I	A	W	A	R	E	N	E	S	S	O	C	E	R	F	E	R	O	M
O	U	P	L	A	N	R	E	W	Q	I	E	W	P	I	L	S	C	V	B
N	Y	B	F	A	C	O	I	X	T	I	N	I	R	E	C	U	D	E	H
G	F	N	C	O	N	T	R	A	C	E	P	T	I	V	E	P	H	C	Y
E	D	S	N	R	P	A	Z	F	O	A	B	H	U	G	G	P	O	N	E
D	U	D	L	L	O	I	G	Y	F	F	M	D	I	A	L	O	V	E	T
C	O	C	E	R	L	D	L	R	E	F	O	R	S	T	S	S	U	N	A
M	W	I	T	I	A	T	D	L	R	E	C	A	W	D	U	I	U	I	L
O	C	E	R	V	I	C	A	L	C	A	P	W	M	A	B	T	A	T	K
A	B	E	S	A	A	M	G	A	R	H	P	A	I	D	K	O	L	S	S
I	T	A	W	A	Z	T	V	U	N	B	R	L	T	O	T	R	I	B	G
S	P	O	P	L	E	D	I	C	I	M	R	E	P	S	T	Y	H	A	K

4. Ask the group if these words give them an idea about the lesson. Ask them to share their guesses. Explain to the group that this lesson is about family planning

and they will learn about abstinence and other contraceptive methods and make decisions about family planning.

INFORMATION TO SHARE

Leader Input and Large Group Practice (30 minutes)

1. Explain that family planning means that people plan when to have children, using birth control and other techniques to implement that plan. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections (STIs) including HIV/AIDS, counseling and treatment of infertility.
2. Tell the youth that we all have different values and ideas about family size. Some people want to have large families; some don't want to have kids. And it is the right of each person to plan his/her own family, and to make decisions about when and how many kids to have. An important part of planning a family is birth spacing. After the birth of a child, it is important for the mother to wait at least TWO YEARS before becoming pregnant with her next child, to decrease health risks for both the mother and newborn. Both partners are responsible for children. Both partners are responsible for taking actions to avoid unplanned pregnancy.
3. Ask participants to name as many methods of contraception as they can. List their responses and add any they omitted. Emphasize contraceptives available in your country and region.

- Abstinence
- Pill
- Condom
- Injectables
- Withdrawal
- Rhythm
- Spermicides (cream, gel, film)
- IUD
- Norplant
- Diaphragm
- Sterilization: female and male

Provide participants with the Standard Days Method handout.

Leader's Note: It should be emphasized that withdrawal and rhythm methods have a much lower effectiveness rate and are not recommended contraceptive methods.

4. Tell the participants that contraception can be permanent and temporary. Permanent methods include sterilization female (tubal ligation) and male (vasectomy). Temporary methods include all other methods that can be long acting such as IUD and implants or short acting such as pills, injections, and spermicides.

Leader's Note: Emphasize that even if a person has had sex before, they can still practice secondary abstinence.

5. Tell the group that now they are going to learn about some specific methods of family planning.

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6. Divide the participants in six groups. Give each group a form of contraception. Some of the contraceptives to have on hand to distribute to the small groups include:

- Male condoms
- Spermicides
- Pills
- Emergency contraception pills
- A card with the word "Abstinence" on it

7. Give to each group the Contraception — Worksheet Handout (Annex C) and the Contraception — Methods Handout (Annex D). Tell the groups that they will have about 10 minutes to answer the questions on the worksheets about their method. Tell the youth that they later present their method to the entire class. Tell the participants that they can use freely any materials they need such as flipchart paper, markers, handouts, in their preparation for the presentation.
8. After 10 minutes ask each group to present their method (two minutes per group). The leader should listen carefully to each group answer in order to correct and/or complete information about each method. Thank the participants after their presentation.
9. Explain to the group that not all contraceptives protect from STIs and HIV/AIDS as well as pregnancy. To prevent both, it is important to use dual protection. Dual protection is a protection from unwanted pregnancy and STIs, including HIV/AIDS, through:

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

10. After the presentation tell the youth about clinics and agencies in the community where they can get family planning information and services.

Leader's Note: Stress that abstinence is the only method that prevents pregnancy 100%.

GROUP ACTIVITY/PRACTICE

Group Practice (20 minutes)

1. Ask for two volunteers (boy and girl). Give them the Contraception — Role-Play Handout (Annex E) and a few minutes to read it and get ready. The role-play should last about 5-7 minutes.

Leader's Note: If no one volunteers to play the roles, use the handout to read a situation and then discuss it with the participants.

2. While the volunteers are getting ready, explain to the participants that the volunteers will demonstrate a scenario that the group will discuss.

Role-Play: Ashen & Dilini

- Ashen and Dilini got engaged.

Ashen: You love Dilini and decided to get engaged until you both have enough money for a wedding. But you are very worried that Dilini will not agree to have sex with you. You believe that she should not have any doubts about your loyalty or intentions because you both already engaged.

Dilini: You love Ashen very much and being with him makes you very happy. You are considering having sex with Ashen but you don't know a lot about birth control and you are afraid to get pregnant before the party or wedding. You asked your friend Shashini about contraception and she said that birth control pills prevent you from ever being able to have a baby and that if you ask Ashen to use a condom he will think you don't trust him. She also said that she heard that a girl can't get pregnant the first time she has sex, so you shouldn't worry. You are still not sure whether it is a good idea to use the pills or condoms and you are too shy to go and get information from the pharmacist. You are also afraid to ask Ashen these things because you think that if you ask he will misunderstand and get upset. And what if he says "no"? What can you do? While you figure out what is best, you think that first you will just have sex with him and make him happy and worry about birth control later.

The Scene: The scene opens with Ashen and Dilini sitting on a couch and Ashen is asking Dilini whether she loves him. Dilini is ready to have a sexual relationship but she asks Ashen about what they should do to protect themselves and repeats the information given to her by Shashini. Ashen is ready to use condoms but only from time to time. He heard that it is not always dangerous to have unprotected sex.

3. After the demonstration ask the group the following questions:

- What is happening in the scenario (in your own words)?
- What risks are Ashen and Dilini taking? What are some possible consequences if they have sex?

  Possible responses might be:

(-)	(+)
Pregnancy	Feels good
STIs	Brings more intimacy to their relationship
Emotional regret	Satisfies curiosity
Stress on their relationship	
Problems with parents	

- How could Ashen and Dilini lower their risks and the chances for an unwanted consequence?

  Possible responses might be:
  - Abstain from sexual intercourse
  - Use contraception consistent and correctly

- What incorrect information did Dilini get from her friend? What other myths about contraception have you heard?

  Possible responses might be:
  - Birth control pills permanently prevent pregnancy, using condoms is a sign of distrust, and a girl cannot get pregnant the first time she has sex.
  - Other myths: birth control makes women fat, condoms can be lost in a woman's vagina and can travel through a woman's body requiring surgery; female sterilization causes menopause and a vasectomy leads to impotency; any hormonal contraception leads to cancer among women.

- What advice do you have for Ashen and Dilini?

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Possible responses might be:
- Talk about their needs and expectations with each other
- Abstain and find other ways to have quality time with each other
- Get more information about contraception from a reliable source
- Use contraceptives correctly and consistently

- Who should take primary responsibility for preventing a pregnancy?

Possible responses might be:
- Both Ashen and Dilini

Leader's Note: Give reinforcement when youth discuss responsible choices and give healthy advice. Correct misinformation as needed.

4. Ask the group about the best time a couple should talk about their sexual expectations for a relationship. Let participants to express their ideas and then emphasize that these conversations should take place BEFORE they have sex. These discussions should show maturity and responsibility.

PERSONAL APPLICATION

Discussion (5 minutes)

1. Display the following questions on a white board or flipchart:
- What methods do you think that you will use when planning a family?
- How will you involve your partner?
- Do you know where to go to get family planning?
- If a couple chooses not to have children, are they still a family?
- What is a responsible age to have a first child?
- Who is responsible for the children?
- Is it OK to use contraception if a couple does not yet want children?
- Whose responsibility is birth control, the man's or the woman's?
2. Explain to the participants that they should write down answers to these questions (if unable to write, the participant can sit and think about her answers quietly). Each of them should work individually.

6. Sexually Transmitted Infections

SEXUALLY TRANSMITTED INFECTIONS

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Understand the risk of contracting STIs
- Know common STIs and symptoms
- Know how to prevent STIs
- Know where to seek STI services

LESSON PREVIEW

- Recognize risky behavior for contracting STIs
- Explain how STIs are transmitted
- Inform about STIs and common symptoms
- Inform about STIs services available for youth

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk), cards or strips of paper
- Poster paper, markers, tape, glue
- Translated STI Handouts (Annex F) or existing booklets on STIs for youth
- Questions for quiz game
- Information on local STI clinics
- "In case of symptoms" information on flipchart

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare enough cards for all participants. Mark three cards with the message, "After you read this do not follow any of my directions until I say to return to your seats"; three cards with a small "c"; one card with a small "o", one card with a small "z" and one card with a small "x." Put a message "Follow all my directions" on the "c", "o", "z" and "x" cards
- For Information to Share: Translate Handout on STIs (Annex F) or find existing brochures on STIs in the local language. Prepare flipchart with STIs information
- For Group Practice: Prepare list of questions for a quiz game and "In case of symptoms" information
- For Personal Application: Prepare list of statements on flipchart or make individual copies for each participant

PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty
- Reproduction Review
- Teen Pregnancy
- Contraception
- Refusal Skills

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AGE GROUP OF PARTICIPANTS

- 10-18 year olds

LENGTH OF LESSON

60 minutes

LESSON PLAN

GENERATING INTEREST IN THE TOPIC

Demonstration (10 minutes)[9]

1. Give each participant one card with an Indian actress or actor's name. Tell them to keep the special instructions on their cards a secret and follow the instructions. Ask the group to stand and ask three other actors/actresses for their autograph on the card. Make sure they move around the room.
2. When all participants have collected three signatures have them take their seats. Ask people with the "o", "z" and "x" on their cards to stand up. Now tell the group to pretend that the actor/actress with the card marked "z" was infected with gonorrhea, and instead of just signing the card that person had unprotected sexual intercourse with the three people whose signatures she collected. Do the same with the card marked "o"-Chlamydia, and the card marked "x"-genital herpes.
3. Ask everyone who got the signatures/autographs of those actors/actresses to stand up. Ask everyone who got a signature of a standing person to stand up. And so on until everyone is standing except for those participants who have card with a message not to follow the instructions.
4. Ask participants who had "c" on their cards to raise their hands. Explain that fortunately these people used condoms and were not at significant risk for sexually transmitted infections as the rest of the group.
5. Have participants sit down and ask those with the card "Do not follow my directions" to stand up. Explain that these people abstained from sexual intercourse and were protected from sexually transmitted infections.

Leaders' Note: There are many versions of this game concept. For example: In one version, glitter is secretly applied directly to a few players' hands who then mix with an unknowing group who have been instructed to meet and greet while shaking hands. Another version uses M&M candies of different colors, which are given to unknowing players in small cups, who pour them back and forth as a form of greeting—players who end up with a red M&M in their cup are infected. The facilitator should give some players a stack of two cups and later explain that this represents a condom, and protection.

