

# **KARHP Facilitation Manual: A Guide for Trainers of Guidance and Counselling Teachers**



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**FRONTIERS**  
IN REPRODUCTIVE HEALTH

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### G&C Teachers Training Workshop Overview

<b>Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
8:00-10:00	Welcome and introductions  Expectations and objectives  Adolescent reproductive health overview  KARHP overview	Review of day 1  Life Skills: Values	Review of day 2  Life Skills: Communication	Review of day 3  Guidance  Counselling	Responding to questions  Curriculum review
Tea 10:00-10:15					
10:15-1:00	Pre-test  Expectations for KARHP Teacher  Introduction to facilitation  Life Skills	Gender	Teenage pregnancy  Abortion  Sexually transmitted infections	Drug abuse  Sexual violence and abuse	Facilitation Practice
Lunch 1:00-2:00					
2:00-4:00	Adolescent reproductive health	Sexuality and Behaviour	HIV and AIDS	Integrating ARH into schools  Monitoring and reporting	Action Planning
Tea 4:00-4:15					
4:15-5:30	Adolescent reproductive health (continued)  Facilitation Skills	Life Skills: Relationships  Facilitation skills	Myths about reproductive health and HIV and AIDS  Facilitation skills	KARHP Curriculum review	Post-test  Question and answer  Evaluation

## Day 1

**8:00-8:30**

### **Welcome and introductions**

#### **Process**

Welcome participants and thank them for their participation. Familiarize participants with the location of restrooms and review the general schedule, start and end times, lunch and break times. Facilitate an icebreaker in order for participants to meet one another.

Divide participants into pairs. Ask participants to share their names and positions and to ask each other questions until they find three things they have in common. Allow 10 minutes for this exercise. Ask participants to return to the group and have each pair introduce each other and share one commonality they discovered.

Ask participants to brainstorm ground rules for the workshop. Write the agreed upon ground rules on a flipchart and post them in a visible spot in the room.

Ask for a volunteer to be the welfare representative.

Present the 'Question Box' and explain that participants are welcome to write any questions they have and place them in the box. Facilitators will respond to the questions each morning.

**8:30-9:00**

### **Expectations and objectives**

#### **Materials**

Flipchart for writing expectations  
Flipchart with learning objectives  
Copies of training schedule

#### **Process**

In plenary, ask participants to name their expectations for this training workshop. Write participants' responses on the flipchart. Present learning objectives and compare participants' expectations to learning objectives and allow participants to ask questions. If realistic, add any additional, relevant objectives based on participants' expectations. Review the training schedule for the five days.

Learning objectives:

- Demonstrate effective facilitation skills
- Develop action plans to implement adolescent reproductive health activities into their schools
- Become familiar with adolescent reproductive health and life skills content
- Use monitoring and reporting forms

**9:00-9:30**

### **Adolescent reproductive health overview**

#### **Learning objectives**

By the end of this session, participants will be able to:

- Explain physical and emotional changes that occur during adolescence
- Describe why it is important for adolescents to have knowledge and skills to make healthy choices.

**Process**

Ask participants to list some of the challenges and issues facing adolescents in their schools and communities. Facilitate a discussion about these challenges, their causes and consequences. Present the following information on adolescent reproductive health and answer any questions.

Adolescence is the transition period between childhood and adulthood during which many physical, emotional, and social changes occur. Physical changes, such as menstruation in girls or development of facial hair in boys, can be confusing and worrisome for adolescents. During adolescence, youth develop new interests and attempt to establish their independence from adults. Peer pressure can be particularly difficult for youth to deal with in social settings. Helping youth prepare for the wide range of changes they will soon experience can make this transition period easier.

Unfortunately, many adolescents do not have access to the reproductive health information they need to make informed choices about their health and their futures. They are less experienced and may be embarrassed about asking parents, teachers, health providers, or other adults about sexual and reproductive health. Although parents, teachers, religious and community leaders, and health care providers are expected to educate adolescents about personal and physical development, relationships, and their roles in society, their ability to do so in a comfortable and unbiased way may be lacking.

For these reasons, it is important to meet the need for information and services for adolescents; this will help them resist peer pressure to become sexually active and help them protect themselves against unwanted pregnancies and sexually transmitted infections if they decide to begin having sex. Young people have both the need and the right to access to this type of information and services.

Adolescent reproductive health education provides adolescents with information about reproductive physiology and puberty, relationships (both romantic and platonic), gender and gender issues, protective behaviour, including abstinence and contraceptives, and the responsibilities and consequences that come with sexual activity. It also equips adolescents with the life skills they need to deal with peer pressure as well as the confidence to make healthy choices in a manner that is unbiased and non-judgemental.

**9:30-10:00****KARHP overview****Learning objective**

By the end of this session, participants will be able to describe the objectives of KARHP.

**Process**

Present the following information on KARHP. Allow participants to ask questions and to share experiences from their schools.

Youth in Kenya are severely threatened by the HIV and AIDS epidemic. Data from within Kenya and other countries in Africa show that young people are at the greatest risk for new HIV infection, and yet they have the best chance of reversing trends in behaviour that place them at risk. They need to make responsible decisions about sexual behaviour and to protect themselves from unwanted pregnancies, HIV, and other sexually transmitted infections (STIs). It is with this in mind that Population Council and PATH Kenya worked with the Ministries of Education, Science and Technology (MOEST), Health (MOH) and Gender, Sports, Culture and Social Services (MOGSCSS) to develop and implement, on a pilot basis, a multi-sectoral approach to addressing adolescent reproductive health and HIV prevention in two districts (Vihiga and Busia)

of Western Province in Kenya through the Kenya Adolescent Reproductive Health Project (KARHP).

The pilot project was successfully implemented within the structure of Kenyan government ministries and tested innovative approaches for these public sector authorities to work with adolescents (both in and out of school), their parents, teachers and community leaders. The goal of the pilot project was to initiate discussion of adolescent reproductive health, HIV prevention, delay age of sexual debut among young people and encourage safer sexual behaviour among sexually active young people. The following activities were developed and implemented in the community, schools and in health-facilities:

- A life-planning skills curriculum was developed with the MOE to offer appropriate information on sexual and reproductive health including HIV prevention. Guidance and Counselling (G&C) teachers from public primary and secondary schools were trained to offer these sessions, supported by peer educators drawn from among the pupils.
- Social Development Assistants (SDAs) from the MOGSCSS were trained and supported to work with civic and religious leaders and with peer educators drawn from out-of-school youth to gain support for community-wide discussions and education concerning adolescent reproductive and sexual health;
- Health care providers in public and private clinics were given a systematic orientation in offering 'youth-friendly' services and facilitated to recruit and support peer educators based at the facilities, as well as to create a space at health facilities explicitly for counselling adolescents on adolescent reproductive health and HIV and AIDS prevention.

These activities were implemented and evaluated using an operations research approach to systematically test their effectiveness in improving knowledge about reproductive health and encourage a responsible and healthy attitude towards sexuality among adolescents. The ultimate objectives were to improve knowledge; to build decision making and negotiation skills; to delay the onset of sexual activity among younger adolescents; to promote the adoption of safe behaviours; to decrease the risks of both infection by HIV and other STIs and of unwanted pregnancy among sexually active adolescents.

Evidence from the KARHP information system indicates that it was feasible to implement this set of activities at the location level, in schools, in public health facilities and with community organizations. Teachers in the school intervention areas reported that their training in the life skills curriculum with modules on sexuality, relationships and general reproductive health including STI and HIV prevention strategies enhanced their ability to carry out this mandate.

The curriculum exposed adolescents to life skills and contributed to greater understanding of reproductive physiological development, general health and risk factors for STIs including HIV and AIDS. Peer educators provided vital outreach and links among project activities, reporting over 10,000 contacts through school, clinic, individual and group encounters. The increased parental communication with adolescents has exposed them to reproductive health messages creating an environment that encourages preventive norms. Through the activities, adolescents' self-esteem and assertive skills essential for avoiding situations such as teenage pregnancies and risky sex were developed. The results demonstrate that by providing crucial SRH information to adolescents in schools and in the community and linking them to health services, there is a marked improvement in STI, HIV and pregnancy prevention and in communication with parents and other adults.

Given the successful implementation of the activities, and the initial expressions of interest by the communities and all three ministries to consider incorporating them into their routine operations, a follow-on, scale up project was initiated in August 2003 as phase two. This project seeks to facilitate the process of institutionalizing the reproductive health and HIV and AIDS activities within the three ministries at the district level, and for facilitating their replication in other

locations, districts, and provinces. In May 2005 the plan to scale up this activity to a national level was put in place.

The objectives of this scale up process remains the same, but the goal will be to replicate it throughout Kenya between 2005 and 2008.

1. To assist the three ministries to institutionalize those KARHP strategies and services proven cost-effective within the study locations by:
  - a. Identifying an adolescent reproductive health and HIV and AIDS intervention package of cost-effective activities from within the comprehensive set of activities tested through KARHP that the relevant ministries feel can feasibly be implemented as routine activities.
  - b. Developing operational protocols for implementing the identified intervention package through each ministry's location and district level systems.
  - c. Building the technical capacity of ministry staff in one-third of all the provinces to sustain implementation of the adolescent reproductive health and HIV and AIDS intervention package in the four experimental locations and to introduce the intervention package into the two control locations.
  - d. Developing operational annual budgets that cover the full cost of implementing the adolescent reproductive health and HIV and AIDS intervention package at the location level.
2. To assist the three ministries to replicate the adolescent reproductive health and HIV and AIDS intervention package throughout the country by:
  - a. Assisting the three ministries to introduce the intervention packages in all remaining provinces.
  - b. Building the capacity of staff of the three ministries in the six other districts in all the provinces to plan, budget, finance and implement the intervention package.
3. To document systematically and disseminate widely the lessons learned in sustaining and replicating successful adolescent reproductive health and HIV and AIDS interventions to other provinces and districts in Kenya.
4. To assist the three ministries to review their policies, standards and guidelines concerning adolescent reproductive health and HIV and AIDS prevention and, if necessary, to revise them accordingly.

**10:15-10:30**

## **Pre-test**

### **Materials**

Handout 1: Pre-test

### **Process**

Ask each participant to answer all the questions on Handout 1: Pre-test without consulting their colleagues. Collect all the answer sheets and correct them. Use the results of the pretest to determine which areas need extra attention during the training.

**10:30-11:00**

## **Expectations for KARHP Teacher**

### **Learning objective**

By the end of this session, participants will be able to define the role of a KARHP teacher.

**Process**

Ask participants to discuss what they consider their role to be once they are trained as a KARHP teacher. Explain that all participants will develop an action plan by the end of the workshop.

The following should be mentioned:

- Organize and train peer educators.
- Incorporate ARH into curricular and extra-curricular activities.
- Being youth friendly.
- Sensitize fellow teachers, administrators and parents to ARH issues.
- Monitor and supervise KARHP activities.
- Refer students for services and treatment.
- Establish health clubs.

**11:00-11:30**

**Introduction to facilitation****Learning objective**

By the end of this session, participants will be able to differentiate between traditional teaching and facilitation.

**Process**

In plenary, ask participants to describe the difference between facilitation and traditional teaching. Ask why the word *traditional* is being used to qualify teaching. Write responses on a flipchart that has two columns: Facilitation and Traditional Teaching. The following points should emerge:

Facilitation methods	Traditional teaching methods
<ul style="list-style-type: none"> <li>• Facilitation methods increase an individual's sense of ownership of knowledge by actively engaging the learner in the learning process.</li> <li>• Facilitation methods are more effective than teaching methods when behaviour change depends on enquiry, reflection, discussion, dialogue, and experience sharing.</li> <li>• Facilitation methods are more effective than traditional teaching methods when lifelong behaviour change is needed in intensely private areas of personal life, such as using condoms correctly and consistently.</li> <li>• Facilitators value and respect the life experiences and previous knowledge of participants and try to build upon those experiences and knowledge.</li> <li>• In facilitation, the participants are viewed as having valuable information to share and experiences that everyone can learn from (including the facilitator).</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional teaching methods are more effective when straightforward dissemination of specific technical information is all that is needed to bring about behaviour change.</li> <li>• Traditional teaching methods are effective in many cases when behaviour change requires only a one-time action or does not require too much reflection.</li> <li>• A very good teacher will usually be an excellent facilitator and not use traditional teaching methods.</li> <li>• Traditional teaching refers to a lower level of teaching. As it is commonly practiced, it is unimaginative, top-down, didactic, and lecture based.</li> <li>• In traditional teaching, the teacher is viewed as the expert with all the information.</li> </ul>

Ask participants to list qualities of a facilitator. The following should be discussed:

- A facilitator is a nurturer, an advocate for change, and a role model.
- A facilitator respects participants and treats them as equals.
- A facilitator contributes his or her experiences and encourages participants to share their experiences.

- A facilitator is aware of his or her values and realizes others may have different values and respects them.
- A facilitator encourages equal participation among participants.

**11:30-1:00**

## **Life Skills**

### **Learning objective**

By the end of this session, participants will be able to:

- Define Life Skills
- Write examples of specific goals
- Write examples of short-term and long-term goals

### **Process**

Ask participants to explain what is meant by Life Skills. Write their responses on a flipchart.

The following information should come out:

Life skills help young people identify what they want to happen in their lives, help them work towards building good futures by planning for work and deciding about parenthood, and help them meet their goals. The KARHP curriculum focuses on strengthening young people's knowledge and skills in three main areas: sexuality, planning a family and communication.

### **Setting Goals**

Facilitate a discussion about goals. Ask the following questions to generate discussion.

- What is a goal?
- What are examples of goals?
- Why do people set goals?
- When do people set goals?
- How do people set goals and work towards them?
- What are the advantages of making a plan?

Explain that goals should be specific and practical. An example of a specific goal is to receive a certain mark in school. A non-specific goal would be being a good student.

A goal is an achievement and accomplishment towards which our efforts are directed; something to do, someplace to go, something to have. Goals give us something to look forward to and can give us motivation and energy. To set a goal, we must gather information and make decisions and choices. We must learn about what we want to achieve. Goals should be specific and practical. It is important to set a deadline. Goals should be reasonable and manageable. Something realistic and easy to manage makes achievement easier and creates confidence to move to other, greater goals. Thinking about the expected benefits can be motivating. To help achieve a goal, it is helpful to have a plan with steps that are needed to achieve the goal, and also to think about possible difficulties and how they can be overcome.

Ask for someone to give an example of a goal. Ask the following questions to demonstrate the goal setting process.

- When do you want to accomplish this goal?
- If you reach this goal, in what ways is it going to help you?
- What are the steps that you will have to take to reach your goal?
- What are the things that might prevent you from achieving your goals?
- What actions can you take to overcome these difficulties?

Encourage participants to continue thinking about goals with the following questions:

- Do all people set goals for their lives?

- What happens to those who do not?
- Is it really necessary to set goals in order to be able to achieve them?
- Do most people achieve all their goals? Why or why not?
- Who are the people who can help you reach your goals?

Emphasize the following:

- To achieve something, we need to work hard, have faith, security, determination, and hope
- A negative way to look at a problem is to see it as an obstacle
- A positive way to look at problem is to convert it into a challenge and set out to overcome it
- We cannot manage and plan our future if we see our lives as a random set of events of which we do not have control

Ask each participant to write into his or her notebook the ending to each statement. Read each statement one at a time and allow time for participants to answer.

- I would like to finish....
- By the end of the year, I want to....
- By next month, I'd like to....
- I'd like to have enough money to...
- What I want to change most about myself is...
- Some place I'd like to see is...
- One of my good qualities I'd like to develop further is...