INFORMATION TO SHARE

Leader Input and Large Group Practice (40 minutes)[10]

1. Pass out handout on Sexually Transmitted Infections (Annex F). Explain that STIs are infections that are spread through sexual contact. Any form of intercourse-vaginal, anal, oral-can spread STIs. Anyone practicing unprotected sex can get an STI.

9 PATH. International Handbook: Games for Adolescent Reproductive Health. Washington, DC: PATH.
10 Adapted from "Life Planning Skills", African Youth Alliance, 2004

2. Tell them that there are about 30 types of STIs but the most common are:

a. Chlamydia

b. Gonorrhea

c. Genital Herpes

d. Genital Warts

e. Human Papilloma Virus Infection

f. Trichomoniasis

g. Syphilis

h. HIV/AIDS

3. Explain that STIs have unique symptoms but they also have common signs such as:

- Redness and soreness of genitals
- Pain at urination and sexual intercourse
- Unusual discharge from penis or vagina
- A sore or blister on or around the genitals, near the anus
- Excessive itching or a rash
- Abdominal cramping
- Overall sick feeling

4. Emphasize that both men and women can have STIs without physical symptoms.

5. Explain to the group that young women are at a greater risk of STIs then men in a number of ways, including the risk of acquiring an infection due to physiology of a women's body and women's lower social position in society and the gender stereotypes that give them less power in sexual relationships and ensure greater stigma attached to infection for them.

6. Explain that most STIs if not treated may cause male and female sterility, urinary infections in men and women and pelvic inflammatory disease in women. Most STIs (except for viral infections, such as Herpes and HIV) can be cured.

7. Direct participants to form small groups of four by counting off.

Leader's Note: Make sure that there will be at least 4 groups but no more than 6 groups.

8. Assign group roles within each small group that correspond to the role-play they will act out.

- The person with the shortest first name can be the doctor. The doctor will be the guest on the television show who is explaining the poster.
- The person with the longest first name can be the TV presenter. This participant will interview the doctor.
- The other participants will be the callers who phone in questions for the doctor.

9. Let each group select one type of STI and ask them to prepare a poster on the selected STI with the following information:
   - Name and symptoms
   - Mode of transmission
   - Treatment
   - Prevention

10. Provide the participants with flipchart paper, markers, and fact sheets about the

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selected STI. Tell the groups that they can use any format they want to make a poster.

11. Remind each group to select a doctor, TV presenter and callers for this exercise.
12. Give the participants 15 minutes to create a poster and prepare a role-play with the TV presenter interviewing the doctor who is using the poster to describe the STI, and the doctor answering questions from viewers calling in. After 15 minutes, ask each group to present their role-play. Give each group 2 minutes for presentation.
13. Encourage students to ask questions after each presentation. At the end of the discussion emphasize that abstinence or correct use of condoms every time that they have sexual intercourse prevents STIs.
14. After all presentations, summarize the activity stressing that it is not necessary to know detailed information about an STI such as which symptoms indicate gonorrhea and which indicate syphilis, or what drug to use to treat Chlamydia. That's the job of a health provider. Tell students to protect themselves they need to remember 5 key lessons:

- Unprotected sex with an infected person can result in STI, and it is not always possible to know if a person has an STI.
- Be aware that some STIs have no symptoms and sexually active people should get tested on a regular basis.
- If a person notices any changes that might indicate STIs, he or she needs to go to a clinic or doctor for treatment. STIs do not go away on their own; they only get worse.
- Not having sex is the best way to prevent STIs. Limiting the number of sexual partners and using condoms or dual protection every time can greatly lower the risk of getting STIs.
- In case of any symptoms of STIs a person should (provide this information on flipchart):
  - Seek medical treatment immediately
  - Inform their sexual partner
  - Encourage the partner to get tested
  - Abstain from sexual contact while going through the treatment

Leader's Note: Remind the girls that if they get treated but their husband/partner doesn't, they will probably get the STI again right away. Both partners should be treated in order to alleviate the situation.

15. Provide information about STI services available in the area for young people.

GROUP ACTIVITY/PRACTICE

Group Practice (5 minutes)

1. Divide participants into two groups and explain rules for the quiz game. You will answer a question and the group that answers it correctly gets a point. The group that gets more points wins.
2. Questions and answers:

a	How can STIs be transmitted?	By skin to skin contact; by oral sex, by vaginal sex, by anal sex
b	Why is a woman's risk of being infected with an STI higher than a man's?	Physiological vulnerability and gender norms

c	What behavior has the highest risk for the most dangerous STIs?	Unprotected sex (anal and vaginal)
d	Is it true that two-thirds of people who have STIs become infected before age 25?	Yes
e	What is the only thing that is 100 percent effective against STIs?	Abstinence
f	What is dual protection?	Protection from unwanted pregnancy and STI/HIV through: - Consistent and correct use of male or female condom - Use of condom and other contraceptive method - Abstinence - Avoidance of all types of penetrative sex
g	What kind of STIs cannot be cured?	Viral infections such as HIV, HPV, Herpes, and Hepatitis B
h	What skills can help a young person to avoid STIs?	Abstain from sex; Say "no" to unprotected sex; Negotiate condom use; Make informed decisions
i	What behaviors can help to reduce risk of STIs?	Abstinence; Consistent and Correct use of condoms; Being faithful to one partner; getting routinely tested for STIs

3. Congratulate the winning group. Conclude the exercise by emphasizing that abstinence, and safer sexual behavior can protect young people from STIs.

PERSONAL APPLICATION

Discussion (5 minutes)

1. Encourage participants to think about their risks of contracting STI. To help them, assign a hand motion to each of the following words: "risky" (ex. Hand on forehead), "not risky" (ex. Hand on hips) or "not sure" (ex. Finger tapping chin). Ask participants to stand up and as you read out each of the following statements, ask them to make the hand motion associated with the word they believe matches the statement.

- I have more than one sexual partner.
- I do not always use condoms when having sex.
- I abstain.
- I only have sex with one partner.
- I drink beer or other kinds of alcohol.
- I can use drugs.
- I always use condoms.

2. After few minutes, explain to the participants that the most risky behaviors include unprotected sex, multiple partners, alcohol and drug use. Emphasize that sometimes it is difficult to tell how much at risk we may be. Not all behavior is clear-cut, so we may find ourselves doing something that unknowingly exposes us to the risk of STIs.

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7. HIV/AIDS

HIV/AIDS

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Understand the risk of contracting HIV infection
- Understand ways of HIV transmission
- Learn about disease progression
- Understand how to prevent HIV
- Practice negotiation skills and to be assertive about their decisions

LESSON PREVIEW

- Explain how HIV is transmitted
- Discuss HIV prevention
- Discuss what behavior is risky for contracting HIV infection
- Practice refusal and negotiation skills
- Assess individual risk for HIV infection

MATERIALS NEEDED

- One bag for each person with 30 colored candies. Alternatively you can use another snack, such as nuts or dried fruit, or rolled up pieces of paper marked HIV positive or HIV negative. One small card and a pencil for each person
- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk), cards or strips of paper Existing booklets on HIV for youth
- Projector (transparency) if available
- Flipchart paper
- Information on local counseling and testing centers
- Situation cards
- HIV Risk Questionnaire (Annex G)

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: In at least three of the bags put 10-15 green candies (or pieces of paper marked HIV positive and rolled into balls}. Mark the bottom of these two bags with an X. Do not put green candies (or HIV positive paper balls) in the other bags. Prepare a small card for each of the participants. Mark three of these cards with a small C, and leave the rest of the cards blank.
- For Information to Share: Collect information about local HIV and STI counseling and testing centers.
- For Group Practice: Prepare two situation cards per role-play with the two characters described on them. Adapt role-play to make it culturally and age appropriate. Prepare statements for quiz game.
- For Personal Application: Make individual copies of the HIV Risk Questionnaire (Annex G) for each participant.

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PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty
- Reproductive Review
- Teen Pregnancy
- Contraception
- STIs
- Refusal Skills
- Decision-making Skills

AGE GROUP OF PARTICIPANTS

- 10-18 year olds

LENGTH OF LESSON

60 minutes

LESSON PLAN

GENERATING INTEREST IN THE TOPIC

Demonstration (15 minutes)

1. Prepare the bags but do not explain to the group what is in them.

Leader's Note: Ensure that at least three participants are given green candies with the X marked at the bottom of the bag so that a few participants are not singled out as having 'contracted' the virus.

2. Give each person a bag, a small card and a pencil.
3. Ask people to walk around the room and exchange sweets with other people in the group if they want to. Explain that they do not have to exchange sweets if they do not want to but if they do they must get a signature on their card from each person they have exchanged sweets with. Tell them not to eat the sweets yet!
4. After about 5 minutes ask people to sit down again. Find out who has the most signatures on their card. Explain that in this game exchanging sweets with someone means having sex with them. People who chose not to exchange sweets and who have no signatures on their card have chosen to abstain from sex.
5. Tell the group that two people have an X marked on the bottom of their bag. Ask them to stand up. Explain that these two people were the only people to have green sweets (or paper balls) and that in this games it represents HIV virus.
6. Now ask anyone else with a green sweet (or paper ball) in their bag to stand up. Explain that because they exchanged sweets with someone with HIV they have become HIV infected too.

7. Next ask people still sitting whose card has been signed by someone who is standing up to stand up too. They could also have become infected with HIV, though this time they have not.
8. If anyone has a C on their card they can sit down. In this game the C means that they used condoms and were protected from the virus.
9. The game is now over. Remind everyone that it was only a game. Distribute sweets to the participants to refresh and emphasize that the imaginary virus has been 'removed'. Ask everyone to say what they felt about the game in a few words.
10. Questions for discussion could include:

- How many people were infected by the end of the game and how did they feel?
- Did anyone choose not to exchange sweets and if so, how did it feel? How did others react to your choice not to exchange sweets?
- How did the people who used condoms feel at the end of the game?

INFORMATION TO SHARE

Leader Input and Large Group Practice (20 minutes)[11]

1. Explain to the group that today they will learn about HIV/AIDS.
2. Provide a presentation on HIV and AIDS:

a. HIV stands for Human Immunodeficiency Virus. It is a virus that lives in humans and attacks their immune systems. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a disease that happens to someone infected with HIV. It happens when the body's immune system (the body's defense against infection and disease) is so damaged by HIV that it is too weak to fight off infections that are called "opportunistic," which do not usually cause disease in a healthy immune system.

b. HIV is found in large numbers in sexual secretions, blood and breast milk.

c. HIV is transmitted in three ways:

- Through unprotected sexual activity with a person infected with HIV. Having STIs makes it easier to get or spread HIV.
- Through contact with blood that is infected with HIV: through sharing of needles or blades; or through a blood transfusion of infected blood.
- From a mother to her unborn or newborn child.

d. When the virus gets into the body it damages the immune system by attacking "T-cells." The damaged T-cells reproduce HIV until the virus kills the T-cells. As more and more T-cells die, the immune system cannot protect the body from other infections. An HIV infected person will start to have opportunistic infections such as pneumonia, tuberculosis, herpes simplex, candidiasis, when HIV has broken down most of the immune system. This may take many years to happen.

e. The disease progression has several periods (show the diagram)

- Window period is the time between infection and when a person develops enough antibodies to show up positive on the HIV test. It usually takes between 2 weeks and 3 to 6 months. At this time a person has a high level of virus in the blood (viral load) and he or she is very infectious. The person's test is still negative because there are no antibodies yet developed that determined by the test.

11 *Adapted from "Life Skills manual", Peace Corps, 2001*

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- Incubation period – is the time between infection and the development of disease symptoms associated with AIDS. This could take many years, up to 10- 15 years.
- Honeymoon period – is the time between the end of the window period and the end of the incubation period. It is called honeymoon because an infected person is living in relative harmony with the virus. During this time the person's anti-body load high and viral load is low. Infected people still can pass the virus to others through unprotected sex but they are less infectious.
- When the viral load increases and there are not enough antibodies, an infected person develops symptoms of opportunistic diseases that mark AIDS.

f. Women are more vulnerable to HIV infection due to biological factors such as greater size of mucous membrane, and higher risk of tissue rupture — especially among young women. Cultural and social factors also contribute to higher risk of HIV infection among women.

g. HIV is diagnosed by a special test. Voluntary counseling and testing (VCT) is the best way for a person to learn about her/his HIV status.

Leader's Note: Provide information about local facilities providing this test.

h. HIV/AIDS is not curable but there are medications for people infected with HIV that help them to stay healthy, allow them to work, and prolong their life.

3. After the presentation, ask participants how to prevent HIV. Write down their responses on a flipchart paper. Add from the following list:

- Abstaining from sexual intercourse (vaginal, anal or oral)
- Using condoms correctly every time during sex
- Not practicing intravenous drug use
- Not sharing needles for intravenous drug use
- Not having body piercing, tattooing or getting cut with razors or other sharp objects that have not been sterilized
- Avoiding direct contact with blood by using gloves
- Pregnant HIV-positive women taking special medicine to prevent infecting their babies with HIV

GROUP ACTIVITY/PRACTICE

Role-Play (20 minutes)

1. Divide the participants into four groups and assign each a role-play:

Role-play #1: Chaya goes to the hospital to get a blood test done to determine her blood type. Chaya remembers a matron telling her that reusing needles is very dangerous. She wants to ask the doctor if the needle is sterilized and safe but she is worried that the doctor will be angry and think she is disrespectful. How does she deal with this situation?

Role-play #2: Rasika wants to get a tattoo. A guy down the street said he'll give her a good price. When she arrives he is giving a tattoo to another person and asks her to wait. When he calls her name he is still holding the same needle and wants to begin her tattoo. What should Rasika do?

Role-play #3: Nita went with her brother to the barber to get his hair cut. While they are waiting, she sees the barber accidentally cut the skin of the guy whose hair he is currently cutting with a razor. The barber then rinses the razor and asks her brother to come to the chair. Nita knows that it is risky to use the same razor. What should Nita do?

Role-play #4: Darsha overhears her older sister, Nimmi, talking on the phone. Nimmi is telling her friend that the HIV virus doesn't exist in Sri Lanka and that it is impossible to contract it. Darsha knows this isn't true and wants to correct her sister but doesn't want to disrespect her because she has just finished her O Levels. How does she manage to tell her?

2. Debrief the activity by asking participants what strategies they used to stay safe or correct misinformation.

Activity (15 minutes)

1. If the group is larger or the room is small, divide participants into two groups. Ask the first group to come to the middle of the room and divide them into two rows, standing opposite each other. Make an effort to put the most confident of participants at the top of the row.
2. Explain that the purpose of the activity is to explore negotiating safer sex but that it is up to them whether this will be the result of their role-play.
3. Each row is given a situation card with their character on it. For example:

- All students standing in Row A will play Akmal and those who are in row B will play Nishana.
- The situation is: Akmal and Nishana are engaged. They are about to start having sex but haven't talked about it yet. Nishana heard a doctor speak about HIV and wants to use a condom but Akmal would prefer not to.

4. The person at the top of row A begins a conversation as if she was Akmal. The person opposite replies as if she was Nishana. Then the second person in row A replies in character as Akmal. The person opposite replies as Nishana, and so on taking turns until the last person in row B has spoken, then back to the first person in row A.
5. Once the first group has completed the exercise, have the second group do the same thing.
6. When both groups have completed the activity you can discuss the following points:

- How long did it take for the characters to talk about safer sex?
- What made it difficult for the characters to talk about safer sex?
- What do you think are the advantages and disadvantages of discussing safer sex?

PERSONAL APPLICATION

Small Group Practice (10 minutes)

1. Ask the participants to stand up. You will describe a specific behavior and the participants should define if the behavior is "definitely risky," "probably risky," "probably not risky," or "definitely not risky" for contracting HIV/AIDS. If the

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participant thinks that the behavior is risky, they should stand up straight. If the participant thinks the behavior is probably risky they should bend their knees slightly. If the participant thinks that the behavior is probably not risky, they should crouch down. If the participant thinks that the behavior is not risky they should sit cross legged. As each statement is read out, the participants take the appropriate body stance. Discuss variance of responses and highlight the correct answer.

Key:

a	Sharing needles for drug use	Definitely a Risk
b	Kissing	Probably not a risk
c	Getting a blood transfusion	Probably a risk
d	Having intercourse without a condom	Definitely a risk
e	Abstaining from sexual intercourse	Definitely not a risk
f	Shaking hands with an HIV infected person	Definitely not a risk
g	Hugging a person with HIV	Definitely not a risk
h	Sharing needles for ear piercing	Definitely a risk
i	Having intercourse using a condom properly	Probably not a risk
j	Going to school with a person who has HIV	Definitely not a risk

2. Conclude the exercise by emphasizing that abstinence, safer sexual behavior, and avoiding substance abuse can protect young people from STIs and HIV/AIDS

8. Substance Abuse

SUBSTANCE ABUSE

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Understand how substance abuse affects behaviors
- Understand consequences of alcohol and substance abuse
- Learn about myths and facts about substance abuse
- Develop skills to refuse peer pressure and to make decisions regarding substance abuse

LESSON PREVIEW

- Discuss how substance abuse affects behaviors
- Explain what substance abuse means
- Discuss consequences of alcohol and substance abuse
- Explore why people use drugs, alcohol or tobacco
- Discuss how young people can refuse using drugs, alcohol or tobacco
- Discuss facts and myths about substance abuse
- Practice refusal and decision-making skills

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk), cards or strips of paper
- Information about substance abuse available in the country
- True/False statements on substance abuse
- Scenarios for group discussion

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Adapt story to country context
- For Group Practice: Adapt/prepare myths and facts; adapt/prepare scenarios for small group discussions
- Research local resources on substance abuse, web sites and hotline numbers

PREREQUISITE SKILL OR LESSON

- Teenage pregnancy
- STIs
- HIV/AIDS
- Refusal skills
- Decision-making skills
- Skills to manage strong emotions
- Skills to respond to stressful social situations

AGE GROUP OF PARTICIPANTS

- All ages

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LENGTH OF LESSON

60 minutes

LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (10 minutes)

1. Introduce the topic of substance abuse and tell participants that first, you would like to share a story with them:

   This is about my brother Suresh:

   My elder brother loved me more than anyone else in my family. He was my hero. He played a lot of sports and won so many medals! In school he passed his O/L too. I felt very proud to go to the school with him. All of the school teachers loved him and said that all the other children should behave like my brother. He was a very good student at school.

   While he was waiting to do his A/Ls he was hanging around with his friends. This is when it all started! That night he came home late. So I didn't have a chance to talk to him and when I woke up in the morning he was asleep.

   I now see different behaviors in my brother. Earlier he was the one who made everybody laugh and keep active. But now he doesn't want to face anyone directly. One day my mother was waiting for him to come home in the night and she asked him what is he doing out so late. He got so angry with my mom and scolded her and went away. I smelled "Arakku" (Arrack) on his breath. I couldn't believe that he was drinking arrack. Later, my parents came to know that he has friends who drink Arrakku. Anyway, we couldn't stop him. He changed very fast. He never looks at me now. If I ask him anything he ignores me. He asks our mother for money every day. Finally my farther kicked him out of the house after he found out that my brother is stealing money. My brother left.

   After 2 or 3 months we heard that he was doing labor work and earning small amounts of money and drinking at night. The friends who were with him in the beginning had all gone. Finally we got a message that he was in the hospital. Because of the alcohol he got cirrhosis. Now he is so weak! I keep thinking about how strong my brother used to be. He was the best at everything—sports, education, everything! But it was when he was waiting to do his A/L that he met some friends. They had been teasing him about not drinking alcohol. He couldn't say no to them (I don't know why). From that day all of these bad things started up and now it has ended with sadness. He wanted to be a doctor, but now he is a patient who is begging for his life

INFORMATION TO SHARE

Leader Input and Large Group Practice (25 minutes)[12]

1. Explain to participants what you mean by drugs and substance abuse:
   - Drugs are chemical or natural substances that when used alter people in

various ways. There are regular (legal) drugs that we can buy in a pharmacy or get from a doctor and illicit drugs such as heroine, marijuana, opium, cocaine, etc.
- Substance abuse is the use of a chemical, legal or illegal, which causes significant impairment in: physical, mental, emotional and social functioning.

2. Ask participants what signs, symptoms, and health consequences of alcohol and drug abuse they can identify from the story. Write their responses on chart paper or the white/chalk board. Examples of substance abuse signs and symptoms include:
   - Mood swings
   - Depression
   - Aggression
   - Appetite problem
   - Weight loss
   - Difficulty walking
   - Blurred vision
   - Slurred speech
   - Slowed reaction times
   - Impaired memory
   - Inability to concentrate
   - Impaired judgment

Examples of health consequences:
- Risk of injuries and trauma including car accidents
- Risk of unsafe sexual behavior including becoming infected with STI, HIV or becoming pregnant
- Risk of suicide and depression
- Risk of mental disorders
- Risk of liver disorders
- Risk of heart diseases and high blood pressure

3. Using the story as an example, emphasize that substance abuse can cause physical, emotional and psychological problems. Substances such as alcohol and drugs have addictive tendencies and can contribute to:
   - Broken families and stressed relationships
   - School dropouts
   - Unemployment
   - Crime
   - Risky sexual behaviors resulting in HIV, STIs and unwanted pregnancies
4. Explain that alcohol consumption at a young age has a damaging effect on brain development. Research shows that the human brain doesn't stop growing until about age 21 or 22, and that alcohol consumption can alter or retard that growth, including memory and test-taking ability. Emphasize that young people are affected by alcohol quicker and to a higher degree than adults.
5. Tell participants that now you will talk about smoking. Ask them if tobacco can be classified as a drug. Give them few minutes to respond and then explain that:
   - Nicotine, a powerful central nervous system stimulant found naturally in the tobacco leaf, is classified as a drug. Nicotine is one of the main ingredients in tobacco. In higher doses, nicotine is extremely poisonous. It is commonly used as an insecticide.
   - Tobacco leaves can be burned and inhaled (in the form of cigarettes, cigars, pipes, smoke, etc.) or absorbed through the mouth (in the form of spit tobacco, chew, or snuff). The membranes in the nose, mouth and lungs act as nicotine delivery systems – transmitting nicotine into the blood and to the brain.
   - Nicotine is very addictive and is as hard to quit as heroine.
6. Explain that tobacco damages a body by reducing blood flow to all organs and parts of the body. Smoking harms a young person's appearance and health in a short period of time. Other consequences include:

12 Adapted from "Life Planning Skills: African Youth Alliance, 2004

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- Bad breath, smelly clothes and stained fingers and teeth
- Getting sick more often, with everything from sore throats to colds and even asthma
- Shortness of breath and loss of physical endurance
- In the long-term, various diseases such as different types of cancer, heart and cardiovascular diseases, skin damage

7. Emphasize that the earlier people start smoking, the harder it is to quit when they are older.
8. Ask participants why they think people use drugs, drink alcohol or smoke tobacco. Give them five minutes to respond and write their responses on flipchart.
9. Conclude that there are many reasons that people typically start using substances such as:
   - Social interaction
   - Peer pressure
   - Stress
   - Self-medication
   - Rebelliousness
   - Increased confidence
   - Curiosity
10. Ask participants what a young person who does not want to use drugs, alcohol or tobacco can do to resist the peer pressure but still be accepted by the peers. Give them a few minutes to brainstorm.
11. Conclude the session by telling them that self-esteem, assertiveness, skills to resist peer pressure, skills to make decisions and cope with stress will help young people to avoid substance abuse and stay healthy to achieve their life goals.