Allow participants to share some of their goals and how they plan to achieve them with the rest of the group.

### ***Short and Long Term Goals***

Ask each participant to think of an example of a goal. Give everyone an opportunity to answer. As each person answers, ask him or her to stand on one side of the room or the other, depending on your determination of whether the goal is short-term or long-term. Do not explain why you have asked them to go to the other sides of the room. When everyone has named a goal, ask a volunteer to answer the following questions:

- “Why are you standing in two different groups?”
- “What is the difference between the two groups?”

When someone answers that one group named goals that can be quickly achieved (short-term goals) and the other group named goals that take some time to fulfil (longer-term goals), ask everyone to take their seats.

Facilitate a discussion using the following questions:

- What are some long-term goals that your students have?
- How are goals related to personal and family values?
- What can teachers do to support students in making and achieving goals?

**2:00-4:45**

## **Adolescent reproductive health**

### **Learning objectives**

By the end of this session, participants will be able to:

- Locate male and female reproductive organs
- Describe the process of sperm production and ejaculation
- Describe the process of ovulation and menstruation

**Materials**

- Flipchart paper, tape, markers
- Handout 2: Male Reproductive System
- Handout 3: Female Reproductive System

**Process*****Body Mapping***

Divide participants into groups of six. Assign half the groups the female body and the other half the male body. Ask each group to do a body mapping exercise in the following way:

- Ask each group to draw on outline of a body (on several sheets of flipchart paper taped together). Explain that the easiest way to do this is for one participant lie down on the floor and for someone to draw around his or her body.
- Ask all participants in the group to discuss among themselves and draw the following body parts:
  - a. Eyes, nose and mouth
  - b. Heart and lungs
  - c. Stomach and liver
  - d. Male reproductive organs (organ where male sperm are produced, tube through which the sperm travel, organ used for sexual intercourse)
  - e. Female reproductive organs (organ in which the egg matures, organ where egg and male seeds meet, organ in which the baby grows and organ in which sex occurs)
- Facilitator should move around and observe the exercise without giving comments or correcting any mistakes.
- After the group exercise is over, ask participants to look at Handouts 2 and 3.

3. Ask each group to present their drawing and explain the different parts. Allow members of the other group to ask questions. Correct any misinformation.

4. Together with participants label all the parts and explain the functions of each.

***Sperm Production and Ejaculation***

Ask participants what sperm is. Allow them to exchange their ideas. Then ask what they know about how sperm is produced. Clear any myths or misconceptions that participants might have (i.e. sperm accumulates in the body if sexual intercourse/ejaculation does not take place).

***Ovulation and the Menstrual Cycle***

Ask the group what they have heard about menstruation from their sisters, mothers, aunts, female friends and relatives, media, school, etc. After you let them speak confirm or correct their statements.

Ask for a volunteer to explain how menstruation occurs. Allow other participants to help.

Ask participants what they know about ovulation and the menstrual cycle. Allow them to exchange their ideas. Listen carefully to their answers as many misconceptions regarding ovulation and menstruation may come out.

Ask participants to describe ovulation. Make sure they discuss the following points; if not, read what they have missed:

- Ovulation is the release of a ripe egg from one of the ovaries once in a month
- This egg is picked up by the broad, funnel shaped end of the Fallopian tube and starts moving in the tube towards the womb
- Fertilization is the joining of a released egg and sperm following sexual intercourse

- Usually only one egg is released during ovulation. Sometimes, however, two eggs are released at the same time. If this happens and both are fertilized, twins will be born.
- If an egg is not fertilized, the lining of the uterus sheds and menstruation occurs.

Divide participants into pairs and ask them to look at Handout 4, “Reproduction System Story.” Have them complete the exercise. Review the completed handout and make sure that all the points are clear.

Discussion points:

- What have they learned in this lesson that can be useful in their lives?
- Have they learned something they did not know before?
- Ask volunteers to share what they learned that they did not know before.
- Have they learned something that contradicts what they knew before?
- Ask volunteers to share what they thought before that is different from what they have learned.
- Emphasize that the menstrual cycle is not the same for all girls and women and that it can change for many reasons (stress, change in diet, change in environment, sickness, etc.).
- Explain that some girls and women may experience discomfort and pain, and describe some pain management techniques (exercise, medication).
- Emphasize the importance of menstrual hygiene.

**4:45--5:30**

## **Facilitation Skills**

### **Learning objective**

By the end of this session, participants will be able to identify different participatory facilitation methods used during the training.

### **Process**

Ask participants to think about the different learning activities throughout the day. Facilitate a discussion about facilitation skills with the following questions:

- Which activities did you like the most? What did you like about them? How did you feel during these activities?
- Which activities did you like the least? How could they have been improved?
- Do you think that you could conduct these activities with students? Why or why not?

Explain how participatory techniques that provide participants with the opportunity to learn and practice new attitudes, knowledge, and skills helps to:

- Maintain participants interest
- Meet the needs of learners with different learning styles
- Allows all learners to participate
- Increase learner retention of content

Pass out and review Handouts 5, 6, and 7 to discuss effective facilitation skills.

Encourage participants to pay attention to the different participatory facilitation techniques that will be used throughout the training.

## Day 2

8:00-8:30

### Review of day 1

#### Objective

Participants will share questions, observations, and comments on issues and content from the previous day.

#### Materials

Small pieces of paper

#### Process

Distribute pieces of paper to all participants and ask them to write a comment, observation, or question about their workshop experience the previous day. Collect the papers and redistribute them to different participants in the room. Ask each person to read the comments on their bit of paper aloud. Invite the welfare representative to make an oral report on observations and comments gathered from their interviews the previous day. Allow a maximum of 10 minutes for this. Share any questions from the Question Box. Allow participants to answer them and then correct any misinformation as needed.

8:30-10:00

### Life Skills: Values

#### Learning objectives

By the end of this session, participants will be able to:

- Define the word value
- Describe the relationship between values and behaviours

#### Instructions

Ask participants to define the word “values.” The following should be mentioned about values:

- They are ideas or beliefs that are important to us
- They are ideas or beliefs we support or are against (give examples like early sex, girls’ right to education)
- Are chosen freely (though they are influenced by families, religious teachings, culture, friends, media)
- They are things we believe in and are willing to stand up for
- Beliefs, principles, or ideas that are of worth to us and help define who we are
- Things that guide our behaviour and lives

When a definition is agreed upon, facilitate a discussion by asking the following questions:

- Where do we get our values?
- What is one example of a value that you feel is very important?
- What is an example of a religious value you may have been taught?
- Which of your values come from your cultural beliefs?
- What is a national value that may be less important in other countries?
- Can you think of a value someone else has that you do not share? What is it?

Ask all participants to stand in the middle of the room. Explain that you are going to read a statement aloud. If they agree with the statement, they should move to the right side of the room, if they do not agree, they should go to the left side of the room. Encourage participants to pick their side as quickly as possible. Read the following statements and have participants move to the part of the room to show whether they agree or disagree. Explain that there are no right or wrong answers and that everyone is entitled to their own opinions.

1. Men should pay the bill when a man and woman go out for lunch, movie, disco or picnic.
2. Having a job you enjoy is more important than earning a lot of money.
3. When a man and woman have sex, making sure the woman does not become pregnant is her responsibility.
4. Children can be raped by their parents.

5. It's not okay for a boy or man to cry.
6. Waiting to have sexual intercourse until you are married is unrealistic.
7. Women should be allowed to inherit property.
8. A girl who dresses in mini skirts and sexy clothing is asking to be raped.
9. A man who fathers a child but does not take responsibility should be punished.
10. It is important to follow traditions no matter what.
11. A man's sexual desire is greater than a woman's.
12. A 15-year-old girl who wants contraceptives should be able to get them.
13. It is preferable to have male children than female children.
14. It is okay for a boy to have pre-marital sex, but not a girl.

After this exercise, bring the group together and discuss:

- Did you know right away how you felt or did you have to think about each one?
- Did you ever change your mind?
- Did anyone else in the group influence your vote?
- How did you feel about the differences in values of the group?

Present the following information in a participatory lecture.

Even young adolescents may feel strongly about personal and family values, and discussing these values may arouse emotions. Be sure that ground rules are followed at all times including confidentiality, not passing judgment on responses, and allowing everyone to participate. Emphasize that individual values differ and there are no "right" or "wrong" answers. Allow participants to express, explain and defend their values. Encourage them to use "I" statements expressing their own perspectives and feelings rather than making generalizations and do not allow any putdowns.

If there is an argument over a value-related issue, take immediate and overall control and ask each side to articulate its point of view. Remind participants that people's values differ and that is okay, then move on to another topic. If confusion and dissatisfaction remain, the facilitator may want to schedule a formal debate of the issue at another time.

Remember that while you are monitoring participants to ensure that they are non-judgmental, you must be non-judgmental as well. Be aware of your own personal values, especially when controversial topics like abortion, birth control, or premarital sexual intercourse are discussed. The facilitator should monitor their verbal comments and body language to avoid taking one position or another. Support the young people so that they will not feel overwhelmed or subordinated by the values and opinions of their peers. Make it clear that it is all right to change one's mind based on new information or a new way of looking at an issue.

Occasionally, one or two teens will express a particular value stance in opposition to the rest of the group. In such a case, it is your responsibility to support such a minority viewpoint. Show your support, but state clearly that you support the behaviour of standing up for one's values rather than the position.

Whenever there is discussion about a topic and no one in the group expresses a commonly held position (e.g. Teens need all the information including information on contraceptive methods to make the best, informed choice), remind the group convincingly of that position. The facilitator could say, "other people might say..." and give reasons for that position.

Teachers will be asked about their own values related to various topics. It is appropriate to share some of your personal values and to discuss the values that you learned from your family, which helped you make positive decisions about vocational goals or education. It is better to not share personal values related to highly controversial topics. Teachers are important figures in the lives of adolescents and can influence their values and behaviours. If asked about a controversial topic, say something like "I'm more interested in what you believe right now" or "Knowing my position may not help you figure out your own." If you do share personal values, be clear that the values are right for you, but not necessarily right for them.

Ask participants to name people they know (parents, siblings, teachers, politicians, religious leaders, TV personalities, writers, sportsmen and friends) who have felt very strongly about something and have acted

because of their values. Allow plenty of time for participants to think of someone. Give an example if necessary to get the groups started.

On a flipchart, create three columns headed: Person, Value, and Behaviour. Ask participants to fill them with the names of the person they have thought of, his or her values (principles, beliefs) and their specific activities or behaviours.

Ask the group to think of examples of values that have influenced their own lives in some way. Give one example of a behaviour that resulted from your values.

Ask participants to think of values learned from their families, cultures, or religious leaders that have influenced their behaviour. Examples of principles include “do not lie, cheat or steal,” “take care of your brother or sister” and “live in harmony with the world around you.” Ask how such principles have influenced their behaviour.

Explain that you will read several statements, followed by a series of questions. They should not answer the questions out loud, but think about them and write notes to themselves. Each statement reflects a value. Questions will be about behaviours that support or ignore the value. When you have finished, the group will talk about the results.

Read aloud the following statements and questions (or substitute statements and questions of your own):

(a) Your health is important to you.

- Do you get regular exercise?
- Do you eat healthy foods?
- Are you a non-smoker?
- Do you avoid using alcohol and other drugs?

(b) Men and women should have equal opportunities.

- Would you encourage a female friend to study pure physics?
- Would you encourage a male friend to study home science?

(c) Teens should not have sex unless they use contraception.

- Have you talked with young people about condoms and other contraceptives?
- Do you know how young people can access contraceptives?

Ask the group members to reflect on their answers to the questions for a few minutes and then discuss why people do not always behave according to their values.

**10:15-1:00**

## **Gender**

### **Learning Objectives**

By the end of this session, participants will be able to:

- Define gender
- Distinguish between sex roles and gender roles

### **Materials Required**

One long rope

Flipchart sheets, markers

### **Process**

Explain that a game will be played outside and ask participants to move outside. Divide participants into two teams. Describe how to play “Tug-of-War.” Ask the two teams to stand facing each other and hold opposite ends of the rope. Mark a line across the middle of the area of which they must try to pull the other team. Start them off with “1, 2, 3, GO!” and let them pull until one team has pulled the other over the dividing line.

Ask participants to sit in a circle. Tie the rope in a large circle and hand it to them, so that everyone is sitting around the outside of it. This is called a “Tug-of-Peace.” Ask participants to pull together on the rope so that they can all stand up.

Ask participants to explain what this exercise illustrates. Explain that the idea is to show that, instead of people pulling on opposite ends where only one team wins, we can use situations so that everyone benefits and feels good about the results. Ask participants to discuss how this might be related to the issues of men and women and girls and boys.

Ask each participant to write on a piece of paper one thing that women can do that men cannot do. Collect the pieces of paper and put them aside. Ask each participant to write on a piece of paper one thing that men can do that women cannot. Collect the pieces of paper and put them aside.

Draw the following table on a flipchart:

What men can do	What women can do	What both can do

Go through the responses under the “men” column and remove all those that women can also do, if any (include discussion with participants). Put them in the third column. Go through the responses under the “women” column and remove all those that men can also do, if any (include discussion with participants). Put them in the third column. What should be left under the first two columns will be the biological differences between men and women. Explain to participants that these biological differences are called sex roles. Emphasize that they do not change over time and are universal.

Explain that gender roles are ideas created by society and therefore vary from society to society and change over time as society changes. Gender refers to shared ideas and expectations about men and women. These include ideas about what characteristics and abilities are considered feminine/female and masculine/male and shared expectations about how men and women should behave in different situations. The term gender describes the perceived masculinity or femininity of a person or characteristic. A person’s gender is complicated, and is made up of roles, duties, appearance, speech, movement, and more. Ideas about gender are learned from family, friends, teachers, religious leaders, advertisements, the media, and opinion leaders. Women’s and men’s roles and responsibilities are socially determined. How we are expected to think as men and women is because of the way society is organized, not because of our biological differences. These roles do not come from biological differences at all.

Sex refers to the physiological characteristics that identify a person as a male or a female:

- Type of genital organs (penis, testicles, vagina, womb)
- Type of predominant hormones circulating in the body
- Ability to produce sperm or ova (eggs)
- Ability to give birth and breastfeed children

Read the following sentences to participants and ask them to write the ending to the sentences in their notebook. Discuss the responses for each sentence one at a time. For some of the responses that perpetuate negative gender stereotypes ask the others if they agree or disagree with the response. Have them explain themselves.

- Being a woman (or a man) makes me feel....
- If I were the opposite sex, my life would be different because....
- In ten years, I will probably spend most of my time....
- In this country, males do....
- In this country, females do...
- One thing I would like to change about being a male/female...
- Men are better at...

- Women are better at...

Explain that people often have beliefs and attitudes concerning the abilities of women compared to men and these are not based on reality. One example is that women are more caring than men. Ask participants to list other examples of characteristics that are often associated with either women or men.

Female Stereotypes	Male Stereotypes
Gentle Caring Physically weak Less intellectual Submissive Cannot lead followers in a household Gossip Cannot make decisions	Rough Individualistic Physically strong More intellectual Assertive Leaders Heads of household Discuss Decision-makers

Ask participants to think about whether or not these beliefs influence:

- The way young people feel about themselves
- How young people behave
- What young people believe they can do
- What goals young people set for themselves

Ask participants where young people learn what is right or not right for boys and girls to do:

- Home/family (the way we are brought up)
- Media
- School
- Social groups, peers

Write the following two statements on a flipchart:

- Boys may believe that to be masculine they should...
- Girls may believe that to be feminine they should...

Complete the sentences with as many responses from participants as possible.

Feminine	Masculine
Be emotionally sensitive Be vulnerable Submit to wishes of men Be dependent Meet needs of others before self Be physically attractive Be tolerant Avoid careers in math and sciences Have children at the command of men	Be in control Appear unemotional Be dominant Be sexually active Have many partners Head the family Be the breadwinner Avoid household work Be strong (resolve conflicts with violence) Take risks Be in careers that are mechanical and analytical

Ask participants to define the word stereotype. Discuss how gender stereotypes affect relationships between boys and girls or men and women.

- Violence when women refuse to be submissive or accept men's decisions
- Resentment when woman is earning and the man is not, or when a woman is earning more than a man
- Rape

- Discrimination in the workplace
- Harassment

Conclude the session by reminding participants of the first activity in the gender section of what boys and girls can really do. Emphasizing that apart from the reproductive functions, which are dictated by biology, women can do everything that men can do and men can do everything that women can do.

**2:00-4:00**

## **Sexuality and Behaviour**

### **Learning objectives**

By the end of this session, participants will be able to:

- Define sexuality and sex
- Explain how sexuality affects behaviour
- Explain the difference between “feeling” and “behaviour”
- Describe the consequences of sexual behaviour for adolescents

### **Materials**

- Flipchart paper and markers
- Handout 8: “Circles of Sexuality”

### **Process**

Ask participants to write down on a piece of paper what first comes to mind when they hear the word “sexuality.” Ask them to do the same for the word “sex” (one minute). Draw two columns on the blackboard labelling one “Sex” and the other “Sexuality.” Collect pieces of paper and write the responses on the board. A volunteer can read the responses as you write them.

Define sexuality. Explain that it is more than sex and sexual feelings. It exists throughout a person’s life and is the total expression of who we are as human beings, male or female. It is an important part of who a person is and what he/she will become. Sexuality is constantly evolving as we grow and develop. It is a part of us from birth to death. It includes all the feelings, thoughts, and behaviours of being a girl or boy, including:

- Being attractive
- Being in love
- Being in relationships that include sexual intimacy and physical sexual activity

Ask participants to define sex. Sex has to do with biology, anatomy, and physiology, and refers to one’s reproductive system and behaviour as a girl or boy. Therefore, sex is part of one’s sexuality. Emphasize that sexual intercourse is an activity done by the body, whereas sexuality is in the mind and is about the whole person.

Explain the following in a participatory lecture.

Many believe that education on sexuality, reproduction, HIV and AIDS, and safe sex will encourage adolescents to increase sexual activity. In fact this type of information generally leads to more responsible and safer attitudes towards sex and sexual relationships. Studies have shown no evidence that education about sexuality leads to an increase in sexual activity, rather in many cases it leads to a delay in sexual initiation. In many countries, research has shown that sex education significantly reduces rates of teenage pregnancy and abortion. Sex education provides knowledge about sexually related reproductive functions and processes, puberty, and pregnancy prevention. Sexuality education emphasizes a broad approach to sexuality, focusing on a whole person and presenting sexuality as natural and a positive part of life. Telling the truth about sexuality could make it easier for young people to talk with parents, teachers, and religious leaders.

Given how important sex can be, it is problematic that most societies discourage discussions of sexual behaviours and desires. All of us are born of a sexual union, and yet few cultures devote the same open and celebratory attitudes towards sexuality that they do to food or shelter, two other basics of human existence.

Sexuality is an important part of who a person is and what she or he will become. Just like there are many parts that make up our personality, there are many parts that make up sexuality. Sexuality not only applies to sexual intercourse, but it also includes such things as general attitudes about sex, sex organs, being attractive, being in love, sexual development, sexual preference, religious and cultural views on sexuality, feelings about a changing body during adolescence, romantic and sexual fantasies, masturbation, childhood sex play, crushes, hugging, kissing, petting, how we define what is male, what is female, how we love, share pleasure and being physically close in other ways.

Sexuality influences social behaviour. Human sexuality can also be understood as part of the social life of humans, governed by implied rules of behaviour. This implies that sexuality is a function of socialization and is throughout the lifespan. Sexuality influences a person's sexual identity. Sexual identity in turn can be moulded by the social environment to which one is exposed, e.g. an adult giving a little boy a truck to play with and a girl a doll. Human physiology makes sexuality possible, but it does not predict sexual behaviour in any way.

Human sexual choices are influenced by society and culture. Some may choose to abstain from sex before marriage because of their religious beliefs. In some African cultures it is acceptable for a man to have many wives, while in others it is not acceptable.

Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behaviour for men and women. For example, some cultural traditions recognize that women have sexual desires and urges whereas other cultures do not. In some cultures it is very important for girls to be virgins when they get married, whereas men are expected to be sexually active by the time they are married.

Adolescents can start working on being a sexually healthy person. They can make sure they are informed as much as possible so that they know the difference between fact and fiction when it comes to sex. Most importantly, they can take the time to think about choices related to sexual activity. One of their choices (discussed in the abstinence session) is "No Sex" or "Not yet." They can wait and not rush into sexual intercourse. Or if they have sexual intercourse, they can limit their partners and remain faithful to one. They can also make sure they understand the consequences of unprotected sex and know how to best protect themselves.

Most people feel private, shy, or even embarrassed about some aspects of sexuality. Some adolescents feel embarrassed asking questions or talking about changes in their bodies. Private feelings can centre on romantic and sexual feelings or activities. All of these feelings are completely normal. Many kids don't just feel private, shy, or embarrassed but also feel guilty, ashamed, "dirty", or otherwise bad about some aspects of their sexuality. When young people express these guilty feelings, suggest that they ask themselves if what they're feeling guilty about is something that is harmful (or could be) to themselves or others. If it is not, then suggest they let go of the guilty feelings.

Sometimes it is hard for adolescents to remain sexually healthy. They aren't taught in school or at home what this means. Most adolescents get their information from peers, older siblings, videos, music and magazines, which can be misleading and confusing. Sex is portrayed as being romantic and problem free in these sources and looks like it just happens with no discussion between the two people on whether or not they should have sex. They never discuss whether or not they should use condoms. And even though they don't use condoms, these people in videos and novels never seem to get into trouble with an unwanted pregnancy or STIs.

An important part of healthy sexuality is being able to tell the difference between sexual behaviours that are healthy and those that are harmful. Before adolescents act on their sexual feelings, it can be helpful to think about the consequences of their actions. Being sexually healthy means taking the time to think about these things before acting on sexual feelings.

Some people think that sex is a powerful and uncontrollable force that just happens, like thunder or rain. But the truth is that sexual intercourse is a deliberate decision. When a person has sex it is not nature

overcoming him or her. It is the person who made a decision. In fact, people make many decisions about sex: When? With whom? Why? Where? How often? With a condom? Without?

Sex is a big decision. Adolescents can try to make sure it is their own decision. They can work to block out those other voices that say, “Everybody is having sex”. “Everybody” is not having sex. In fact most adolescents (15-19 year olds) have not had sex.

When young people are deciding whether or not to have sex, it is important that they think about whether they are ready to cope with the demands of safer sex – correct and consistent condom use, HIV counselling and testing, and more. Most adolescents aren’t ready to handle all these responsibilities. If someone doesn’t feel ready, they can say “no” and wait until they are older.

Ideally, sex will take place in a context in which the young person cares for their partner and the partner cares for them in return. Caring takes time. Friendship and closeness do not develop overnight. If sexual partners are not true friends, they may find the sex embarrassing. This is a sure sign that this is not the right person or the right time for them.

Pass out Handout 8, “Circles of Sexuality.” Using the handout, explain how each circle relates to sexuality. Draw the circles on the board so they intersect.



Facilitate a discussion using the following questions:

- Are there any circles that they did not think of as being “sexual” before?
- Which of the circles feel most familiar? Why?
- Which circle is most/least important for adolescents to know about?
- Which circle(s) do you think young people are comfortable talking with teachers about? If none of them, why not?
- Which circle(s) do you think young people are comfortable talking with their peers about?

Ask participants to brainstorm feelings young people have regarding sexuality (including fears and frustrations, uncertainty, embarrassment, confusion, shame, guilt, curiosity, satisfaction, pride, etc.)

Explain that as the body changes in adolescence, feelings are changing in the inside, where no one can see. It is important to talk about these feelings with family, friends, and other adults that they trust because they affect how they think about themselves, their relationships, and they determine behaviour.

Ask participants to discuss the difference between feelings and behaviour. Be sure the following is mentioned:

- Feelings: cannot be seen and are carried within the individual
- Behaviour: can be observed and normally involves other people

Ask participants to discuss some sexual behaviours (kissing, sexual intercourse, oral sex, etc.). Discuss what sorts of feelings can sometimes lead to such sexual behaviours? Feelings of intimacy can lead to kissing and sexual intercourse; feelings of liking someone sexually who may not necessarily like you might lead to rape, etc.

Discuss with participants whether these feelings always lead to these behaviours. Emphasize that these feelings are normal but the behaviours have certain negative consequences for young people. It is important for young people to discuss the feelings with someone and consider alternatives to sexual behaviours. People cannot control their feelings but they can choose the way they behave.

Ask participants to discuss the consequences of sexual behaviour for young people.

- Unintended (unplanned or unwanted) pregnancy
- Sexually transmitted infections including HIV
- Dropping out of school
- Unattained goals/loss of opportunities
- Loss of self-esteem due to guilt and loss of reputation
- Depression

Emphasize that some of the feelings that adolescents experience can be frightening because they are new and that is normal. Feelings do not control actions; people choose their actions and behaviours. Sexual behaviours have consequences and people need to weigh the alternatives and the consequences for each action.

**4:15-5:15**

## **Relationships**

### **Learning objective**

By the end of this session, participants will be able to list characteristics of a healthy relationship.

### **Process**

Ask participants to name different relationships (Possible answers: child/parents, other family relationships, girlfriend/boyfriend, same sex friendship, married couples, teacher/students, employer/employee, father/mother, etc.)

Ask participants to discuss what makes a relationship between two people successful. Write down their responses on the board. (Possible answers: respect, dependability, honesty, caring, understanding, etc.) Present the following information:

Good relationships are based on love, mutual respect and willingness to put effort into the relationship. In a good relationship, both people are honest with each other. Both people feel safe in the relationship and do not worry that the other will betray their trust. Both people usually find enjoyment and pleasure in the relationship, and neither person tries to control the other person or to pressure them into doing things. Neither person exploits or uses the other in any way.

There are several qualities that make a relationship healthy. The best relationships result from both people contributing all of these qualities. But many relationships are far from perfect. The healthiest ones are those that people work to develop, and those that have the following qualities:

- **Respect:** To respect another means to honour them, to hold them in high regard or esteem, and to treat them as if they are worthwhile even if they are different from you.
- **Responsibility:** To be responsible means that others can depend and rely on you, that you do as you said you would, and you are able to distinguish right from wrong. For example, you take responsibility for taking care of your own health and well-being and that of your partner, your brothers or your sisters.
- **Understanding:** To be understanding means to be knowledgeable about another person, to try to understand his or her position or feelings, or give a person your time. It means trying to 'put yourself in someone else's shoes', in order to understand what life looks like from their point of view. This is called empathizing.
- **Cooperation:** To work at a relationship means to put effort into the relationship, and not take the other person for granted. It involves willingness to work with someone to be in a relationship and sustain it.
- **Caring:** To be caring means to be concerned and interested in another person's feelings and needs, and to want what is best for that person. It means feeling love or a liking for a person and wanting to protect that person.

Divide participants into pairs and assign them each a relationship (i.e. mother/child, girl/girl, mother/father, etc.) Ask them to create a role-play that will demonstrate the qualities of the relationship assigned. Have each pair act out their role-play for the whole group, and review:

- What are some of the actions and words in the role-plays that illustrated the various elements of respect, understanding, caring, and responsibility?
- What other actions or words could be added to this role-play to show this quality?

Facilitate a discussion using the following questions:

- Which of the qualities discussed are the most important to you?
- How do we put these qualities into our relationships?

- How would you feel about a friend who did not respect you? Who did not put much effort into the relationship? What could you do?

Ask participants to describe qualities of bad relationships. Site specific scenarios such as: mother/child, father/child, mother/father, same-sex friendship, girlfriend/boyfriend, student/teacher. Write the responses on the board. Help participants understand that these are the opposite of what makes a fulfilling relationship: disrespect, lack of understanding, lack of caring, and irresponsibility. One example that might be brought up is gender violence or rape.

**5:15-5:30**

## **Facilitation skills**

### **Learning objective**

By the end of this session, participants will be able to identify different participatory facilitation methods used during the training.

### **Process**

Ask participants to think about the different learning activities throughout the day. Facilitate a discussion about facilitation skills with the following questions:

- Which activities did you like the most? What did you like about them? How did you feel during these activities?
- Which activities did you like the least? How could they have been improved?
- Do you think that you could conduct these activities with students? Why or why not?

## Day 3

**8:00-8:30**

### Review of day 2

#### Materials

Small pieces of paper

#### Process

Distribute pieces of paper to all participants and ask them to write a comment, observation, or question about their workshop experience the previous day. Collect the papers and redistribute them to different participants in the room. Ask each person to read the comments on their bit of paper aloud. Invite the welfare representative to make an oral report on observations and comments gathered from their interviews the previous day. Allow a maximum of 10 minutes for this. Share any questions from the Question Box. Allow participants to answer them and then correct any misinformation as needed.

**8:30-10:00**

### Communication Skills

#### Learning objective

By the end of this session, participants will be able to:

- List different kinds of communication
- Differentiate between listening and hearing

#### Process

Divide participants into pairs. Explain that this session will start with an exercise called “house-tree-dog.” Give each pair one marker and one piece of paper. Read the following instructions:

- The exercise is to be done without talking
- Each pair sits face-to-face, with the paper between them
- Both people hold the marker together and jointly draw a house, a tree, and a dog. Still without talking, they should write their names on the picture.

When all participants have finished, they should present their drawing and describe their experiences creating it. Ask the following questions:

- What happened?
- What did you encounter while drawing together?
- Was it difficult? Why?
- Did one person take control?
- How did this make the other person feel?

Write down key words described by each pair and hold a discussion as a way of introducing communication. Explain that communication is so much a routine of our daily lives that we take it for granted. It is not as easy as we might think to be a good communicator; it is a skill that requires practice.

Explain that communication is the process of sending and receiving information or thoughts through words, actions, or signs. People communicate to share knowledge and experiences. Communication is a skill and forms the basis of all relationships. The quality of communication often determines the quality of a relationship. People communicate to give information, express feelings, solve problems or arguments, or to show that we care.

Ask participants to list the different types of communication (written, spoken, non-verbal or body language). Explain that much of human communication is non-verbal and that people use it to express many different kinds of emotions.

Divide participants into groups. Assign each group feelings and actions from the following list and have them practice silently acting them out without letting the other groups see:

- Anger
- Shyness
- Rejection
- Excitement
- Satisfaction
- Disappointment
- Fear
- Exhaustion/tired
- Worried/stressed
- Regretful
- Happy
- Yes
- No
- Come here
- Stop
- Be quiet

Ask each group to act out their feelings or actions without speaking. The rest of the participants should guess the word.

After each group has acted out their words, facilitate a discussion about non-verbal communication using the following questions:

- What are other gestures or expressions that we commonly use?
- Why do people use nonverbal communication instead of expressing themselves verbally?
- Is it possible not to use nonverbal communication?
- Can non-verbal communication contradict verbal communication? (ex. a person is visually upset but says she is “fine.”)