GROUP ACTIVITY/PRACTICE

Small Group Practice (10 Minutes)

Divide participants in two groups. Tell them that they will have a contest. Each group will be given a statement and participants should decide if the statement is true or false. After the group gives their answer to a statement, provide an explanation. The group that has the most correct answers is the winner.

1. Alcohol is not a drug.

(**False**. Alcohol is a drug as it is a substance that affects mind and body.)

2. Cigarette smoking can be addictive.

(**True**. Cigarettes contain nicotine, which is addictive.)

3. Drugs help people to deal with difficult situations better.

(**False**. Drugs do not help people to forget about their problems or reduce the pain caused by the problems. They may only provide a temporary distraction.)

4. A cup of coffee and a cold shower will sober up a drunk person.

(**False**. Only time will allow a person to become sober. It takes ten hours for the liver to process ten grams of pure alcohol that is equal to one can (330 ml) of beer, one glass (100 ml) of wine or one shot (30 ml) of vodka/whisky.)

5. Young people are often introduced to drug use by their friends.

(**True**. Almost half of young people are initiated into drug use by their peers.)

6. Smoking cigarettes every now and then is not harmful.

(**False**. As soon as people start smoking, they experience yellow stained teeth, bad

breath, and shortness of breath that may affect their physical appearance, and the lungs will be immediately affected. Addiction to nicotine is quick.)

7. Alcohol is a sexual stimulant.

(**False**. Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. It causes problems such as inability to have an erection and a loss of sexual feeling or inability to feel pleasure.)

8. It is rare for a teenager to be an alcoholic.

(**False**. Many adolescents become addicted to alcohol.)

9. If you want to drive, you should only drink beer rather than liquor or wine.

(**False**. Beer contains ethyl alcohol that affects drinkers and causes health and behavioral disorders.)

Small Group Practice (15 minutes)

1. Divide participants into four groups. Explain that each group will receive a situation that they should discuss and come up with a solution.
2. Provide the groups with the scenarios and give them five minutes to complete the exercise.

Scenario #1: Saman has his first meeting with his partner today and he is very nervous. His friends offer him a beer to help him to relax. Saman does not like to drink alcohol but his friends try to convince him that beer is not an alcohol and it will help him to loosen up a little bit. Besides, they say that girls like mature boys who drink beer.

- What consequences will Saman have if he drinks beer and if he does not?
- What should he do?
- How can he say "no"?

Scenario #2: Sangeetha is a new student in the tuition class. She likes the class and wants to make friends there. One day a few girls from the class ask Sangeetha if she wants to go with them to a party. She sees that the girls are drinking beer. They want her to have a drink before they go to the party. They say that if she wants to be their friend she should be like them, and one drink will not kill her.

- What consequences will Sangeetha have if she joins the girls?
- What should she do?
- How can she say "no"?

Scenario #3: Geetha and Sampath have been friends since kindergarten. Now they are in grade 9 but still spend time together after school. Lately Geetha has noticed that Sampath has become moody and abrupt. When she tries to talk to him to find out what is going on, he becomes very rude and aggressive. Geetha is hurt but she does not want to give up on her friend. She has heard that Sampath has a new friend who does not have a good reputation and has been suspected of using drugs. Geetha is worried that Sampath uses drugs as well. She wants to help her friend.

- What should Geetha do?
- What can she say to convince Sampath not to use drugs?
- Where can she go to get help for Sampath?

Scenario #4: Lalani has grown up watching her father chew bulath vita all the time. His mouth is red from all the chewing! A teacher told her that it is very bad for people to chew bulath vita and now Lalani is very worried about her father. She wants to tell him to stop but she knows that he won't listen to her.

- What should she do?

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- What can she say to convince him not to chew bulath vita?
- Who can help her?

3. Ask the groups to share their situations.

- Was it easy to find a solution?
- What skills did they use to make the right decision?
- Did they feel that they needed more information on substance abuse while doing the exercise?

PERSONAL APPLICATION

Discussion (5 minutes)

1. Ask participants to discuss the following questions in pairs:

- How might alcohol and drug consumption affect your plans for getting an education and a job?
- How might substance abuse affect your relationships with your family, friends, and community?

2. Tell participants where they can find local resources on substance abuse and give the number of a local hotline they can call if they need help.

   In Colombo, Sri Lanka:

   Seth Sevana - Battaramulla

   Counseling & Services – 011 2788090 / 033 2283060

9. Gender Roles and Stereotypes

GENDER ROLES AND STEREOTYPES

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Understand their values and attitudes about gender
- Understand the difference between sex and gender
- Understand gender roles
- Have knowledge on gender stereotypes and power imbalance
- Understand how gender roles and stereotypes impact one's behavior including sexual behavior

LESSON PREVIEW

- Explore participants' values and attitudes about gender
- Explain meanings of "sex" and "gender"
- Explain gender roles
- Discuss impact of gender roles on people's sexual behavior and reproductive health
- Discuss power imbalance between men and women
- Explore gender stereotypes existing in the society
- Discuss impact of gender stereotypes on relationships and life choices for men and women

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk) and flipchart paper

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic: Prepare signs saying: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree." Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one. Adapt/prepare the statements provided in the text and choose three or four that reflect common gender stereotypes in the society.
- For Group Practice: Prepare four pieces of chart paper that say "Five Good Things About Men," "Five Bad Things About Men," "Five Good Things About Women" and "Five Bad Things About Women"
- For Small Group Discussion: Prepare/adapt scenarios to make them culturally and age appropriate

PREREQUISITE SKILL OR LESSON

- Personal Values
- Puberty
- Reproduction Review
- Teenage Pregnancy

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- Contraception
- STIs
- HIV/AIDS
- Substance Abuse

AGE GROUP OF PARTICIPANTS

- 10-18 years old

LENGTH OF LESSON

60 minutes

LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (10 minutes)

1. Explain to participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.
2. Read aloud the following statements and ask the participants to stand near the sign ("Strongly Agree", "Agree", "Disagree" or "Strongly Disagree") that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements (two or three more).
   - It is easier to be a boy than a girl.
   - Women make better parents than men.
   - Family planning is a woman's responsibility.
   - A man is more of a "man" once he has fathered a child.
   - Sex is more important to men than to women.
   - It is okay for a man to have sex outside of marriage if his wife does not know about it.
   - Men are smarter than women.
   - Boys are better at math than girls
3. Ask participants which statements, if any, did they find challenging to form an opinion about? Why?

Leader's Note: If the participants express a unanimous opinion about any of the statements, play the role of "devil's advocate" by expressing an opinion that is different from theirs.

INFORMATION TO SHARE

Leader Input and Large Group Practice (25 minutes)

1. Write the word "SEX" on a white board or flipchart, and ask participants to tell

GENDER ROLES AND STEREOTYPES

you what it means and what examples they can provide to illustrate differences between men and women based on sex. Write down their answers.

2. Explain that SEX has more than one meaning. It can be used to describe sexual intercourse or it can refer to the biological differences between women and men. Sex differences are concerned with women and men's physiology. Provide additional examples such as:

- Women can become pregnant.
- Women can breastfeed/nurse babies.
- Men have more facial hair.

3. Next to it write word "GENDER" and ask participants how they understand it and what examples they can provide to illustrate differences between men and women based on gender. Write down their answers.
4. Explain that Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being female and male. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Provide additional examples such as:

- Boys don't cry.
- Girls are better cleaning and cooking.

5. Explain that roles that men and women play in a society are called gender roles. Some of the roles are based on fact because of male and female attributes (anatomical or physiological). For example, only women can become pregnant. Other gender roles are based on what society believes about what men and women can or cannot do, for example, the idea that women are more caring and are therefore more suitable for certain jobs than men, such as nursing.
6. Ask the participants if they have ever been told to "act like a man" or "act like a woman" based on their gender. Tell them that they are going to explore what it means.
7. Divide participants in two groups. Each group should answer one of the following questions:

- What does it mean to act like a man?
- What does it mean to act like a woman?

8. Give participants five minutes to brainstorm and write down their ideas on chart paper.
9. Possible ideas may include:

Act like a boy/man	Act like a girl/woman
Be tough.	Be passive.
Do not cry.	Take care of their family.
Yell at people.	Act sexy, but not too sexy.
Show no emotions.	Be smart, but not too smart.
Take care of other people.	Be quiet.
Do not back down.	Listen to others.
Provide financial support for their family.	Be the homemaker.

10. Ask participants:

- Can it be limiting for a woman and a man to be expected to behave in this manner? Why?
- How can social norms and expectations to "act like a woman" and "act like a

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man" have a negative impact on a woman's and a man's sexual behavior and reproductive health?

Possible answers:

- more aggressive and authoritarian behavior of male and submissive behavior of a woman increase
- risk of sexual violence (rape, assault, harassment)
- risk of unwanted pregnancy
- risk of STIs and HIV infection

Is it possible to challenge and change existing gender roles?

Is there is a power difference between men and women? Who do you think has more power?

How do gender roles and stereotypes influence the society? What impact do they have on sexual behavior?

Leaders' Note: For any of these group exercises or discussions, consider using pictures/photos of scenarios that present different gender roles and stereotypes to start discussion. These are powerful and it's interesting to hear everyone's different interpretations of an image. You can find these in standard gender training manuals or use photos you have yourself, but the Oxfam Gender Training Manual has good ones.