Explain that communication is a process. Ask participants to take out a piece of paper. You will give them instructions and they are to listen to them and draw accordingly. Do not tell them what they are drawing. Read the following instructions:

- Draw a body (pause 10 seconds)
- With four legs (pause 10 seconds)
- Two ears (pause 10 seconds)
- A head (pause 10 seconds)
- A nose (pause 10 seconds)
- A trunk (pause 10 seconds)

Ask them to look at each other’s pictures. Explain that you were having them draw an elephant. Do any of the pictures look like an elephant? When everyone was given the same instructions do all of the pictures look the same? Why not? Explain that even with good communication everyone understands messages differently. Ask participants to discuss the importance of good communication in their daily lives.

Ask participants if there is a difference between “hearing” and “listening.” Be sure the following is discussed:

People hear through their ears and have no control over what they hear. Hearing is the natural and people are hearing all the time (unless they are deaf). A person listens through emotions. Deaf people can listen even though they cannot hear. Most of the time, people hear but they do not listen. Listening is a learned skill and gets better with practice.

Divide participants into pairs and ask one member to tell the other a story. Explain that the partner who is listening cannot talk but can show interest and understanding without words. After 2 minutes ask participants to switch roles. Have the listening partner retell the story that the speaking partner just told.

In the group, ask participants to talk about their experience. Did the listening partner retell the story correctly? Were they listening well? Ask the listening partners how they felt listening and not being able to talk. Did they feel they listened better when they knew they could not speak?

Ask participants to return to their pairs and switch roles. After two minutes ask all the pairs to come back to the group and discuss their experience in the different role. Emphasize that:

- It is difficult to listen and think at the same time
- You listen better when you do not interrupt
- You listen better when you pay attention
- It takes practice to be a good listener

Ask the group to think about the importance of listening in their role as a guidance and counselling teacher. Facilitate a discussion on listening and good communication. Emphasize the importance of listening without judging.

**10:15-11:15**

## **Teenage pregnancy**

### **Learning objectives**

By the end of this session, participants will be able to:

- Explain how a female becomes pregnant
- List risks of adolescent pregnancy

### **Process**

Ask participants how a female becomes pregnant. Is it a common problem among adolescents? Why? Ask for a volunteer to explain how fertilization occurs. Ask another volunteer to explain how implantation occurs. After participants have explained both terms, read the definitions below aloud to the group.

**Fertilization** takes place when a male sperm cell meets a female egg. Millions of sperm cells are deposited into the vagina during sexual intercourse. After the male ejaculates in the vagina, ejaculated sperm swim up through the cervix into the uterus. The woman's body helps guide the sperm through the uterus and to the Fallopian tubes. If a mature egg (or more than one egg in the case of twins) is present, fertilization can take place. Although thousands of sperm may be present, only one sperm cell can penetrate the egg. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move from the Fallopian tube into the uterus (womb) where it will grow.

**Implantation** takes place when a fertilized egg attaches itself to the lining of the woman's uterus. The nutrients in the lining of the uterus are used to support the growth of the egg into a foetus and then a baby. The woman will not experience periods during pregnancy because the lining of the uterus, which normally sheds during menstruation, is not shed at all during pregnancy. The implanted egg grows in the uterus for nine months and becomes a baby. It then comes out of the mother's body through the process of childbirth.

Answer any questions.

Ask participants if they know of any adolescent girls who have become pregnant.

- What happened to the girls after they became pregnant?
- Is teenage pregnancy a common problem in their community?
- What circumstances lead teenagers to get pregnant?

What are some of the reasons teenage girls have sex?

- Explain that in some communities girls get married while they are still teenagers.
- Many girls are forced, or coerced, into have sex.
- Teenaged girls experiment with sex.

- Sometimes teenaged girls are unable to set and/or communicate their limits and end up having sexual intercourse even though they did not plan to.

What are some of the major physical risks of teenaged pregnancy and delivery?

- STI infections
- Pregnancy-induced hypertension or high blood pressure
- Anaemia (blood problems) and malnutrition
- Difficulties in delivery, including premature delivery and death during delivery

Explain to participants that you will read statements out loud one at a time. If they think the statement is true, they should move to the right side of the room, and point to that side. If they think that the statement is false they should move to the left side of the room, and point to that side. After each statement is read and participants have moved, ask them explain why they think it is a true or false. Read the explanation given if additional information is needed.

**A girl can become pregnant if she has unprotected sexual intercourse before she has her first period.**

*True*

Before a girl's first period, her ovaries release the first ovum during ovulation. She can become pregnant if she has unprotected sexual intercourse around that time of her first ovulation, even before she ever has her first menstrual period. She also risks getting an STI whether she has menstruated or not.

**It is unhealthy for a girl to bathe or swim during her period.**

*False*

There is no reason that a girl should need to restrict any activity during her period. She should bathe every day and keep her private parts clean.

**Abstinence is the only method of contraception that is 100% risk-free.**

*True*

Avoiding sexual intercourse of any kind is the only way to absolutely avoid pregnancy or an STI. Practicing abstinence does not require giving up all sexual contact, but it does mean expressing sexual feelings in ways other than having intercourse.

**A girl can get pregnant if she has sex while she is bleeding.**

*True*

There are two types of bleeding. The first is menstrual bleeding. During menstruation, it is unlikely, but not impossible, that a girl will get pregnant. There may also be bleeding during ovulation. If a girl has intercourse during this type of bleeding, she can get pregnant.

**A woman is not at risk of pregnancy unless a man ejaculates inside or right outside her vagina.**

*False*

If a man ejaculates near the opening to a woman's vagina or touches her vulva while he has semen on his fingers, it is possible for sperm to find their way inside and fertilize an ovum. Girls have become pregnant without ever actually having intercourse. Some STIs can be transmitted if there is an exchange of body fluids with or without penetration.

**Once a boy is sexually aroused and gets an erection, he has to have sexual intercourse or it will be harmful.**

*False*

There is no harm in not acting on every sexual urge; semen cannot get "backed up" and demand ejaculation. Occasionally a boy might feel some discomfort if he is sexually excited for a long period of time. This will disappear when he is able to relax.

**11:15-12:00**

## **Unsafe Abortion**

### **Learning objective**

By the end of this session, participants will be able to list the risks of unsafe abortion.

### **Process**

Explain that the word **abortion** refers to a pregnancy that ends spontaneously (called a **miscarriage**) or that happens by choice before the baby is big enough to live outside the uterus (before 28 weeks). Most abortions occur naturally or spontaneously in the first 12 weeks of pregnancy. An **induced abortion** is a pregnancy that is ended for medical reasons to save the mother's life or is done voluntarily because the pregnant woman and/or father do not want the baby. The safest way to induce an abortion is surgically by a trained health provider.

Tell participants that abortion is currently legal in many countries around the world and is performed safely under sterile conditions. Abortion is legally very restrictive in Kenya (just to save the life of the mother) and is often practiced under unsafe and unhygienic conditions. Also mention that although some girls and women procure an abortion to control their fertility, there are safe methods of contraception available.

Divide participants into three groups. Ask each group to list methods they have heard that teenaged girls use to abort. Ask each group to share their responses with the larger group. Write the answers on the board.

Discuss with participants:

- Are these methods safe?
- What happens to the girls physically, emotionally?

Ask participants if they know anyone who has had an abortion. What happened to them? Then ask them to list risks of **unsafe** abortion: Some answers are:

- Bleeding to death from cuts on the uterus or cervix
- Anaemia (iron deficiency) from excessive bleeding
- Pelvic infection and abscess from using unclean materials and setting
- Tetanus from unclean materials and settings
- Long-term effects include infertility due to a ruptured uterus or cervix

Facilitate a discussion with the following questions:

- How can unwanted pregnancies be prevented?
- Where can adolescents find more information about ways to prevent pregnancy?
- How can unsafe abortion be prevented?

Discuss services available to young women in their communities.

**12:00-1:00**

## **Sexually transmitted infections**

### **Learning objectives**

By the end of this session, participants will be able to:

- Describe what sexually transmitted infections are
- List symptoms of sexually transmitted infections
- Explain how to prevent sexually transmitted infections

### **Process**

Facilitate a participatory lecture with the following information:

Germs are tiny living organisms, or things, that cause disease when they enter the body. They are so tiny you cannot see them with your naked eye. Explain that bacteria and viruses are both types of germs.

**Viruses** are the smallest germs known to man. In order to multiply, viruses must find a home inside a living organism, like a human cell. Some of the diseases caused by viruses include measles, polio,

hepatitis, chicken pox, the common cold (homa) and HIV. Many **bacteria** are useful, such as those that ferment beer or turn milk into yoghurt. However, many also cause disease in humans. Some diseases caused by bacteria include gonorrhoea, syphilis, meningitis, diarrhoea, pneumonia, and leprosy.

**Sexually transmitted infections (STIs)** are infections transmitted by having unprotected sex with an infected partner. STIs are some of the most common communicable diseases in Kenya, particularly among young people aged 15-29. The **human immunodeficiency virus (HIV)** is an STI that leads to AIDS, which is fatal. (HIV and AIDS will be discussed in greater detail in a later session). In addition to HIV, there are more than 20 other diseases that can be sexually transmitted, including chancroid, chlamydia, gonorrhoea, genital herpes, the human papilloma virus, syphilis, and trichomoniasis, among others.

A sexually transmitted infection occurs when bacteria, viruses, or other disease-causing organisms pass from one person to another. STIs can have devastating health consequences, including pelvic inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and in some cases, death. In addition some STIs can be transmitted to infants during pregnancy or birth.

It is possible to catch an STI even after only one act of sexual intercourse with an infected person. Some STIs can no longer be treated successfully with the medicines that were used in the past, because the germs that cause the disease are now resistant to the medicines. For these reasons, STIs are becoming more common in many areas.

Divide participants into groups of five. Give each group a sheet of paper and pen. Ask participants to write down ways of knowing that you have an STI, ways in which you see the infection in your body and ways in which you feel it. How do these STIs differ for men and women? Do they know any names for these infections? They can suggest commonly known names or medical names. How do we get STIs?

Call everyone back into the main group and ask someone from each group to present their discussions. Does everyone agree? Are there any other ways of telling if you have an STI?

Make sure the group covers the following ideas:

- Seeing: a sore on penis, vagina or opening of vagina (or any part of the body near by), pus coming from penis, seeing brown insects slowly moving in pubic hair and small white eggs on hairs (pubic lice), end of penis being red, small cauliflower-like growths on or near the genitals (men and women), swollen glands at the top of the legs (men and women), heavy and smelly discharge on a woman's panties.
- Feelings: Itchiness inside vagina or itchy pubic hair (men and women), burning pain when passing urine and feeling like you have to urinate the time (men and women), pain in the womb and lower part of the abdomen, sometimes also with fever, pain when having sex, and painful swollen testicles.
- Names: May be medical, such as syphilis or gonorrhoea, or these may be street names (Dafrau, radi, moto, break).

Explain that STIs often have no obvious signs, particularly in women, which is why they are so easy to catch and pass to others. Many people only discover that they have an STI when they are told by a partner, or are examined by a doctor for the cause of infertility or when they have a routine syphilis test in pregnancy. Explain that not all of these signs mean that you have an STI. For example it burns when you pass urine when you have any type of urinary infection, you may get swelling at the top of your leg if you have a nasty infected cut or sore on the leg, and women can get itching in their vagina and a thick discharge which looks like sour milk from a yeast infection which is not sexually transmitted.

Many STIs can be cured or treated. A health provider will give medicine to a person who has been diagnosed with an STI. It is essential that a person with an STI finish all the medicines that the health worker gives and not engage in unprotected sex until the health worker says they are cured. If a person finds out that they have an STI, they should also make sure that their partner (or partners) goes for treatment as well.

Ask participants to brainstorm what can we do to stop getting STIs. What can we do if we think we may have one? Record their answers on a flip chart or on the blackboard. Why do people often not go for treatment? Why do they often stop their tablets before they are finished?

- The only way to be sure you do not catch STIs is to abstain from having sex or to practice safer sex by using a condom when you have sexual intercourse.
- Make sure that participants understand that one way of getting an STI is by having sex without a condom with someone who has an STI, though condoms do not prevent all STIs.
- It is very important that we get treatment as soon as we think we may have an STI or if a sexual partner tells us that he or she has a STI. We should first of all go to a clinic or hospital for treatment. It is not possible to treat yourself. It is also important to take all of the medication given by the health provider.
- It is important to emphasize that in order to be properly treated we must make sure that we tell our girlfriends or boyfriends and ensure that they all are treated too. Otherwise we will catch the STI from them again later on.
- There are many negative consequences of getting an STI. If STIs are not treated a man or woman may become infertile, if a woman gets pregnant she may miscarry or her baby may die, and they may give it to others. If a person has an STI and has sex with someone who has HIV, he or she is much more likely to catch HIV than a similar person who did not have an STI due to sores or wounds caused by the STI making an easier passage for HIV.

Remind participants that STIs:

- Can affect both sexes
- A person can get an STI even after a single unprotected sexual act with an infected partner. The more a person exposes him or herself, the more likely he or she is to get infected
- No one is immune to STIs
- One cannot recognize a person having an STI just by looking at him or her as she or he will probably look normal
- There are no vaccines or immunity against these infections

Ask participants why women are at higher risk for STIs than men. Explain that differences in their bodies make detection more difficult in women, infection has more serious consequences for women than for men, the risk of transmission is greater from man to woman, and many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection. Younger girls are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

**2:00-4:15**

## **HIV and AIDS**

### **Learning objectives**

By the end of this session, participants will be able to:

- Differentiate between HIV and AIDS
- Describe how HIV is transmitted
- List ways HIV can be prevented

### **Process**

Remind participants that they are able to ask any questions they may be embarrassed to ask by writing them and putting them in the question box.

Prepare a small piece of paper for each participant in the group. Each card will have something marked on it:

- One piece with a small 'x' in the corner
- One piece with a small 'z' in the corner
- Three pieces with a small 'c' in the corner
- Three pieces with the instructions 'After you read this, don't follow any of my directions until I say return to your seats'
- On the rest of the pieces write 'follow all of my directions.'

Distribute one piece to each participant. Tell them to keep the special instructions on their paper a secret and to follow the instructions. Ask the group to stand and shake hands with three people and ask each to sign the piece of paper. Make sure they move around the room.

When all participants have collected three signatures, have them take their seats. Ask people with the 'z' and 'x' on their papers to stand up. Ask everyone who shook hands with those persons to stand up. Ask everyone who shook hands with a standing person to stand up and so on until everyone is standing, except for the designated non-participants with pieces reading 'do not follow any of my instructions.'

Ask the group to pretend that the person with the paper marked with an 'x' was infected with HIV and that instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures she or he collected. Do the same with the paper marked 'z' (genital herpes).

Ask those that are still seated why they haven't been standing. Someone should say they were told 'do not follow my directions...' Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from these STIs.

Ask participants to check if they had a 'c' marked on their paper. If so, tell them they can sit down. Explain that fortunately, these people had used condoms and were not at significant risk for infection. Tell all participants to sit and remind them that this was only a game.

Facilitate a discussion with the following questions:

- How did person 'x' feel? Person 'z'? How did you others feel towards them when you found out they were infected?
- What were the initial feelings of those of you who were instructed not to participate in the exercise? How did those feelings change during the course of the exercise? How did the group feel towards those people initially? And then later?
- Who had a 'do not follow my instructions' paper but got signatures anyway? Why? What does this tell us about people's behaviour?
- How did the people who discovered they had used condoms feel?
- How did the people feel to find out they might have been infected?
- Is it possible to know who is infected and who is not by looking at them?