GROUP ACTIVITY/PRACTICE

Small Group Practice (10 minutes)

1. Divide the participants into two groups. Give each group two pieces of chart paper.
- Give Group 1 a chart paper that says "5 Bad Things about Men" and another one that says "5 Good Things about Men."
- Give Group 2 a chart paper that says "5 Bad Things about Women" and another one that says "5 Good Things about Women."
2. Ask each group to complete given statements and write down on their chart papers the requested information.
3. After three minutes of work in small groups, ask the participants to present their answers.
4. Briefly discuss each statement with all participants and summarize that sometimes we have stereotypes about women's and men's roles in the society.
5. In large letters, print the word "Stereotype" on a piece of chart paper. Remind the participants that a stereotype is "a standardized conventional idea or character." Look over the lists that the participants have created and discuss the question:
- Which of the characteristics listed about men and women are stereotypes?
6. After identifying the stereotypes, ask:
- How do these stereotypes have a negative impact on how we relate to men and women? (Hints: Less respect to men doing "woman's" job; or no trust in a female taxi driver.)
- How do family, friends, cultural norms or practices perpetuate/support these stereotypes?

Small Group Practice (10 minutes)

1. Divide participants in two groups and give each group a scenario.
2. Ask participants to discuss the scenario and find a solution to the problem or situation given in the scenario. Remind participants that each group will present the scenario with a solution at the end of the activity. Tell the groups to assign a presenter, a recorder and a time keeper.

Scenario 1: Swarna has been offered a place at the Technical School to study engineering. She is the only girl in the class and the boys are always teasing her about a girl trying to do a man's job. When she placed first in the exams, the boys stopped talking to her. She is feeling miserable because she has no friends in the class.

- What should she do?

Scenario 2: Nirosh and Taraka are newly married, but they live in different villages because of their work. Nirosh is coming to visit Taraka during the holiday and it is likely that they will end up having sex. Taraka knows that unprotected sex is risky and she goes to the corner pharmacy to buy some condoms. The cashier says to her that women have no business buying condoms and she refuses to sell them to Taraka.

- What should Taraka do?

3. Summarize and highlight the following points:
   - Many relationships suffer because of expected gender roles and stereotypes.
   - It is easy to fall into gender stereotypes, but people, especially those in male/female relationships, must talk about what they expect from each other and not be bounded by what others expect from them.

PERSONAL APPLICATION

Discussion (5 minutes)

1. Ask the participants to discuss in pairs the following questions:

- If you were to have a daughter, what one piece of advice would you give her about growing up as a female that would help her fight unfair treatment?
- If you were to have a son, what one piece of advice would you give him related to gender equality?
- What can you do in your relationships with family and friends that can help to question gender stereotypes?

2. Ask volunteers to share their responses with the group.

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10. Gender-Based and Sexual Violence

GENDER-BASED AND SEXUAL VIOLENCE

LEARNING OBJECTIVES

PARTICIPANTS WILL

- Become aware of different types of violence
- Understand gender based violence and sexual violence
- Understand consequences of violence
- Understand causes of violence
- Learn what to do to avoid violence

LESSON PREVIEW

- Discuss different types of violence
- Explain forms of gender-based violence
- Discuss consequences of violence on health, education and employment opportunities for young people
- Explain causes of violence
- Explore what can be done to prevent violence and where young people can get help in case of violence
- Discuss different scenarios of violence
- Discuss what young people should do to avoid sexual violence (date rape)

MATERIALS NEEDED

- Visual means for recording ideas (paper, chart paper or white/chalk board and markers/chalk)
- Phase/Type of Violence Chart
- Scenarios

TASKS TO COMPLETE BEFORE TEACHING

- For Generating Interest in Topic and Group Practice: Prepare definition of Gender-Based Violence and its forms. Prepare Life Phase/Violence chart on flip chart paper
- For Information to Share: Prepare topics for group discussion
- Research information on local crisis hotlines or assault crisis centers to share
- For Group Practice: Prepare scenarios for the discussion

PREREQUISITE SKILL OR LESSON

- Gender roles and stereotypes
- Stress anagement
- Skills to manage strong emotions
- Skills to respond to stressful social situations

AGE GROUP OF PARTICIPANTS

- 10 – 18 years old

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LENGTH OF LESSON

70 minutes

LESSON PLAN

GENERATING INTEREST IN TOPIC

Demonstration (10 minutes)

1. Divide participants into three groups. Explain that today they will discuss violence.
2. Assign one of the three types of violence (physical, psychological or sexual) per group and ask them to think about an example of this type of violence that they have either witnessed or experienced. Each group should write down their response on chart paper. Examples might include:

Psychological Violence:

- Making threats
- Teasing
- Intimidation
- Putting someone down
- Bullying
- Humiliation
- Ignoring

Physical Violence:

- Holding
- Punching
- Restraining
- Kicking
- Hitting
- Shoving
- Having something thrown at you
- Anything else which can cause physical harm to you or someone else

Sexual Violence:

- Can be physical or psychological.
- Sex with someone without his/her consent or while they are incapacitated
- The use of power or other intimidation to coerce sexual activity or favors
- Unwanted touch of any kind
- Sexual harassment or humiliation
- Drawing attention to someone based only on sex or what they are wearing, or how they are presenting themselves;
- Treating one as an object

3. After five minutes ask the groups to share their results and discuss:

- Were there examples of violence that your small group disagreed about? For example, situations that you saw as psychological violence and your partner saw as "normal"?
- Where does most violence happen?
- How does violence impact your experience at school?
- How does violence impact your ability to learn? Have fun? Be a young person?

GENDER-BASED AND SEXUAL VIOLENCE

- Which type of people experience violence?
- What do we do when we observe violence in our homes, neighborhoods and schools?
- How is violence against boys different from that of girls?

INFORMATION TO SHARE

Leader Input and Large Group Practice (10 minutes)

1. Emphasize that violence may happen anywhere: family, school, public transportation, restaurant, home, office, etc; and to anyone (boys or girls). Teenagers are much more likely to be victims of violence than adults of any age. Violence happens between people who know each other 50% of the time.
2. Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another person against his or her wishes.
3. Explain what "Gender-Based Violence" means: gender-based violence is physical, mental or sexual abuse which is directed against a person on the basis of gender or sex.
4. Ask participants to identify some forms of gender-based violence (GBV) and write them on a white board or flip chart. Some forms of GBV that should be identified:
   - Sexual assault
   - Rape and attempted rape
   - Trafficking
   - Prostitution
   - Sexual harassment
   - Manipulation within the home, the workplace or schools
   - Domestic violence
   - Confinement
   - Emotional abuse
   - Pornography
   - Harmful traditional practices, (i.e. Female Genital Mutilation), early/forced marriage
   - Dowry abuse
   - Widow ceremonies
   - Punishments directed at women for defying cultural norms. Denial of education, food and clothing to girls/women by virtue of their sex

Leader's Note: Encourage all ideas and examples. Help participants to cover as many forms of gender-based violence as possible. It is also important to explain that men and boys can also be the target of sexual abuse, usually committed by other men, but that women and girls are affected disproportionately.

5. Tell participants that gender violence may happen throughout a person's life, using information from the following to chart:

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Phase	Type of Violence
Prenatal	Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape during war)
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities
Old Age	Abuse of widows, elder abuse (which affects mostly women)

Source: Heise, L. 1994. Violence Against Women: The Hidden Health Burden. World Bank Discussion Paper. Washington. D.C. The World Bank

Large Group Practice (15 minutes)

1. Divide participants in three groups. Ask participants to brainstorm on how violence affects health (physical and mental), education and employment opportunities for youth. Assign one topic per group. Topics are: (1) If you experienced violence, how would it affect your health? (2) If you experience violence at school, how would it affect your education? (3) If you experience violence, how will it affect your job? Remind participants to select a presenter, a recorder and a time keeper for each group.
2. After five minutes, let the groups present their ideas. Discuss and summarize the presented results. For example:

- If you experienced violence, how it would affect your health?
  - Injury, disability, or death
  - Injury to the reproductive system including menstrual disorders, childbearing problems, infections
  - Miscarriages, unwanted pregnancies, unsafe abortions
  - Depression, anger, fear, resentment and self-hate
  - Shame, insecurity, loss of ability to function and carry out daily activities
  - Problems sleeping and eating
  - Mental illness and thoughts of hopelessness and suicide
- If you experienced violence at school, how it would affect your education?
  - Drop out of school
  - Poor grades and attendance
  - Low self-esteem and confidence in achieving goals
  - Fear, shame, and isolation
- If you experienced violence, how would it affect your job?
  - Absenteeism and low productivity
  - Loss of job or fear of being fired
  - Lack of self-esteem and confidence

3. Conclude that if violence happens it affects all aspects of life and may have a long- term impact.
4. Ask participants to brainstorm factors that cause violence including the gender-based and sexual violence. List responses on chart paper or white/chalk board. Encourage discussion around each point. Ask for examples of the factors in the community, in the country, in the world. If the following causes do not emerge, add them to the list:

- A desire to feel powerful
- Uncontrolled anger
- Inability to resolve conflict
- Alcohol and other drugs
- Gender roles and stereotypes

5. Explain that it is important to learn about causes of violence to know how to prevent it and how to cope with it. Ask participants what skills they can use to prevent violence. A list should include: managing strong emotions, resolving conflicts, positive interpersonal communication, managing stress, understanding of gender equity and equality.
6. Ask participants what can be done to avoid violence? Provide them with information about a crisis helpline if it is available. (Say "no" to any kind of relationship that you are not comfortable with, tell trusted adult about the situation; get help from crisis centers; use your skills to manage strong emotions, resolve conflicts, resist peer pressure.)

GROUP ACTIVITY/PRACTICE

Small Group Practice (30 minutes)

1. Divide participants in five groups. Give one scenario to each group and ask them to discuss it.

Scenario 1: Deshini is a grade 10 student. She has been just transferred to a new school. She likes the school and her new classmates except for a few girls who always tease and insult her. One day all the girls played a netball game and one of the girls pushed Deshini so hard that she fell and hurt herself. Instead of helping her to get up the girls stood around her and made jokes about her clumsiness. Deshini left the game; she felt depressed.

- What types of violence did Deshini experience in the new school?
- What should she have done?
- What she can do in the future to prevent violence?

Scenario 2: Nilmini spent a night at her aunt's house. When she was ready to go to bed, her uncle came in to her room to wish her "good night". He sat on the bed and started a conversation about how pretty she was. Suddenly he hugged her and Nilmini felt uncomfortable because her uncle was touching her breasts. She pulled away from him. The uncle had become frustrated and said that she was big enough to know how to have fun with a man. Nilmini started to cry and the uncle left the room promising to come back next day.

- What types of violence did Nilmini experience?
- What should she have done?
- What she can do in the future to prevent violence?

Scenario 3: Chathurika and Kapila has been engaged for 5 months now. One day they went to a friend's wedding and they had a good time there. Chathurika was worried that Kapila was drinking. On the way home, Kapila forced Chathurika to have oral sex with him although she told him over and over again that she did not want to. He said that it was her fault for kissing and touching and letting him get turned on. He said that she wanted it too, and if she loved him she would be much nicer to him.

- What types of violence did Chathurika experience?
- What should she have done?
- What should she do in the future?

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Scenario 4: When Michael came home the first thing he heard was his father yelling at his mom. It was not the first time when his father has lost the temper and yelled at mom. But this time it was different because the father was threatening her and then he hit her. Michael rushed in to help his mother. The father saw him and turned his anger on the son. He yelled and slapped him. Michael cried and he did not know what to do.