Give two slips of paper to each participant and ask them to write on each card something they have heard people in their community say about HIV or AIDS (this does not have to be something you agree with).

Collect all the papers and shuffle them. Divide participants into groups and deal out the cards at random.

Ask each group to sort out the slips of paper into three groups: 'AGREE', 'DISAGREE' and 'DON'T KNOW'.

When all the groups are finished, ask each group to share any statement they found difficult to reach agreement on with the main group. Allow others to offer opinions on the difficult statements. Or suggest they hold their questions to see if the rest of the discussion answers some of the misinformation.

Ask participants to explain what HIV is.

**Human Immunodeficiency Virus (HIV).** The name indicates that it is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens the system. The immune system is the body's defence against disease. With a damaged immune system the body is exposed to a whole range of infections and diseases. The person becomes weaker and eventually dies.

Ask participants to explain what AIDS is.

**Acquired Immune Deficiency Syndrome (AIDS).** Acquired refers to the fact that you get the disease from elsewhere – you don't just develop it spontaneously. You get it from another person who is infected, through contact with that person's infected blood and or sexual fluids. Explain that AIDS is caused by the human immunodeficiency virus.

- **Acquired:** A person must do something very specific to get the virus into his or her body.
- **Immune:** The virus attacks the white blood cells in the immune system. The white blood cells are the ones that fight off infections.

- **Deficiency:** When attacked by the HIV virus, the white blood cells become too few and too weak to fight infection.
- **Syndrome:** The virus can cause certain symptoms or illnesses in a person.

AIDS is an incurable condition that eventually kills the infected person. It is a disease that can now be controlled with special drugs, however, these drugs are very costly, and are thus not available to most people.

Ask for 5 volunteers to conduct a role-play. Outside the room present scenario 1 to the volunteers.

Scenario 1: A group of people is sitting around discussing the following rumours about HIV and AIDS. In the course of the discussion, the correct information gets presented. The rumours are:

- You can't get HIV if you only have sex one time.
- You can get HIV from kissing someone.
- You can tell if someone is HIV positive by looking at them.
- Once you have become HIV positive you can feel it in your body.

Ask the volunteers to conduct the role-play above making sure that the correct information is imparted.

Ask participants what specific behaviours can expose you to HIV.

- Having unprotected sex with an infected person
- Sharing needles, syringes (i.e. for drug use)
- Having a blood transfusion with infected blood (donated blood is now screened)
- Mothers can pass the virus to their babies during breastfeeding and delivery

Ask participants whether HIV is easy or difficult to catch. If it is difficult, why? If it is easy, why?

Explain that HIV is different from most other communicable diseases because it is difficult to catch, the reasons being:

- It does not pass through the air
- We can't catch it from being in the same room as an infected person
- We can't catch it by touching or hugging
- We can't catch it from an infected person coughing or sneezing on us or by drinking from the person's cup

Emphasize that we can choose not to catch it by:

- Abstaining from sex (like we talked in the previous session on Abstinence)
- Never having unprotected sex
- Being faithful to one uninfected person
- Never sharing needles or other equipment such as razors

Tell participants they will have the chance to assess their own risk of being infected with HIV, if they do certain things. Read out loud the following questions, one by one. Before each statement, ask participants "If I do this, am I at risk of being infected with HIV?" Ask volunteers to share their opinions and discuss with the group.

- If you hug, kiss or massage your friend.
- If you don't protect yourself when handling blood.
- If your sexual partner has sex with others.
- If you drink beer or other kinds of alcohol.
- If you masturbate yourself.
- If you are bitten by mosquitoes.
- If you allow semen or vaginal fluid to touch your normal skin (not your mucus membranes around the penis, vulva, anus or the mouth).
- If you have sex with more than one person.
- If you or your partner has had an STI in the past.
- If you share a razor with a person with HIV or AIDS.

- If you only have sex with one partner.
- If you live, work or play with a person with HIV or AIDS.
- If you don't always use a condom for sex.
- If you don't know if your sexual partner is HIV positive or has an STI.
- If you have injections or tattoos or pierce your ears, nose, navel, tongue.

Facilitate a discussion with participants on discussing issues related to HIV and AIDS with students. Ask them to share challenges, successes, and lessons learned.

#### **4:30-5:00**

### **Myths about reproductive health and HIV and AIDS**

#### **Learning objectives**

By the end of this session, participants will be able to use their understanding of reproductive health and HIV and AIDS to identify myths.

#### **Process**

Ask participants to define the word “myth.” Write their responses on the board. Responses should include: opinions, beliefs, fables, stories or fantasies that are not true. Ask participants to discuss how their definition of “myths” is different from “facts.” Myths are ideas, sayings or beliefs that people create and are not or cannot be proven. Usually, myths are a mixture of truths and untruths passed around verbally within a community, to explain an issue that people do not understand. For example, in some communities, people say that if a woman thatches a roof, she will go blind. (Use an appropriate example of a myth in their communities.) Myths are distorted or misunderstood truths. Emphasize that while some myths are quite harmless, many of them can be dangerous because they are the opposite of known facts and acting on them can lead a person into trouble or negative consequences. For example, some people say that a pregnant woman should not eat eggs while the fact is that eggs can provide needed protein to a pregnant woman's diet.

Ask participants to come up with a list of myths that they have heard about reproductive health, pregnancy, and HIV and AIDS. For example, if a man is HIV positive and has sex with a virgin he will be cured. Do not discuss them at this point just collect the information.

Once a list of myths has been collected, divide participants into groups of four or five. Assign one or two myths to each group and ask them to work as a team to use their knowledge to dispel each myth. In the group, ask a representative from each group to present back to the group. Allow participants from other groups to ask questions or make comments.

End the session by emphasizing:

- There are many myths and misconceptions about reproductive health, pregnancy, and HIV and AIDS and acting on them can have negative consequences
- When making decisions, only consider the facts
- If a boy or girl is not sure about the facts, they should ask a knowledgeable person, such as a counsellor, doctor, or nurse, and not rely on friends who may not have accurate information

#### **5:00-5:30**

### **Facilitation skills**

#### **Learning objective**

By the end of this session, participants will be able to identify different participatory facilitation methods used during the training.

#### **Process**

Ask participants to think about the different learning activities throughout the day. Facilitate a discussion about facilitation skills with the following questions:

- Which activities did you like the most? What did you like about them? How did you feel during these activities?
- Which activities did you like the least? How could they have been improved?
  - Do you think that you could conduct these activities with students? Why or why not?

Allow participants to ask questions. Remind them to use the Question Box for to write any questions or comments they have.

## Day 4

8:00-8:30

### Review of day 3

#### Objective

Participants will share questions, observations, and comments on issues and content from the previous day.

#### Materials

Small pieces of paper

#### Process

Distribute pieces of paper to all participants and ask them to write a comment, observation, or question about their workshop experience the previous day. Collect the papers and redistribute them to different participants in the room. Ask each person to read the comments on their bit of paper aloud. Invite the welfare representative to make an oral report on observations and comments gathered from their interviews the previous day. Allow a maximum of 10 minutes for this. Share any questions from the Question Box. Allow participants to answer them and then correct any misinformation as needed.

8:30-9:30

### Guidance<sup>1</sup>

#### Learning objective

By the end of this session, participants will be able to describe how teachers can provide guidance to students.

#### Process

Divide participants in three groups. Within each group divide participants into pairs and give each pair one blindfold. Explain that each pair has to try to get from one point to another. Give the following instructions to the different groups:

Group 1: The person without the blindfold will walk with the blindfolded person, without speaking or touching and only talk with them if the other person is in danger.

Group 2: The person without the blindfold holds hands with the blindfolded partner and leads him or her. The person leading must NOT talk to the one who cannot see.

Group 3: The person leading MAY talk to the one who cannot see and give instructions as well as hold his or her hand.

After several minutes, facilitate a discussion with the entire group with the following questions:

- How did it feel to lead someone?
- How did it feel to be guided without being able to see?
- How were the experiences different between those who were allowed to talk and those who were not?

Ask participants to brainstorm what is meant by guidance.

- Giving direction
- Lead – enrichment, reorganize
- Assist/help – empower
- Information
- Advise – assurance
- Caring –provide
- Encouraging
- Giving assurance
- Instilling confidence

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<sup>1</sup> From Centre for British Teachers' PSABH Course A: School and Community Training Notes, 2002

Ask participants to describe what guidance is not.

- Judging
- Scorning
- Conditioning
- Condemning
- Misleading
- Sympathizing

Use the following scenarios and the questions below to discuss how to organize guidance at school

- The teacher on duty found used cigarette butts on the school grounds.
- The teacher found a couple of love letters written by students to each other.
- In the school question box there has been persistent accusations by students of sexual harassment.
- The teacher has overheard girls talking about their plans to have sex with their boyfriends.
- A bright pupil seems disinterested in class and has not been completing assignments.

Topic	Target Group	Expected Outcome

- What is the topic that requires guidance to be given?
- Who is the guidance intended for? (What do you expect to come out of it)
- Why does this group need guidance?
- When would be the best time to give the guidance sessions? (There is time in school if it is properly planned)
- How should these sessions best be given? (What resources are needed – a chalkboard?)
- Who should give the guidance sessions? (The audience needs to recognize the speaker as a source to be trusted. The speaker also needs time to prepare and must know what is expected of them, who they are to talk to, what the purpose is, how long they have, etc.)
- Where should the guidance sessions be held? (Consider the size of the audience, how long they are expected to attend, where will they sit, is there a big enough room, etc.)

Ask participants to brainstorm the benefits of guidance:

- Give knowledge
- Create awareness
- Influence behaviour
- Offer emotional support
- Offer chance of discussion – the discussion should focus on learning points to bring out the intended behaviour change.
- For maximum identification and development of talents and gifts in individuals
- To help the children cope with challenges in future and to give them encouragement
- Help children make correct choices
- Help children live a fulfilling life
- Helps in confidence and moral building and motivates children to high goals
- Help children to make good use of their gifts
- Appropriate utilization of available resources
- Encourages positive healthy competition in schools
- Help participants to understand and appreciate the role of education
- We can introduce Career Guidance and Counselling through discussion of different jobs on the market

## 9:30-10:30 Counselling<sup>2</sup>

### Learning objective

By the end of this session, participants will be able to:

- Differentiate between guidance and counselling
- List the steps in GATHER
- List characteristics of effective counselling

### Process

Ask participants to define the word counselling. Counselling is one person helping another as they talk person-to-person. When you help someone make a decision or solve a problem, you are counselling. Through counselling, you help people make choices that suit them. Young people may be choosing whether to delay sexual activity and can make better decisions with your help.

Once a definition has been agreed on, ask participants to explain the purpose of counselling. The goals of counselling must be based on one of the needs of the individual you are helping. There are two basic goals:

- Help them manage a specific problem.
- Help them become better at helping themselves in their every day lives.

Ask participants to describe differences between guidance and counselling. Counsellors help their clients to make decisions but do not tell them what to do, people who provide guidance tell them what they need to do to achieve a certain goal.

Ask participants to brainstorm characteristics of a counsellor working in adolescent reproductive health.

- **Be informed about ARH, HIV and AIDS.** It is important to be able to share correct information and know where to refer someone for services.
- **Be non-judgmental.** A counsellor must be able to listen and provide support with out judging, bias, discrimination or prejudices in order for the counselee to feel comfortable sharing.
- **Be sensitive and merciful.** Don't ask questions just out of curiosity. Questions are to clear up what is happening to help people express what they are feeling. Respect the right to privacy. Ask the person how you can help.
- **Listen.** When you think you have finished listening, listen some more. You do not have to have the answers for existential questions. Each person has to find his/her own way. Do not impose your own ideas. There is nothing against sharing something from your own experience if it is relevant, but make sure they understand that this is your experience.
- **Create an environment for people to express themselves** and show feelings without embarrassment. Be ready to give them permission to express their anger or disbelief. You don't have to agree with everything that is said, but you do need to accept that this is how the other person feels. Acceptance does not necessarily imply approval, yet it is essential in this kind of work.
- **Give yourself permission to withdraw,** or consult with someone or to stop work altogether. If you feel that the problems are more than you can handle, ask for help or someone to replace you.

Stress that although counselling is a skill that can be learned and improved with practice, it is important to realize when a problem or situation is beyond your experience and ability. Be familiar with other services and refer students as needed.

Present the following information to participants

Everyone can learn good counselling. You counsel well when you:

- Show that you understand and care about them.

<sup>2</sup> From Centre for British Teachers' PSABH Course A: School and Community Training Notes, 2002

- Build Trust.
- Give useful, accurate information. Help them understand what this information means to them.
- Help them make their own choices, based on clear information and their own feelings, situation, and needs.
- Help them remember what to do.

You can remember the six elements with the letters in the English word GATHER. Or you can find words in other languages to help you remember. Not everyone needs to be counselled in this order. Not everyone needs all six GATHER steps. Some will need a step repeated. Counselling should change to fit individual needs.<sup>3</sup>

### **G - Greet**

- Give your full attention as soon as you meet them.
- Be polite, friendly, and respectful.
- Ask how you can help.
- Tell them that you will not tell others what they say.
- Conduct counselling where no one else can hear.

### **A - Ask questions about themselves**

- Ask about their reasons for coming.
- Help them decide what decisions they face.
- Help them express their feelings, needs, wants, and any doubts, concerns, or questions.
- Ask them about their experience with the problem or concern they are facing.
- Keep questions open, simple, and brief. Look at them as you speak.
- Ask them what they want to do.
- Listen actively to what they say. Let them lead the discussion.
- Show your interest and understanding at all times. Express empathy. Avoid judgments and opinions.

### **T - Tell them about their choices**

- To make informed choices and good decisions, people need clear, accurate, specific information about the range of their choices.
- Help clients understand their possible choices.
- Information should be important to their decision.
- Information should be put in terms of their own life.

### **H - Help them choose**

- Tell clients that the choice is theirs. Offer advice, but avoid making decisions for them.
- To help them choose, ask them to think about their future plans.
- Help them think about the results of each possible choice.
- Ask if they want anything made clearer. Rephrase and repeat information as needed.
- Check whether they have made a clear decision. Specifically ask, "What have you decided to do?" Wait for them to answer.

### **E - Explain what to do**

- Explain how they can do what they have decided
- Mention additional support services that are available to them.
- Let them know they can come back anytime, but agree on a time to return for a follow-up visit.

### **R - Return for follow-up**

- Ask if the client has any questions or anything to discuss. Treat all concerns seriously.

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<sup>3</sup> From Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health *Pop reports GATHER Guide to Counseling* Volume XXVI, Number 4 December, 1998 *Series J, Number 48* available at <http://www.infoforhealth.org/pr/j48edsum.shtml>

- Help the client handle any problems.

Often young people face more and different reproductive health issues than adults. Thus counselling young adults requires being even more open, more flexible, more knowledgeable, and more understanding. Counselling young adults can be challenging, but it can be very rewarding to help young people make wise and healthy decisions.