- What types of violence did Michael experience?
- What should he have done?
- What should he do in the future?

2. Tell participants that you will now present two Special Stories that are for everyone. The special stories are based on true experiences of girls just like them. Everybody should think about and respond to the situations individually.

Special Story #1: Ann met Chamath through a friend. Chamath knew Ann was an abused girl. So Chamath explained to Ann that since she already lost her virginity she has nothing to lose anymore. He told her that now she has to think about her future and that he will always be with her. Chamath explained to her that if they are together they can earn lot of money an easy way. Ann agreed with him and every evening Chamath dropped her off at an unknown place and Ann had to satisfy the men she met. Chamath was dealing with them and took all the money that those men paid. Later, Ann learned that Chamath was having an affair with another girl who is doing the same job that she does. Now, Ann is fed up because Chamath never gives her any of the money and she is very tired. She cannot quit because Chamath has threatened her, if she goes away he has some photographs of her and he will publish them. Ann is also scared that she has a disease (STI, HIV).

- What type of violence did Ann experience?
- What should she do?

Special Story #2: After Chamila left the shelter she met Nalin. Nalin said that he really loved her. Chamila trusted him very much and told him everything that has happened in her life— how she went to the shelter and how she earned some money at a shelter with her skills and all the other details. Nalin said that he wanted to start a new life with Chamila and he asked her to withdraw the money which she has in the bank and start their own happy life together. Chamila listened to him because she loved him. They got married. After withdrawing the money Nalin took it all. Now Nalin is not the same man he used to be. He drinks every night and comes to the house angry and scolding her. Chamila gets very embarrassed when Nalin is screaming and yelling all about her past life. After he spent all her money he beat her and asked for more money. The next night Nalin came home and forced her to have sex with him. Chamila really doesn't want to stay with him but she doesn't know whether he is allowed to do these things because he is her husband and she married him. She is fed up but feels helpless.

- What type of violence did Chamila experience?
- Is Nalin allowed to do what he did?
- What should she do?

3. After ten minutes of discussion, ask participants:

- What did these stories have in common? (Hints: Violence and abuse, fear, blame, not knowing what to do to stop the situation).
- What situations can you describe as gender-based violence? (Hints: Situation # 2, situation # 3 and violence against mother in the situation # 4, as well as both Special Stories)

- How do you feel about these situations?
- Are these situations common in the village where you live?
- Do you feel comfortable talking with your friends about how to prevent and/or act in violent situations?

PERSONAL APPLICATION

Discussion (5 minutes)

1. Ask participants to write down answers on a piece of paper to the following question:

- What can you do to prevent sexual violence when you are with your partner?

Note: If participants cannot write down their answers, they can sit quietly and think about their response.

2. Ask for a few volunteers to share their answers. Summarize with the following points:
   - Avoid secluded places.
   - Keep others informed about your plans for the evening.
   - Split the cost (for dinner, movie, concert, etc).
   - Decide about your sexual limits (before you go out).
   - Communicate clearly about your limits and expectations with your date.
   - Leave if necessary.
   - Control your emotions.
   - Never force a person to do something that she/he does not want to do.

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Annexes

ANNEX A: PUBERTY — LEADER'S RESOURCES

DEVELOPMENT OF BOYS AND GIRLS

		BOYS	GIRLS
10 – 14	PHYSICAL CHANGES	- Growth spurts occur - Muscles enlarge - Voice deepens - Acne develops - Sperm matures, wet dreams begin	- Grow taller, bigger (often before boys) - Breasts begin to enlarge - Hips widen - Acne develops - Hair grows around genitals and under arms - Ovaries mature, menstruation begins, able to become pregnant
10 – 14	EMOTIONAL CHANGES	- Values and beliefs primarily determined by family - Experience mood swings, behavior driven by feelings - Confused about emotional and physical changes - Begin to have sexual feelings and curiosities - Begin to seek acceptance by peers through competition and achievement	- Values and beliefs primarily determined by family - Experience mood swings, behavior driven by feelings - Confused about emotional changes, preoccupied with physical appearance - Self-esteem determined by others - Seek acceptance by fostering relationships with peers
15 – 19	PHYSICAL CHANGES	- Development continues - Genitals enlarge - Hair grows on face, around genitals, under arms, and on chest	- Development continues - Breasts enlarge, hips widen, hair grows around genitals and under arms
15 – 19	EMOTIONAL CHANGES	- Challenge rules and test limits - Feelings contribute to behavior but do not control it, can analyze potential consequences - Compare own development to peers, become concerned with self-image - Increased interest in sex, aware of own sexuality - Peers influence leisure activities, appearance, substance use, and initial sexual behaviors	- Compare their development to peers, peers determine self-image - May challenge rules and test limits of gender norms, desire more control over life - Increased interest in sex, aware of own sexuality - Desire to be loved may influence decision-making in sexual relationships - Peers influence leisure activities, appearance, substance use, and initial sexual behaviors

DEVELOPMENT OF BOYS AND GIRLS

20 – 24

	BOYS	GIRLS
PHYSICAL CHANGES	Development finishes	Development finishes
EMOTIONAL CHANGES	- Develop more serious relationships, may commit and marry - Understand consequences of behaviors - Struggle with adult roles and responsibilities, modern versus traditional values - Can make own decisions, peers have less influence - Cope with the competing demands of school, family, spouse, community, livelihood, and self	- Develop more stable relationships and marry - Understand consequences of behaviors, prepare for parenthood - Clearer about self in relation to others, including spouse - Cope with the competing demands of school, family, spouse, community, livelihood, and self - Able to recognize and seek help when needed

Adapted from My Changing Body: Fertility Awareness for Young People, FHI and Institute for Reproductive Health of Georgetown University, 2003

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ANNEX B: CONTRACEPTION — WORD PUZZLE HANDOUT

Abstinence	**Pill**	**Condom**	**Contraceptive**
Spermicide	**Sterilization**	**Love**	**Talk**
Fertility	**Plan**	**Awareness**	**Wait**

S	T	E	F	E	R	T	I	L	I	T	Y	N	O	M	L	I	F	O	X
P	I	A	W	A	R	E	N	E	S	S	O	C	E	R	F	E	R	O	M
O	U	P	L	A	N	R	E	W	Q	I	E	W	P	I	L	S	C	V	B
N	Y	B	F	A	C	O	I	X	T	I	N	I	R	E	C	U	D	E	H
G	F	N	C	O	N	T	R	A	C	E	P	T	I	V	E	P	H	C	Y
E	D	S	N	R	P	A	Z	F	O	A	B	H	U	G	G	P	O	N	E
D	U	D	L	L	O	I	G	Y	F	F	M	D	I	A	L	O	V	E	T
C	O	C	E	R	L	D	L	R	E	F	O	R	S	T	S	S	U	N	A
M	W	I	T	I	A	T	D	L	R	E	C	A	W	D	U	I	U	I	L
O	C	E	R	V	I	C	A	L	C	A	P	W	M	A	B	T	A	T	K
A	B	E	S	A	A	M	G	A	R	H	P	A	I	D	K	O	L	S	S
I	T	A	W	A	Z	T	V	U	N	B	R	L	T	O	T	R	I	B	G
S	P	O	P	L	E	D	I	C	I	M	R	E	P	S	T	Y	H	A	K

ANNEX C: CONTRACEPTION — WORKSHEET HANDOUT[13]

What's the name of the method?
How does it work?
How do you use it?
What advantages and disadvantages do you see in this method?
What is the effectiveness of the method?

13 *Adapted from ReCAPP-ETR Associates Resource Center for Adolescent Pregnancy Prevention*

ANNEX D: CONTRACEPTION — METHODS HANDOUT

	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Abstinence (Completely avoiding any form of sexual intercourse)	Prevents sexual contact and exchange of body fluids between partners Almost 100% effective	Mutual agreement or independent decision by either partner	Has no medical or hormonal side effects It is free	People may find it difficult to abstain for long periods of time Women and men often end their abstinence without being prepared to protect themselves against pregnancy or infection	Abstinence protects health and reproductive capacity by reducing or eliminating risk of STIs and HIV infection and reproductive tract infections
The pill (combined oral)	Hormones prevent release of egg from ovaries and implantation of the fertilized egg in the uterus As commonly used combined oral contraceptives are 92% effective[14]	Some pills are taken daily for 21 days and stopped for seven days before starting a new package Other kinds are taken continuously for 28 days Oral pills should be taken at the same time each day	Reduces menstrual cramps, makes periods lighter, offers some protection against pelvic inflammatory disease, which often leads to infertility when left untreated The pill gives some protection against • acne • breast growths that are not cancer • ectopic pregnancy • endometrial and ovarian cancers. Protection increases with each year of use. • iron deficiency anemia • ovarian cysts • premenstrual symptoms, including headaches and depression • vaginal dryness and painful intercourse related to menopause	Bleeding between periods (most often with progestin-only pills) Breast tenderness, nausea and vomiting	The pill does not protect a woman from STIs and HIV infection To be protected from HIV and STIs, the pill should be used with a condom

14 This means that 92 of every 100 women using COCs will not become pregnant.

	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Injectables (DepoProvera)	Hormone progestin stops eggs from being released by the ovaries and thickens cervical mucus, blocking sperm from entering the uterus As commonly used injectables are 97% effective	Injected into the muscle by a trained physician The first shot is given within the first five days of a woman's menstrual cycle to ensure that she is not pregnant Shots must be repeated every 12 weeks	Safe, simple, and convenient Provides effective, long-lasting pregnancy protection No daily pill to remember, nothing to do right before having sex Improves spontaneity Private — no packaging that might be embarrassing Doesn't contain estrogen, unlike the pill, patch, and ring, so it's a good choice for women who cannot take estrogen and for women who are breastfeeding Can help prevent cancer of the lining of the uterus	Some women have longer, heavier periods Some women have increased spotting and light bleeding between periods	Injections do not provide protection from STIs and HIV/AIDS They may have side effects
Male condom	Prevents semen from entering the partner's body As commonly used male condoms are 85% effective	Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the sperm After the ejaculation, the condom should be carefully removed to avoid spilling the sperm into the partner's body Used condoms must be properly disposed of and never be re-used	Let men help prevent pregnancy and STIs Inexpensive and easy to get Lightweight and disposable Do not require a prescription Can relieve premature ejaculation May help a man stay erect longer Can be put on as part of sex play Can be used with all other birth control methods to provide effective pregnancy prevention and to reduce risk of STIs	Condoms have no side effects except for people who are allergic to latex About 1 or 2 in 100 people have such allergies	The latex condom prevents from HIV and STIs Condoms should not be used if the package is damaged or expiration date has passed Vaseline and heat destroy the condom

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	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Spermicides	Kills sperm by causing the membrane of sperm cells to break This keeps sperm from meeting an egg As commonly used spermicides are 70 % effective	Available in different forms such as forming tablets, foam, melting film, jelly and cream Spermicide should be placed in vagina prior to sexual intercourse Different types of spermicides require different time intervals between inserting spermicide into the vagina and having sexual intercourse	It can be carried in your pocket or purse It can be inserted by a partner as part of sex play It does not have an effect on a woman's natural hormones It is very easy to get — drugstores and supermarkets It does not require a prescription It can be used during breastfeeding	If not used exactly as directed, spermicides may not form a good barrier over the cervix This may make the spermicide less effective Some women complain that spermicides are messy or that they leak from their vaginas Spermicide may irritate the penis or vagina–switching brands may solve this problem	Spermicides do not protect from STIs or HIV/AIDS
Emergency contraceptive pill	Prevent the release of an egg from the ovary or delay its release by 5-7 days By then, any sperm in the woman's reproductive tract will have died since sperm can survive there for only about 5 days Effectiveness varies from 99% to 98%	This is a special dose of contraceptive pills that is taken any time within five days after unprotected sex	The sooner after unprotected sex that ECPs are taken, the more effective they are	Breast tenderness, irregular bleeding, dizziness, headaches, nausea and sickness	This pill dose may cause a disruption in the menstrual cycle It does not prevent from pregnancy for any future sex, even the next day It should not be used as a regular family planning method

	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Female Condom	The female condom is a lubricated plastic sheath with two rings One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix It forms a pouch that collects the semen	Before sexual intercourse begins, grasp the ring at the closed end, and squeeze it so it becomes long and narrow Push the inner ring into the vagina as far as it will go About 2 to 3 centimeters of the condom and outer ring remain outside of the vagina During intercourse, the man's penis must be guided inside the condom Afterward, hold the outer ring of the condom, twist to seal in fluids, and gently pull it out of the vagina Used condoms must be properly disposed and never be re-used	*For Women:* Women can initiate their use Have a soft, moist texture that feels more natural than male latex condoms during sex Help protect against both pregnancy and STIs, including HIV Outer ring provides added sexual stimulation for some women Can be used without seeing a health care provider. *For Men:* Are not tight or constricting like male condoms Do not dull the sensation of sex like male condoms Do not have to be removed immediately after ejaculation	Women may find it challenging to persuade her partner to use female condoms or be able to use it every time Inner ring may be uncomfortable or painful to some female users Condom squeaks or makes noise during sex Both users may experience mild irritation in or around the vagina or penis (itching, redness, or rash) Women may experience difficulty inserting the female condom	It can be inserted 8 hours before sexual activity begins It enables women and girls to protect themselves and their partners It is noticeable during sex, and insertion may require practice

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	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Standard Days Method	A natural method of family planning The Standard Days Method (also known as the "calendar method") allows women to keep track of their menstrual cycles and abstain from unprotected sex during peak fertile times, while the woman is ovulating A woman can use this method if: • She has regular menstrual cycles • Her cycle is never shorter than 26 days • Her cycle is never longer than 32 Days • The woman can abstain from unprotected sex from day 8 through day 19 of each cycle You may need to wait if your periods have not returned after childbirth or you recently stopped using a long-acting injectables	With this method, a woman should keep a record of the length of each of her menstrual cycles, using an ordinary calendar The first day of a woman's period is also the first day of the menstrual cycle Count the number of days (including the first day) for at least 8 cycles To predict the first fertile day in a woman's menstrual cycle, she would: • Look at the number of days in her shortest recorded cycle • Subtract 18 from the total number of days • Count that number of days from Day One of her current cycle, and mark that day with an X on her calendar • The day marked X is her first fertile day To predict the last fertile day in a women's menstrual cycle, she would: • Look at the number of days in her longest recorded cycle	Women who do not have access to artificial contraceptives or cannot use them for religious reasons can use this method This method is inexpensive compared with some other methods There are no associated birth control side effects If used correctly, Standard Days Method can be 95% effective	Standard Days Method cannot be used with women who have irregular periods (common among young girls), cycles shorter than 26 days or longer than 32 days Women must be able to avoid unprotected sex during fertile days in order to use this correctly Standard Days Method has a lower effectiveness rate compared with Oral Contraceptives, Condoms, and some other artificial methods Standard Days Method cannot prevent against HIV/AIDS or STIs	In addition to counting days on the calendar, a woman can also use CycleBeads to help keep track of fertile days for the Standard Days Method

	HOW IT WORKS	HOW IT IS USED	BENEFITS	DISADVANTAGES	ADDITIONAL INFORMATION
Standard Days Method		• Subtract 11 days from the total number of days • Count that number of days from Day One of her current cycle, and mark that day with an X on her calendar • The day marked with an X is her last fertile day Afterwards, the woman would be sure to not have unprotected sex on the days that she is fertile			

ANNEX E: CONTRACEPTION — ROLE-PLAY HANDOUT

ASHEN AND DILINI

Ashen: You love Dilini and decided to get engaged until you both have enough money for a wedding. But you are very worried that Dilini will not agree to have sex with you. You believe that she should not have any doubts about your loyalty or intentions because you both already engaged.

Dilini: You love Ashen very much and being with him makes you very happy. You are considering having sex with Ashen but you don't know a lot about birth control and you are afraid to get pregnant before the party or wedding. You asked your friend Shashini about contraception and she said that birth control pills prevent you-from ever being able to have a baby and that if you ask Ashen to use a condom he will think you don't trust him. She also said that she heard that a girl can't get pregnant the first time she has sex, so you shouldn't worry. You are still not sure whether it is a good idea to use the pills or condoms and you are too shy to go and get information from the pharmacist. You are also afraid to ask Ashen these things because you think that if you ask he will misunderstand and get upset. And what if he says "no"? What can you do? While you figure out what is best, you think that first you will just have sex with him and make him happy and worry about birth control later.

The Scene:

The scene opens with Ashen and Dilini sitting on a couch and Ashen is asking Dilini whether she loves him. Dilini is ready to have a sexual relationship but she asks Ashen about what they should do to protect themselves and repeats the information given to her by Shashini. Ashen is ready to use condoms but only from time to time. He heard that it is not always dangerous to have unprotected sex.

ANNEX F: SEXUALLY TRANSMITTED INFECTIONS

CHLAMYDIA

Chlamydia is a common sexually transmitted infection (STI) caused by the bacterium, Chlamydia trachomatis. Chlamydia is five times as common as gonorrhea and more than 30 times as common as syphilis. Chlamydia is spread by vaginal and anal intercourse. Rarely, it is spread during oral sex or by touching your eye with your hand. It can also spread from a woman to her fetus during birth. Chlamydia is not passed through casual contact.

Chlamydia can infect the penis, vagina, cervix, anus, urethra, eye, or throat. If Chlamydia is not treated it can lead to sterility and infertility in both men and women.

SYMPTOMS

Usually, Chlamydia has no symptoms. Most people are not aware that they have the infection especially women. If a person does get Chlamydia symptoms, they may begin in as little as 5 to 10 days after a person got the infection.

When women have Chlamydia symptoms, they may experience

- abdominal pain
- abnormal vaginal discharge
- bleeding between menstrual periods
- low-grade fever
- painful intercourse
- pain or a burning feeling while urinating
- swelling inside the vagina or around the anus
- the urge to urinate more than usual
- vaginal bleeding after intercourse
- a yellowish discharge from the cervix that may have a strong smell

When men have symptoms, they may experience

- pain or a burning feeling while urinating
- pus or watery or milky discharge from the penis
- swollen or tender testicles
- swelling around the anus

In both women and men, Chlamydia may cause the anus to itch and bleed. It can also result in a discharge and diarrhea. If Chlamydia infects the eyes, it may cause redness, itching, and a discharge. If Chlamydia infects the throat, it may cause soreness.

Chlamydia symptoms may only appear in the morning and may be mild, especially for men. That's why many people do not realize they have an infection.

TREATMENT

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments. A health care provider can help to decide which the best treatment is.

All sex partners should be tested, and treated. Persons with Chlamydia should abstain from sexual intercourse until they and their sex partners have completed treatment, otherwise re-infection is possible.

PREVENTION

Abstain from vaginal and anal intercourse and oral sex.

If you choose to have vaginal or anal intercourse, use a condom every time.

Giving or getting Chlamydia during oral sex is rare, but you can further reduce your risk by using condoms or latex or plastic barriers.

GONORRHEA

Gonorrhea is a common sexually transmitted infection (STI). Gonorrhea is caused by Neisseria gonorrhoeae, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

Gonorrhea is spread through contact with the penis, vagina, mouth, or anus. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread from mother to baby during delivery. People who have had gonorrhea and received treatment may get infected again if they have sexual contact with a person infected with gonorrhea.

SYMPTOMS

Often, gonorrhea has no symptoms. In women, the symptoms of gonorrhea are often mild, but most women who are infected have no symptoms. Some men with gonorrhea may have no symptoms at all. However, some men have signs or symptoms that appear two to five days after infection; symptoms can take as long as 30 days to appear.

When women have symptoms, they commonly experience

- abdominal pain
- bleeding between menstrual periods
- fever
- menstrual irregularities
- painful intercourse
- painful urination
- swelling or tenderness of the vulva
- the urge to urinate more than usual
- throwing up
- yellowish or yellow-green vaginal discharge

When men have symptoms, they commonly experience

- pus-like discharge from the penis
- pain or burning feeling while urinating
- more frequent urination than usual

In both women and men, gonorrhea may cause the anus to itch. It can also result in a discharge and painful bowel movements. Itching and soreness of the throat with trouble swallowing may be symptoms of an oral infection. 9 out of 10 oral infections show no symptoms at all.

TREATMENT

Gonorrhea is easy to treat. It is treated by antibiotics. Health care providers usually prescribe a single dose of an antibiotic. Some gonorrhea infections, however, are resistant to certain types of antibiotics, so it is needed to take more than one dose. Both sexual partners must be treated for gonorrhea before having sex again. That way they can avoid becoming infected again.

PREVENTION

Abstain from vaginal and anal intercourse and oral sex.

If you choose to have vaginal or anal intercourse, use a condom every time.

Giving or getting gonorrhea during oral sex is rare, but you can further reduce your risk by using condoms or latex or plastic barriers.

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GENITAL HERPES

Genital Herpes is a sexually transmitted disease (STD) caused by the herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2). Most genital herpes is caused by HSV-2. Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first outbreak. Although the infection can stay in the body indefinitely, the number of outbreaks tends to decrease over a period of years.

A person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission can occur from an infected partner who does not have a visible sore and may not know that he or she is infected

SYMPTOMS

Most people with genital herpes have no symptoms, have very mild symptoms that go unnoticed, or have symptoms but do not recognize them as a sign of infection. The most common herpes symptom is a cluster of blistery sores — usually on the vagina, vulva, cervix, penis, buttocks, or anus. Symptoms may last several weeks and go away. They may return in weeks, months, or years. The first time that genital herpes symptoms appear is called "first episode" or "initial herpes." The initial herpes symptoms are usually more noticeable than later outbreaks.

Genital herpes symptoms may include

- blisters
- burning feelings if urine flows over sores
- inability to urinate if severe swelling of sores blocks the urethra
- itching
- open sores
- pain in the infected area

During initial herpes, symptoms may also include

- swollen, tender glands in the pelvic area, throat, and under the arms
- fever
- chills
- headache
- general run-down feelings
- achy, flu-like feelings

When there are initial herpes symptoms, they usually appear from 2 to 20 days after infection. But it may be years before the first symptoms appear. Initial herpes sores usually heal in about 2 to 4 weeks. But the virus stays in the body. It can flare up and cause sores again. Symptoms from flare-ups usually heal in 10 to 14 days.