- **Be open.** Let young people know that no question is wrong, and even embarrassing topics can be discussed.
- **Be flexible.** Talk about whatever issues the young person wants to discuss.
- **Give simple, direct answers** in plain words. Learn to discuss puberty and sex comfortably.
- **Be trustworthy.** Honesty is crucial to young people. You, and the information you give, need to be believable. If you do not know an answer, say so. Then find out.
- **Stress confidentiality.** Make clear that you will not tell anyone else about their visit, the discussion, or their decisions.
- **Be approachable.** Don't get upset or excited. Keep calm.
- **Show respect.** Do not talk down to young people.
- **Be understanding.** Recall how you felt when you were young. Avoid judgments.
- **Be patient.** Young people may take time to get to the point or to reach a decision. Sometimes several meetings are needed.

Ask for a participant to role-play a counselee and demonstrate a counselling session following the GATHER steps. Allow participants to ask questions. Divide participants into groups of three. Ask participants to come up with three scenarios that they would offer counselling to students in their schools. Ask one person to be the counsellor, one the counselee, and one the observer. Ask each group to role-play the scenarios until each has had a chance to play each role.

**10:45-11:45**

## **Drug abuse**

### **Learning objectives**

By the end of this session, participants will be able to:

- List signs of drug use
- List risks of drug use

### **Process**

Ask participants to define “drug” and “drug abuse.” Write all the responses on the board without making any comments. Explain that drug abuse is the non-medical use of drugs that interferes with a healthy and productive life.

Ask them to name the different types of drugs that people use (adolescents in particular). Add to their list what they may have missed from the following list. They should also include street names of drugs.

- Medical drugs (i.e. tranquilizers, amphetamines, barbiturates – sleeping pills)
- Miraa (gomba)
- Kuber
- Chang'aa (puya)
- Tobacco (fegi)
- Busaa
- Spirit
- Petrol
- Marijuana (Bhangi, kaya, ganja)
- Cocaine (mataptap)
- Alcohol
- Amphetamines
- LSD

- Caffeine
- Heroin
- Solvents (glue, nail polish remover, lighter fluid, etc.)

Explain that drugs have been used throughout human history and are used for different reasons. The problem now is that there are more varieties of illegal drugs, most of them very potent and often abused. Explain that this session is not concerned with the medical uses of drugs but with the misuse and abuse of drugs.

Point out that some substances, such as vitamins and medications, have a positive effect on health when used as prescribed, but can be harmful if abused or taken in excess.

Explain that this activity<sup>4</sup> will test participants' knowledge about drugs and their effects on health. Read the directions below out loud:

- Two teams will compete to see which knows the most accurate information about drugs. Teams get a point for each correct answer.
- Individual team members will be read a question about drug use. Some of the statements are true and others are just myths.
- After reading a statement, the team member should consult with the entire team on the best answer. There is a time limit to answer.

Ask participants to form teams on opposite sides of the room and come up with team names. After teams are named, have the first person move forward and read them a statement from the Myths and Facts below. Ask him or her to confer with their team on the best answer. If the answer is correct, give the team a point. If the team member can provide additional information about why the statement is a myth or a fact, his or her team will win an additional point.

**Alcohol is an addictive substance, not a drug.**

Myth. Alcohol is a drug, as is any substance that affects the mind or body.

**More teenagers use alcohol than bhanghi.**

Fact. Alcohol is the most frequently used substance among teenagers because it is readily available.

**Driving after using miraa is much safer than driving after drinking.**

Myth. Like alcohol, miraa affects motor coordination, slows reflexes and affects perception (the way we see and interpret events around us). Any of these changes increases the likelihood of an accident while driving.

**Coffee, tea, and many sodas contain drugs.**

Fact. Coffee, tea and many sodas and diet sodas contain caffeine, which is a stimulant. Caffeine is addictive; headaches are a common sign of withdrawal.

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

Myth. Many students use alcohol weekly and many are addicted to it.

**Cigarette smoking can be addictive.**

Fact. More people are addicted to cigarettes than any other substance. Cigarette smoking is a very difficult habit to break but stopping is essential for good health.

**Many adults addicted to dangerous drugs feel like smoking bhanghi was the first step to their addiction.**

Fact. Bhanghi is viewed as a 'gateway drug', or a drug that opens the gate to other drugs, by addicts and researchers alike.

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<sup>4</sup> Adapted from: Advocates for Youth's Life planning Education Manual, 1995.

**Alcoholism is a disease.**

Fact. Alcoholism is a disease, just as diabetes or epilepsy are diseases. It can respond to treatment, which includes eliminating all alcohol consumption.

**Drugs help people handle their problems better.**

Myth. Drugs help people forget about their problems or reduce the pain caused by problems. The problems do not go away; however, they often get worse.

**Inhalants are basically harmless even though adults make a big deal about them.**

Myth. Using inhalants (like gasoline, hairspray, or glue) can be extremely dangerous because they can cause permanent damage to organs like the liver, brain or nerves.

**A cup of coffee and a cold shower will sober a drunk.**

Myth. Only time will cause a person to become sober. It takes one hour for the liver to process one-half ounce of pure alcohol.

**Alcohol affects some people more than others.**

Fact. Factors that influence how alcohol affects the individual include: body weight, amount of alcohol consumed, the presence of other drugs in the system, the general health of the individual at the time and how recently she or he has eaten.

**Alcohol is a sexual stimulant.**

Myth. Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as a lack of erection, or loss of sexual feeling. In addition, alcohol or drugs may cause a person to do something sexually that he or she would not do when sober.

**Anyone using oral contraceptives (the birth control pill) has to be careful about taking prescription medication.**

Fact. Girls and women who are using oral contraceptives to prevent pregnancy need to alert their health worker if she or he prescribes antibiotics. Some medications make oral contraceptives ineffective and pregnancy could result.

**When people stop smoking they can reverse some of the damage to the body.**

Fact. If there is no permanent heart or lung damage, the body begins to heal itself when a person stops smoking.

**Cigarette smoking will hurt a pregnant woman, but will not hurt her baby.**

Myth. Smoking by pregnant women may result in premature birth and low birth weight babies.

**Drinking only beer will prevent problems with alcohol.**

Myth. Ethyl alcohol affects drinkers, and ethyl alcohol is present in beer, as well as in wine and liquor.

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

Myth. As soon as people start smoking, they experience yellow staining of teeth, bad breath and a shortness of breath that may affect their physical performance. Addiction to nicotine is quick. People who smoke for any period of time have a greater risk of lung cancer and other lung diseases, cancer of the tongue and throat and heart disease.

**Bhangi is not harmful.**

Myth. Although research is ongoing, many experts believe that long-term use of bhangi is potentially dangerous and may lead to: a decrease in motivation, memory loss, damage to coordination, impaired judgment, damage to the reproductive system, and throat and lung irritation.

**Drugs like alcohol, miraa and cocaine wouldn't be a problem for teens if they did not cause addiction.**

Myth. Drugs interrupt normal growth and development for teenagers, cause problems with school and in relationships, and often result in unintended pregnancies or STI/HIV because their use can lead to risk-taking behaviour.

**Cocaine is addictive.**

Fact. Although people used to believe it was not addictive, research indicates that cocaine is definitely psychologically addictive. Crack cocaine is especially addictive, sometimes creating dependence after only a few uses.

**Alcohol becomes a problem only after years of use.**

Myth. When a person takes a drink, alcohol immediately slows reaction times, affects balance and decreases coordination. That means an athlete, dancer, musician or driver may lose normal ability and performance will be affected.

Explain that it is important to note that “use” and “abuse” of drugs and alcohol are not the same. **Use of drugs** may come before abuse of drugs and does not necessarily lead to abuse. **Drug abuse** is not defined by frequency of drug use alone but also considers the age of the drug user, physiological responses, levels of dependency, attitudes about substance use, and the effects that the drug uses has on other areas of the user’s life.

Ask participants to name predictors of drug and alcohol experimentation use and abuse<sup>5</sup>. They following should be mentioned:

- **Family Factors:** Adolescents who observe their parents using or abusing drugs, alcohol, and other addictive substances are more likely to use or abuse them. Other family risk factors include parental absence, inconsistent discipline, poor or lack of communication, conflict between parents and adolescents, death of parents due to HIV and AIDS, and family break up. However, family disruption may not directly lead to drug use, rather, family problems may lead to disenchantment with traditional values and the development of deviant attitudes, which may in turn lay the foundation for substance use.
- **Early Antisocial Behaviour:** Adolescents who show early antisocial behaviour may be more likely to use or abuse drugs. Drug use may occur as part of many other self-destructive behaviours.
- **School Factors:** A range of school problems, such as poor performance, frequent absences, early drop out, placement in special classes, or low interest in education, may result in use or abuse of drugs by adolescents. However, it may be more likely that social factors that are linked to poor performance in school are independently linked to drug use.
- **Peer Factors:** Spending time with peers who use drugs is perhaps the strongest predictor of adolescent substance use. Peers who are already involved with drugs may encourage others to use drugs through peer pressure, by providing drugs, and by showing others how to use them.
- **Attitudes, beliefs, and personality traits:** Some attitudes, beliefs, and personality traits may make adolescents more likely to use or abuse drugs. Some traits include poor relationship with parents, low interest in education, and feelings of being different from normal societal behaviour and values.
- **Response to stress:** Substance and drug use in adolescents may be the result of a feeling of a loss of control, a sense of meaninglessness, or a lack of direction in life. Teenagers may use drugs to feel better about life events, which they see as being out of their control. Drug use as a response to stress is seen often among lower income and disrupted family situations.

Explain that adolescents face unique risks associated with substance abuse. The use of substances may cause negative consequences during an adolescent’s mental and emotional development. In addition, adolescents are at serious risk for a number of direct and indirect problems, including the following:

- **Traffic Accidents**
- **School-Related Problems:** Adolescent substance abuse is associated with declining grades, absenteeism from school, and dropping out of school.

<sup>5</sup> Adapted from: The Child Welfare League of America’s A Mentor Manual: For Adults who Work with Pregnant and Parenting Teens, 1995.

- **Risky Sexual Practices:** Adolescents who use drugs and alcohol are more likely than non-using teens to have sex, initiate sex at a younger age, and have multiple sex partners. This places them at greater risk for unplanned pregnancies and HIV/ AIDS, hepatitis C, and other sexually transmitted diseases.
- **Delinquent Behaviour and Juvenile Crime:** Drug use can lead to selling drugs, stealing, running away, and violence.
- **Developmental Problems:** Substance abuse may negatively impact an adolescent's mental and physical development.
- **Physical and Mental Consequences:** Doing drugs can have negative effects on the user's mind and body. The effects can be short-term, such as memory loss, or long-term, such as cancer, infertility, or HIV-infection from unclean needles.
- **Future Use Disorders:** The younger a person is when he or she first drinks alcohol, the more likely that person is to develop a problem with alcohol abuse.

Facilitate a discussion on the impact drug abuse can have on youth, families, and society.

Explain that it is important for teachers to be alert to changes in an adolescent's behaviour and appearance that may signal substance abuse. By recognizing the potential warning signs and symptoms of substance use, you may be able to get help for a teenager in need of treatment. The following behaviour changes, when extreme or lasting for more than a few days, may indicate alcohol-related or drug-related problems and the need for further screening by a professional.

- Sudden changes in personality without another known cause
- Loss of interest in favourite hobbies, sports, or other activities
- Sudden decline in performance or attendance at school or work
- Changes in friends and reluctance to talk about new friends
- Deterioration of personal grooming habits
- Difficulty in paying attention or forgetfulness
- Sudden aggressive behaviour, irritability, nervousness, or giddiness
- Increased secretiveness, heightened sensitivity to inquiry

Explain that young people are at the age when trying new things is especially inviting. Alcohol and drugs may be particularly attractive to young people. Although alcohol and drugs do not cause AIDS, people who use them increase their risk of becoming infected with HIV. They may be influenced by drugs to have risky sexual intercourse, be forced into prostitution to support a drug habit, or become HIV-infected by sharing dirty needles. Drugs and alcohol also negatively affect the immune system, making a person less able to fight disease.

Ask participants to describe what is meant by drug rehabilitation. Explain that it refers to a variety of processes by which a person addicted to a drug stops using that drug. A person may stop using drugs all at once on their own, or may receive help through various programs. Ask participants to name drug rehabilitation services available in their communities.

**11:45-1:00**

## **Sexual violence and abuse**

### **Learning objectives**

By the end of this session, participants will be able to:

- Define rape
- List what should be done if someone is raped

### **Process**

Ask participants to define rape. The definition should be sexual intercourse on an unwilling male or female by the use of force, coercion, intimidation, or any kind of threat. Rape happens to a person when they do not give consent to have sex.

Discuss the following questions:

- Can men/boys be raped?

- Can a husband rape his wife?
- Can a wife rape her husband?

Explain that in Kenya sexual intercourse with girls below 16 years and sexual intercourse with boys below 14 are both criminal offences whether there was force used or not.

Emphasize that as long as one person is unwilling to have sexual intercourse, it is rape regardless if it is a husband, boy, girl, wife, acquaintance, relative, neighbour, or stranger committing the act. Ask the learners to identify the crime that occurs when a romantic partner forces another to have sex. If no one answers correctly, write “acquaintance rape or date rape” on the board. Make the following clear:

- Acquaintance rape, also known as date rape, is forced oral, anal or vaginal sexual intercourse by someone the person knows and may even have a romantic relationship with.

Read the following statements:

- Rape is an act of aggression that uses sex to show the victim that the rapist has power.
- Rape is a crime punishable by law.
- Most girls in Kenya are forced or tricked into their first sexual experience.
- Books and movies often suggest that women are turned on by the power and force of rape and may even fall in love with the rapist, but a victim of rape never experiences the act in a positive way, even in a date situation in which the beginning of the sexual encounter was pleasant.
- Alcohol and drugs are often involved when acquaintance rape occurs. Being drunk or high makes women less able to set clear boundaries and men less inclined to listen to those boundaries.
- Nothing a woman does, including using drugs or alcohol, going to “risky” places, wearing certain clothes, kissing and sexually touching or even having previously had sex with a man, gives a man the right to force her to have intercourse against her will.

Ask participants to discuss why most rape cases are not reported. Possible reasons include:

- Fear of being blamed
- Fear of consequences
- A false sense of obligation to protect a relative or acquaintance
- Fear that no one will believe them
- Fear that everyone will know about it
- Fear that no one will care or listen

Explain that people are often uncomfortable talking about physical and sexual violence<sup>6</sup>. It is only when we start talking about it more in public that the community ‘tolerance’ for such violence will be reduced. Point out that feelings of guilt and shame are common reactions following a sexual assault. Because of misconceptions about rape, some victims blame themselves, doubt their own judgment, or wonder if they were in some way responsible for the assault. Feelings of guilt and self-blame may be reinforced by the reactions of others, who, because of prevalent myths about rape, may blame the victim or criticize his or her behaviour. Emphasize that there is no justification for rape. Even if a woman had allowed some sexual activity, such as kissing, or is wearing clothes that some may feel are too revealing, there is no justification for forcing someone to do something that can be harmful to her health or against her will.

Explain that it is normal for people who are raped to feel ashamed. Some victims describe feeling dirty, devalued, and humiliated as a result of a sexual assault. Feelings of shame are often related to the powerlessness and helplessness victims experience during a sexual assault. Shame may also be a reaction to being forced by the assailant to participate in the crime.

Ask participant to discuss ways to reduce the risk of rape.

- Don't leave your beverage unattended or accept a drink from an open container.
- When you go out, go with a group of friends. Arrive together, watch out for each other, and leave together.

<sup>6</sup> From de Bruyn, Maria and France, Nadine. 2001. Gender or Sex: Who Cares? Skills Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers. Chapel Hill, NC: Ipas.