TREATMENT

There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy for symptomatic herpes can reduce transmission to partners.

PREVENTION

There are three main ways you can prevent spreading genital herpes.

Stop having sexual contact as soon as you feel warning signs of an outbreak. Warning signs may include a burning, itching, or tingling feeling. Do not have vaginal, anal, or oral sex — even with a condom. Wait until seven days after the sore heals. The virus can spread from sores not covered by the condom. It can also spread in sweat or vaginal

fluids to places the condom doesn't cover.

Use condoms between outbreaks to reduce the risk of transmission.

Use herpes treatments. The risk of transmission can be greatly reduced if the partner with herpes takes a small daily dose of anti-herpes medication.

HUMAN PAPILLOMA VIRUS (HPV)

Genital human papillomavirus (HPV) is the most common sexually transmitted infection (STI). The virus infects the skin and mucous membranes. There are more than 40 HPV types that can infect the genital areas of men and women, including the skin of the penis, vulva (area outside the vagina), and anus, and the linings of the vagina, cervix, and rectum. You cannot see HPV. Most people who become infected with HPV do not even know they have it. HPV is spread by skin-to-skin contact — usually during vaginal, anal, or oral sex play.

SYMPTOMS

Most people with HPV do not develop symptoms or health problems. But sometimes, certain types of HPV can cause genital warts in men and women. Other HPV types can cause cervical cancer and other less common cancers, such as cancers of the vulva, vagina, anus, and penis. The types of HPV that can cause genital warts are not the same as the types that can cause cancer.

HPV types are often referred to as "low-risk" (wart-causing) or "high-risk" (cancer-causing), based on whether they put a person at risk for cancer. In 90% of cases, the body's immune system clears the HPV infection naturally within two years. This is true of both high-risk and low-risk types.

TREATMENT

There is no treatment for the virus itself, but a healthy immune system can usually fight off HPV naturally. There are treatments for the diseases that HPV can cause.

PREVENTION

A vaccine can now protect females from the four types of HPV that cause most cervical cancers and genital warts. The vaccine is recommended for 11 and 12 year-old girls. It is also recommended for girls and women age 13 through 26 who have not yet been vaccinated or completed the vaccine series. For those who choose to be sexually active, condoms may lower the risk of HPV, if used all the time and the right way. Condoms may also lower the risk of developing HPV-related diseases, such as genital warts and cervical cancer. But HPV can infect areas that are not covered by a condom—so condoms may not fully protect against HPV. So the only sure way to prevent HPV is to avoid all sexual activity.

Individuals can also lower their chances of getting HPV by being in a mutually faithful relationship with someone who has had no or few sex partners. However, even people with only one lifetime sex partner can get HPV, if their partner was infected with HPV. For those who are not in long-term mutually monogamous relationships, limiting the number of sex partners and choosing a partner less likely to be infected may lower the risk of HPV. Partners less likely to be infected include those who have had no or few prior sex partners. But it may not be possible to determine if a partner who has been sexually active in the past is currently infected.

GENITAL WARTS

Genital warts are growths on the skin of the genital area and around the anus. They are caused by certain types of the human papilloma virus (HPV).

Most genital warts are caused by one of two types of HPV — types 6 and 11. Genital warts can appear in the mouth or genital area — the vulva, vagina, cervix, rectum, anus, penis, or scrotum. They are passed from one person to another by skin-to-skin contact, usually during sex play.

SYMPTOMS

Common genital warts symptoms are flesh-colored, soft-to-the-touch bumps on the skin that may look like the surface of a cauliflower. They often grow in more than one place and may cluster in large masses. Genital warts usually are painless, but they may itch.

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They are visible and can be found in vagina or on vulva, cervix, penis, anus, or urethra. It is also possible — but not very likely — to have them in mouth, on the lips, tongue, and palate, or in the throat.

Genital warts usually develop 6 weeks to 6 months after infection. They often grow more rapidly during pregnancy or when a person's immune system is weakened by:

- chemotherapy
- diabetes
- HIV/AIDS
- Hodgkin's disease
- taking anti-rejection drugs after an organ transplant

TREATMENT

Warts can be removed with various genital warts treatments. Genital warts also may be removed by freezing them. This is called cryotherapy. They may be burned off. This is called electrocauterization. Or they may be removed with surgery or with lasers. In some cases, they are treated with injections of interferon, another type of medication.

PREVENTION

Get the HPV vaccine. It can protect against the two HPV types that cause 90 percent of all cases of genital warts.

Abstain from sex play that involves skin-to-skin contact.

If you choose to have vaginal or anal intercourse, use condoms every time. They can reduce the risk of genital warts. They are not as effective against HPV as they are against other infections such as richomon and HIV, but they greatly reduce the risk of infection.

Stop smoking. Smokers may be more likely to develop genital warts than nonsmokers. They are also more likely to have warts recur.

TRICHOMONIASIS

Trichomoniasis is the most common curable STI especially among young people. Trichomoniasis is caused by the single-celled protozoan parasite, Trichomonas vaginalis. The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site of infection in men.

The parasite is sexually transmitted through penis-to-vagina intercourse or vulva-to-vulva (the genital area outside the vagina) contact with an infected partner. Women can acquire the disease from infected men or women, but men usually contract it only from infected women.

SYMPTOMS

When women have symptoms, they may have

- frothy, often unpleasant-smelling discharge
- blood spotting in the discharge
- itching in and around the vagina
- swelling in the groin
- the urge to urinate frequently — often with pain and burning

Men rarely have symptoms. When they do have symptoms, they may have

- discharge from the urethra
- the urge to urinate frequently — often with pain and burning

If symptoms develop, it may take about 3–28 days.

TREATMENT

Trichomoniasis can usually be cured with prescription drugs, either metronidazole or tinidazole, given by mouth in a single dose. The symptoms of richomoniasis in infected men may disappear within a few weeks without treatment. However, an infected man, even a man who has never had symptoms or whose symptoms have stopped, can continue to infect or re-infect a female partner until he has been treated. Therefore, both partners should be treated at the same time to eliminate the parasite. Persons being treated for richomoniasis should avoid sex until they and their sex partners complete treatment and have no symptoms. Metronidazole can be used by pregnant women. Having richomoniasis once does not protect a person from getting it again. Following successful treatment, people can still be susceptible to re-infection.

PREVENTION

There are several ways to help prevent getting trich or spreading it to other people.

- You can abstain from vaginal and anal intercourse.
- If you choose to have vaginal or anal intercourse, use female or latex condoms every time.
- If you already have trich.
- Inform your sex partner(s) of the infection.
- Have no sex until treatment is complete.
- Be sure your sex partner(s) is/are tested and treated before having sex again to avoid getting trich again.
- Once you are cured and start having sex again, use female or latex condoms every time you have vaginal intercourse.

SYPHILIS

Syphilis is a sexually transmitted disease (STD) caused by the bacterium Treponema pallidum. It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases.

Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

SYMPTOMS

Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. Although transmission occurs from persons with sores who are in the primary or secondary stage, many of these sores are unrecognized. Thus, transmission may occur from persons who are unaware of their infection.

Symptoms vary with each stage. But the syphilis symptoms do not always occur in the same order.

Primary Stage. A painless sore or open, wet ulcer, which is called a chancre, appears. You may have just one chancre or a few. Chancres usually appear about three weeks after infection, but may take up to 90 days. Without treatment, they last 3–6 weeks. Chancres can appear on the genitals, in the vagina, on the cervix, lips, mouth, breasts, or anus. Swollen glands may also occur during the primary phase.

Secondary Stage. Other symptoms often appear 3–6 weeks after the sores appear. These syphilis symptoms may come and go for up to two years. They include body rashes that last 2–6 weeks, often on the palms of the hands and the soles of the feet. There are many other symptoms, including mild fever, fatigue, sore throat, hair loss, weight loss, swollen glands, headache, and muscle pains.

Late Stage. One out of three people who have syphilis that is not treated suffer serious damage to the nervous system, heart, brain, or other organs, and death may result. This can occur 1–20 years after the start of the infection.

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TREATMENT

Syphilis is easy to cure in its early stages. A single intramuscular injection of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. Additional doses are needed to treat someone who has had syphilis for longer than a year. For people who are allergic to penicillin, other antibiotics are available to treat syphilis. There are no home remedies or over-the-counter drugs that will cure syphilis. Treatment will kill the syphilis bacterium and prevent further damage, but it will not repair damage already done.

Because effective treatment is available, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors put them at risk for STDs.

Persons who receive syphilis treatment must abstain from sexual contact with new partners until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and receive treatment if necessary.

Having syphilis once does not protect a person from getting it again. Following successful treatment, people can still be susceptible to re-infection. Only laboratory tests can confirm whether someone has syphilis. Because syphilis sores can be hidden in the vagina, rectum, or mouth, it may not be obvious that a sex partner has syphilis.

PREVENTION

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Genital ulcer diseases, like syphilis, can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of syphilis, as well as genital herpes and chancroid, only when the infected area or site of potential exposure is protected.

ANNEX G: PRE/POST TEST

INSTRUCTIONS: CIRCLE ONLY ONE CORRECT RESPONSE

1. Which body fluid does not spread HIV?
   A. Blood
   B. Sweat
   C. Semen
   D. Vaginal secretion
2. Which is the best way to protect yourself from STIs and HIV?
   A. Abstain from sex
   B. Use condom
   C. Have only one sexual partner
   D. Taking vitamin C
3. Which of the following is a form of STIs?
   A. Dermatitis
   B. Chlamidia
   C. Asthma
   D. Amenorrhea
4. What is a part of female reproductive system that is responsible for the production of egg cells?
   A. Fallopian tubes
   B. Ovary
   C. Uterus
   D. Vagina
5. What is the part of male reproductive system responsible for the production of sperm cells?
   A. Scrotum
   B. Penis
   C. Testicles
   D. Urethra
6. Which of the following contraceptive methods is most effective to prevent unwanted pregnancy and STIs?
   A. Oral contraceptive and condom
   B. Condom
   C. Spermicide and condom
   D. Intrauterine device (IUD) and condom
7. The most likely a girl/woman can get pregnant is:
   A. During her period
   B. Just before her period
   C. Around 14 days before her next period
   D. Immediately after her period
8. What behavior is not helpful to prevent sexual threats and abuse?
   A. Not accepting gifts
   B. Discussing sexual limits with a partner
   C. Avoiding secluding places
   D. Crying
9. What is the most common substance abuse among youth?
   A. Tobacco
   B. Alcohol
   C. Marijuana
   D. Heroine

Key: 1. B; 2. A; 3. B; 4. B; 5. C; 6. A; 7. C; 8. D; 9. B.

The Planning for Life Curriculum was adapted for the Sri Lankan context by Emerge Lanka Foundation, a charitable organization that is dedicated to empowering young women who have survived abuse to rediscover and celebrate their personal beauty, develop their self-sufficiency, and become leaders in their own communities.

To learn more about Emerge Lanka and its sister entity, Emerge Global, see: *www.emergeglobal.org*

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