- Be aware of your surroundings at all times.
- Don't allow yourself to be alone with someone you don't know or trust.
- Think about the level of intimacy you want in a relationship, and clearly state your limits.
- Trust your instincts. If you do not feel comfortable in a situation, leave.
- Be in control of your own life. Do not put yourself in a situation where you have to rely on other people to take care of you. Also, when on a date, do not feel you owe that person anything.
- Be cautious inviting someone into your home or going to someone else's home.
- Do not mix sexual decisions with drugs and alcohol. Your ability to make smart decisions is hampered when you are high or drunk.
- Do not feel pressure from a partner. Be clear about what you want. If your partner says "If you loved me..." If your partner loves you, he/she would respect your feelings and wait until you are ready<sup>7</sup>.

Divide the group into four groups and assign one case from Handout 9, "Sexual Abuse and Family Violence Scenarios" to each group. Ask each group to discuss possible solutions to their scenario. Let each group present their options and positive and negative consequences. Share the possible solutions to each scenario from Handout 10, "Options and Consequences."

Facilitate a discussion with the following questions:

- What if you do all the right things and are unable to stop your date from raping or assaulting you? Does that mean you didn't try hard enough? What should you do? (Answer: Whenever rape occurs, regardless of what was or was not said or done to prevent it, it is never the victim's fault. If you are raped, get help immediately and do not feel guilty.)
- What are some of the things that we have discussed that have changed the way you think about rapists? How has your opinion of rape victims changed?
- What are some of the things you have heard people say about girls or women who have been raped and how do you feel about the things these people say?
- What precautions can girls and women take against stranger rape? (Answer: Be alert to the surroundings; avoid dark, lonely places at night; keep doors and windows locked; keep a loud whistle on a key ring; take a self defence class; walk in groups scream for help if cornered, carry pepper or irritating spray in your handbag for self defence.)
- What are some things that girls and women can do to help prevent date rape? (Answers may include: communicate with your date, state expectations clearly, listen carefully, ask questions if things get confusing, avoid using alcohol and other drugs that cloud your judgment, and let the man know your intentions – 'I like dancing with you, but I don't want to have sex with you.')

Remind participants that:

- No matter what the circumstances, they have the right to choose when, with whom and how they want to be sexual.
- When first dating someone, go out with other people or groups rather than alone.
- Trust your feelings – if you begin to feel nervous or uncomfortable about the way things are going, do something about it right away. Let your date know how you feel and get away from the situation to a place where you feel more comfortable.

Ask participants to list what they think someone should do if he or she has been raped. Allow several volunteers to share the steps that they should follow. Then review the following information:

***What to do if raped***

1. Do not shower.
2. Do not wash any clothes, including underwear.
3. Go to the nearest police station and report the incident.
4. Go to the nearest hospital for a medical check up.

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<sup>7</sup> Rape Treatment Center, Santa Monica, UCLA Medical Center (<http://66.216.123.69/RTC/Impact+of+Rape/Self-Blame+and+Shame/>); Women Organized Against Rape: [http://www.woar.org/campus\\_rape.asp](http://www.woar.org/campus_rape.asp); Rape Abuse and Incest National Network: [www.rainn.org](http://www.rainn.org)

5. Take the medical report to the police station and collect a P3 form.
6. Take the P3 form to the police doctor (If up country, go to the District Government Hospital.).
7. Wrap the clothes worn at the time of the in newspaper (not nylon paper) and take them to the police station with the P3 form.
8. Identify the accused for arrest.
9. Attend court when the accused is charged.

**2:00-3:30**

## **Integrating ARH into school**

### **Learning objective**

By the end of this session, participants will be able to list ways to incorporate adolescent reproductive health activities into co-curricular activities.

### **Process**

Ask participants to brainstorm how they can begin to integrate adolescent reproductive health and life skills content into their schools. The following activities should be mentioned:

- Peer educators
- Health clubs
- Class time – KARHP lessons could be appropriate for certain classes such as biology and health.
- Debates – if regular debating activities are already in place, it would not be difficult to add a KARHP-related topic to the existing list of topics.
- Drama – students could be tasked with writing and performing a skit related to ARH.
- Sports – a “KARHP booth” could be set up at a sporting event and peer educators could be available to talk with interested students and distribute relevant materials.
- Music – students could write and perform KARHP-related songs as part of their regular music curriculum.
- Written essays – KARHP topics could be assigned to regular essay competition activities.
- Other existing clubs – depending on each school’s situation, KARHP messages and activities could be integrated into existing club activities.

### ***School health clubs***<sup>8</sup>

Review the following information about a school health club:

A school health club is a unit set in the school to promote health aspects of students and the school community in general. This club can be introduced so that it runs along with other clubs that are in existence.

Health is the sum total of physical, mental and social being of a person.

- Physical Health - In the club, the students engage in activities that promote physical health e.g. in music they can participate in creation and performance of a dance accompanied by a song.
- Social Health - The students engage in activities that promote social aspects of health e.g., participating in debates, drama, or music, which one does together with other students.
- Mental Health - Students engage in activities that promote emotional and psychological aspects of health e.g. guidance and counselling of student to student, teacher to student. They can also form peer groups for the purpose of peer education.

The objective of the school health club is to promote the following among club members and the wider school community.

- Personal responsibility for ones health
- Accurate knowledge of adolescent reproductive health and making decisions for a healthy and fulfilling life
- Responsible sexual behaviour to avoid infection (including changes in high-risk behaviour)

To organize health related activities, like the following:

<sup>8</sup> From Centre for British Teachers’ PSABH Course A: School and Community Training Notes, 2002

- Visits to health centres and homes
- Talks from health professionals
- School health days
- Health oriented competitions
- Support for those living within the community with long-term illnesses

To provide an information and support resource able to respond to the following needs:

- First Aid
- Professional health services
- Spiritual and emotional support in matters relating to health
- Development of school health library

Other matters to be decided within each school

- Membership - all students or some standards only?
- Time of meeting – to be accessible to all intended members
- Leadership of the club – even if this is a student-lead club some substantial health knowledge will be needed – a teacher or health worker could be involved
- Which official positions are needed in the club e.g. Chairperson, Coordinator, Treasurer, Secretary, Patron, etc.

### *Question boxes<sup>9</sup>*

Refer to the question box that has been used during this workshop and ask participants to think about how a question box could be used in a school setting. Ask the following questions to generate discussion.

- Where would such a box be placed?
- Would questions be just on AIDS or on health in general?
- How often would the box be opened?
- Who would read the questions?
- How would the answers be given?
- What support services are available if a student has a serious problem that cannot be dealt with by the school?
- What measures need to be taken to protect students' rights to confidentiality?
- How can we best respond to questions posted in the question box?
- How can such a question box be used effectively in a school setting?

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<sup>9</sup> From Centre for British Teachers' PSABH Course A: School and Community Training Notes, 2002

Explain that there are four stages in using a Question Box:

WHO	ACTIVITY	WHEN/WHERE
Pupils Teachers	<b>1. Put questions in the box</b>	In public area at the school that is easily accessible at all times
Health club officials Resource teacher Head teacher	<b>2. Sort questions</b>	Daily
Health club officials Resource teacher Head teacher	<b>3. Work out answers</b>	Allow 2-3 days
Health club officials Resource teacher Head teacher	<b>4. Give answers</b>	Weekly in class or at an assembly

Explain that the choice of respondent needs to be a familiar figure at the school, probably having been involved in activities such as health talks, question box sessions or just visiting for other school related activities that are related to the children. The head teacher or teachers need to make a deliberate attempt to introduce this person so that the students can identify with them. During the discussion on how difficult questions will be dealt with, the facilitator should acknowledge that teachers do face difficult situations but it is their responsibility to answer questions accurately and in the light of their knowledge of their students. It might be that a question should not be answered in full immediately as the teacher might wish to consult with other colleagues first OR that the answer is given to a smaller group of students instead of the whole class.

### **Peer educators<sup>10</sup>**

Ask participants to describe peer educators and to share any experiences they have with peer education.

Explain that during adolescence, students tend to feel that adults do not understand the challenges they face and they turn to their peers more than adults for sharing, advice, and opinions. A well-trained group of peer educators can help improve students' knowledge and skills related to adolescent reproductive health. In a school setting, peer educators are students selected for their leadership potential in helping others. They are trained to help other students learn through demonstrations, listening, role playing, encouraging, serving as role models, providing feedback, and supporting healthy decisions and behaviours.

Recruiting and retaining peer educators proved to be a challenge during the pilot project. Many students volunteered, but often when they found that there would be no monetary compensation or guaranteed employment as a result of the programme, they dropped out. It is important to emphasize that participation in the programme will not bring monetary compensation or future employment. As in the case of the teachers, peer educators will be rewarded by their own sense of contribution and accomplishment, and they will receive formal recognition and appreciation from the school administration and their fellow students.

Present the following benefits of using peer educators:

- Young people are likely to listen to, and imitate, peers that are well liked and respected.
- Peer educators who model examples of healthy behaviours can influence behaviours of other peers and help them avoid taking risks.
- Peer educators can support, encourage, and help their peers both inside and outside of sessions.
- Peer educators may assist you by presenting the session, thereby allowing more time for individual attention in small groups and for wider access to a larger group of young people.
- Peer educators may be able to help manage and solve problems among the group.

<sup>10</sup> Peace Corps Life Skills Manual, 2001.

- By serving in this capacity, young people boost their self-esteem, learn valuable and marketable skills, make contacts, and perhaps take more pride in their lives and behaviours than prior to their roles as peer educators.

Ask participants to brainstorm qualities of good peer educators. The following list should emerge.

- Considered opinion leaders by other young people (popular, influential)
- Concerned about the welfare of their peers
- Able to listen to others, non-judgemental
- Self confident
- Dependable, honest
- Well liked by other young people
- Well rounded young people—not necessarily the top student in the class; someone who does well in school but also is active outside of the classroom, such as in sports, clubs, or community work
- Equal mix of male and female peer educators
- Equal mix of young people from different age ranges and forms in school
- Perhaps some young people who have engaged in risk behaviours before and are now willing to speak out about such behaviours
- Mix of young people from different clubs, sports teams, and interests to reach a wider range of people

Ask participants to list challenges and proposed solutions for using peer educators

- Peer educators require an extra time commitment. You should be willing to spend significant time choosing, training, re-training, monitoring, and evaluating peer educators.
- It can be difficult maintaining motivation. Often peer educators want an incentive for the work that they provide. Emphasize the benefits of being a peer educator, including skills and self-esteem building, contacts, and so forth. You might provide a group uniform or badge to set them apart from others, make it possible for them to network with other peer educators (going on a trip), and consider them for youth conferences or trainings that might arise.
- Students may become jealous of peer educators. Strike a balance between motivating the peer educators through opportunities and making other young people jealous by your treatment of the peer educators. If others are jealous of the peer educators, they will be much less effective than if they are well liked and feel a part of the group.
- Some peer educators engage in risk behaviour. Even after training and working with a young person, he or she may become involved in the very activities you are teaching participants to avoid. A peer educator who becomes pregnant, gets caught drinking, and so forth may be incredibly damaging to the program. For this reason, constant monitoring, retraining, and reinforcement are crucial for your peer educator program. However, keep in mind that relapse is expected in behaviour change. Your response to such a situation is important in reducing the stigma associated with HIV or STD infection, unwanted pregnancy, etc. Guiding this peer educator through such a life change will provide a powerful example for the peer group.
- Peer educators may not be knowledgeable and convey incorrect information. When peer educators spread health information, other young people typically believe them; after all, you have chosen and trained these young people, so the belief is that they must be experts. Therefore, if peer educators are spreading incorrect information, it can be doubly harmful. It is imperative to spend time training and retraining these young people to disseminate correct information. Alternately, peer educators might work in pairs, to reinforce each other's behaviour and serve as sources of mutual support.
- Peer educators move, transfer, and leave the program. It is important to have a number of peer educators in the program to offset the inevitable reality of losing some.

Explain that choosing the right peer educators depends on the best judgment of the teachers and the students. Note that it is important to take the students' opinions into consideration, but beware of the selection process becoming a popularity contest. Peer educators should have leadership qualities, hold a high grade point average, be someone that the students look up to and like, and have a demonstrated sense of responsibility. Students interested in becoming peer educators should be given the opportunity to sign up for consideration by the school-based KARHP team. The team can choose the top potential peer educators per age group. Elections could be held in which all students would vote to select a specific number of peer educators per age group.

Ask participants to break into groups and discuss ways to integrate adolescent reproductive health information and activities into their schools. Allow 15 minutes for groups to discuss. In the large group, ask a representative from each group to present their ideas.

**3:30-4:00**

## **Monitoring and reporting**

### **Learning objective**

By the end of this session, participants will be able to complete the KARHP monitoring form.

### **Process**

Present the following information about monitoring and reporting on KARHP activities.

The KARHP MIS database was created to provide a structure that would integrate the tools of data collection into a comprehensive, single-platform, to cover its processing and management. The system is easy and flexible and adaptable providing for data to be easily viewed and analyzed by different persons without altering the master file. The database provides centralized data for monitoring KARHP activities.

In the scale up of KARHP, a re-designed monitoring form has been developed. The new form is simple and structured to collect only relevant data for PEPFAR reporting. It excludes the costing component that was covered in the pilot phase. This new format can easily be integrated within the ministry-reporting framework. It captures quantitative data collected directly from the field. The forms provide for entries of all records related to planning, training and sensitization activities as well as service delivery. Each row in the data form is to be filled with information for a single activity undertaken by the trainer. A help key is provided in the form to assist in the entry of relevant variables.

The distribution and monitoring of these forms is consistent with the organizational charts of each ministry. These forms will be completed by the trainer/facilitator (G & C Teachers) on a monthly basis and submitted to the locational heads in each ministry (TAC tutors). They will routinely collect the information on all the on-going ARH activities within their jurisdiction in addition to holding quarterly meetings to prepare reports. KARHP field assistants will then collect the forms on a monthly basis from these officers at the divisional level. As the data arrives in the Kakamega office, the field coordinators will check it for accuracy, consistency, completeness, and relevance before entry into the database. The data will be entered into an already created EPI-data screen which has inbuilt controls and checks to ensure that it does not accept erroneous data. After data entry, the data will be sent electronically to Population Council office in Nairobi for analysis. As the data builds up it can be queried for specific aspects of the project and it should be able to provide prompt responses. The relevant ministry's monitoring and supervision officers together with the KARHP field staff will organize Quarterly meetings to assess performance, maintain minutes, and follow-up on the decisions. This system can produce instant results on project progress, identify problematic areas in the reporting and implementation of KARHP for quick redress and be able to provide a full listing of output reports for each ministry, location or district.

Pass out copies of the forms to each participant and review them. Demonstrate how to complete the forms. Allow participants to ask questions.

**4:15-5:30**

## **KARHP Curriculum review**

### **Process**

Distribute copies of the curriculum to each participant. Review the curriculum with participants. Identify sessions that have been conducted during this training workshop. Ask participants to read the sessions that have not been conducted during this workshop and familiarize themselves with them. Explain that those sessions will be discussed tomorrow.

## Day 5

8:00-9:00

### Responding to questions

#### Learning objective

By the end of this session, participants will be able to list ways to respond to students' questions.

#### Process

Pass out cards to each participant. Ask them to think about something they learned during this workshop and write a question based on it. For example, "Can you get HIV from a mosquito?" Ask them to think about a question that a student has asked them about adolescent reproductive health and to write it on the other card. Collect the cards and shuffle them.

Present the following information on responding to participants' questions

In participatory learning, participants should be encouraged to ask questions. It is important for the facilitator to keep the following principles in mind when responding to questions:

- Listen carefully to understand the purpose of the question/what's behind the question.
- Do not answer too quickly. Take a moment to reflect on your answer.
- Reformulate the question (to verify that you have understood it and that the group has heard it); look at the person who asked the question while you are paraphrasing.
- Thank the person asking the question.
- Choose words carefully and think about the impact they have on an individual.
- Never belittle or embarrass a participant.
- Admit your ignorance if you don't know the answer; and promise to look for more information.
- Ask a participant, or the group, to respond to the question or to give their point of view. [Every time the facilitator responds directly to a question instead of letting the group reflect, he/she reduces participation and the opportunity to learn].
- Make an effort to take questions from all parts of the group (centre left, centre).

Ask participants to stand in a circle. Explain that each participant will practice responding to a question using the principles just discussed. Pass out one question to each participant. Ask for a volunteer to go first. Ask that person to ask their question to the person to their right. The person to the right then responds to the person asking the question. Continue around the circle until everyone has had a chance to respond. If the person does not know the answer, they can ask other participants to respond. After each participant answers the question, ask other participants to provide them with feedback based on the principles discussed earlier.

Ask participants to return to their seats. Present the following information about participants' responses to questions. Explain that once a facilitator asks a question, it is important to listen to the responses very carefully.

There are four types of responses that a facilitator can expect:

#### Correct Response

Repeat participant's response to positively reinforce it and ensure that everyone heard the response. Comment positively on the response to encourage participation. The facilitator can also ask the participant to repeat the response loudly enough to ensure all participants have heard.

#### Partially Correct Response

Compliment the participant for the correct part, and then reformulate the rest of the question to the same participant or someone else. Or ask "Is there anyone who wants to add something else?"

#### Incorrect Response

Indicate in a constructive way that the response is not quite correct and reformulate the question to put the participants on the right track.

**A response that adds a rich but unanticipated idea**

Thank the participant and recognize his/her idea. If appropriate agree to discuss the question at a later time.

Explain that how a facilitator responds when participants can ask questions can influence the likelihood of participants asking questions in the future. It is important for participants to feel like their questions were well understood, listened to, answered, and that they felt comfortable asking them.

Ask participants to stand in a circle. Explain that each participant will practice responding to a participants question using the principles just discussed. Pass out one question to each participant. Ask for a volunteer to go first. Ask that person to ask their question to the person to their right as if he or she were a facilitator. The person to the right then responds to the person asking the question as if he or she were a participant. The “facilitator” then responds to the participant’s answer based on the principles discussed. Continue around the circle until everyone has had a chance to respond. If the person does not know the answer, they can ask other participants to respond. After each participant answers the question, ask other participants to provide them with feedback based on the principles discussed earlier.

**9:00-10:00****Curriculum review****Process**

Ask participants to share their reactions to the curriculum, particularly the session that were not covered during the workshop. Facilitate a discussion based on any questions participants had or clarification needed.

Divide participants into groups of four. Assign different sessions from the curriculum to each participant and explain that each one has time to read the instructions and then in groups facilitate the session.

**10:15-1:00****Facilitation Practice****Learning objective**

By the end of this session, participants will be able to facilitate a session from the KARHP curriculum using participatory facilitation methods.

**Process**

Ask members of each group to begin facilitating their assigned session for the other group members. Explain that after each session group members should provide feedback.

**2:00-4:00****Action Planning****Learning objective**

By the end of this session, participants will be able to develop a plan for implementing KARHP in their schools.

**Process**

Divide participants into groups. Explain that they will now develop their action plan using the action plan handout. The purpose of the action plan is to determine how to apply the curriculum throughout the school year. These activities are best determined at the school level, because each school has a different environment and tradition. A specific amount of time can be set aside per week for KARHP lessons. This is usually a challenge because the school day is already quite full, but it may be possible in some instances. Because of time and resource constraints, it is often useful to integrate KARHP interventions into existing school activities. The team should go through the curriculum systematically and decide which lessons fit into which types of intervention activities. In order to help keep the information organized, create a list for each grade level. Sessions within Modules can be broken down into separate activities or could be covered as a whole.

**4:15-4:45****Post-test****Process**

Ask participants to complete Handout 11: Post-test without consulting their colleagues. Collect all the answer sheets and correct them immediately. Discuss any topics that still caused confusion during the question and answer section.

**4:45-5:15****Question and answer****Process**

Ask participants if they have any questions and facilitate a discussion around these questions. Encourage them to ask questions on any topic: content, facilitation, implementing KARHP, their role, etc.

**5:15-5:30****Evaluation****Process**

Pass out copies of the final evaluation. Ask participants to complete them honestly because their feedback is important and will be used to improve future KARHP trainings.

Thank everyone for their participation, remind them of follow-up activities, and close the workshop.

**Handout 1: Pre-test**

Name \_\_\_\_\_

1. Which of the following body fluids do **not** spread HIV?
  - a. blood
  - b. sweat
  - c. semen
  - d. vaginal secretions
2. Being assertive means all the following **except**:
  - a. standing up for your rights
  - b. overpowering others
  - c. expressing positive and negative feelings honestly
  - d. respecting yourself
3. The most commonly abused substance is:
  - a. alcohol
  - b. bhang
  - c. tobacco
  - d. mandrax
4. Which of the following three things is **not** something you can do to prevent sexual threats and violence?
  - a. avoid secluded places
  - b. set sexual limits early
  - c. be loud and aggressive
  - d. don't accept gifts from strangers (baba sukari)
5. Which contraceptive method is most effective for preventing an unwanted pregnancy and STIs, including HIV?
  - a. oral contraceptive (the pill)
  - b. male condom
  - c. foaming tablet
  - d. IUD

*For each of the following, indicate against the line if it is True (T) or False (F)*

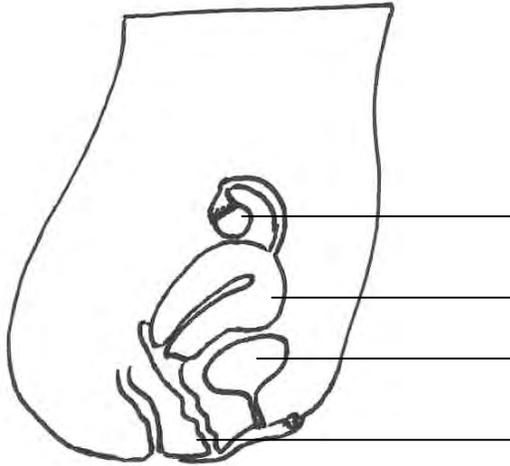
6. \_\_\_\_\_ All touches are bad.
7. \_\_\_\_\_ Gender roles are biologically determined.
8. \_\_\_\_\_ Sexuality exists throughout life, from birth to death.
9. \_\_\_\_\_ Being aggressive means standing up for what you believe in and talking about what you want in an honest, direct way.
10. \_\_\_\_\_ Providing adolescents with information on sexual and reproductive health leads to an increase in sexual activity.

11. List three qualities of a good relationship.

\_\_\_\_\_

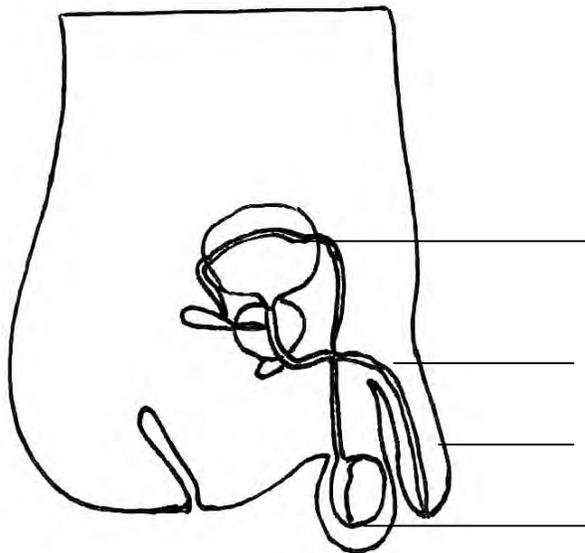
\_\_\_\_\_

12. List the female reproductive organs



- Bladder
- Ovary
- Uterus
- Vagina

13. List the male reproductive organs below:



- Bladder
- Penis
- Testicles
- Urethra

14. List three ways to protect yourself from HIV infection.

\_\_\_\_\_

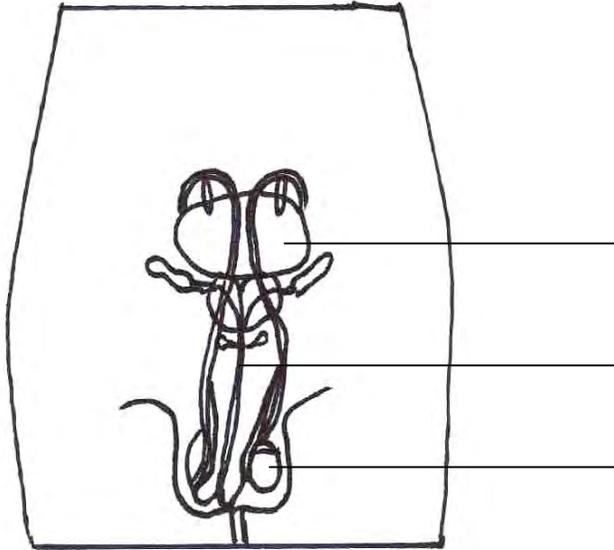
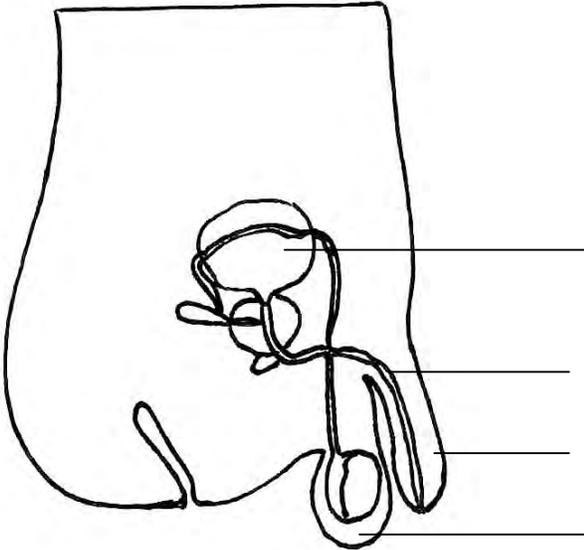
\_\_\_\_\_

15. List two symptoms of sexually transmitted infections for males and females.

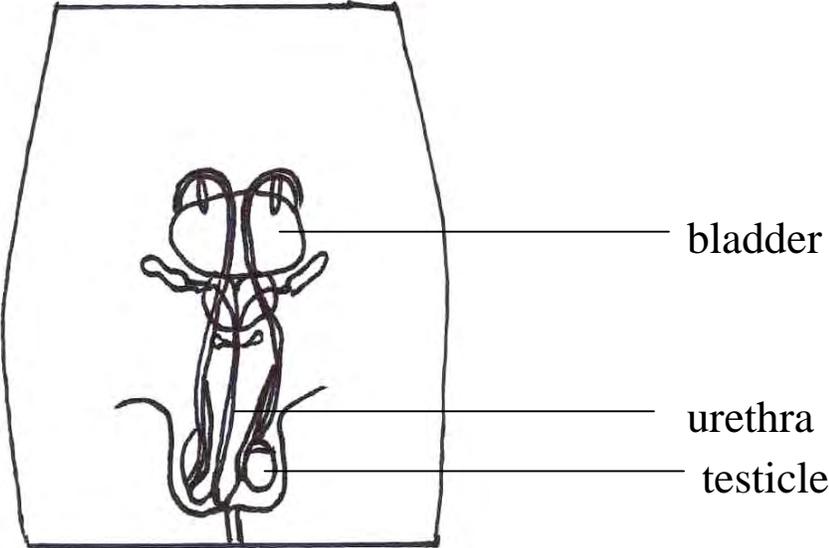
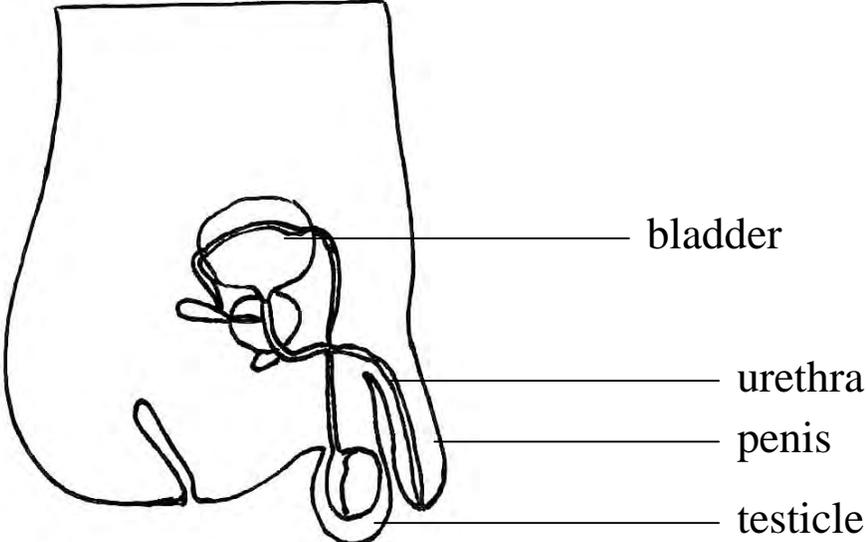
1) \_\_\_\_\_

2) \_\_\_\_\_

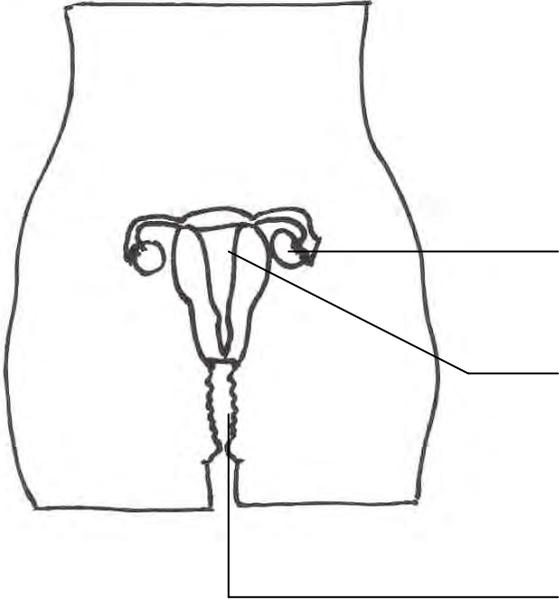
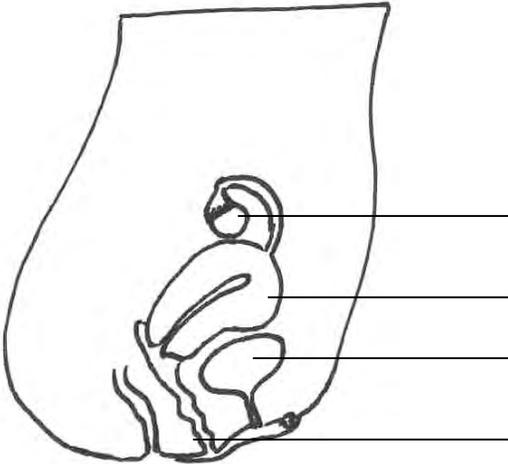
# Handout 2A: Male Reproductive Organs



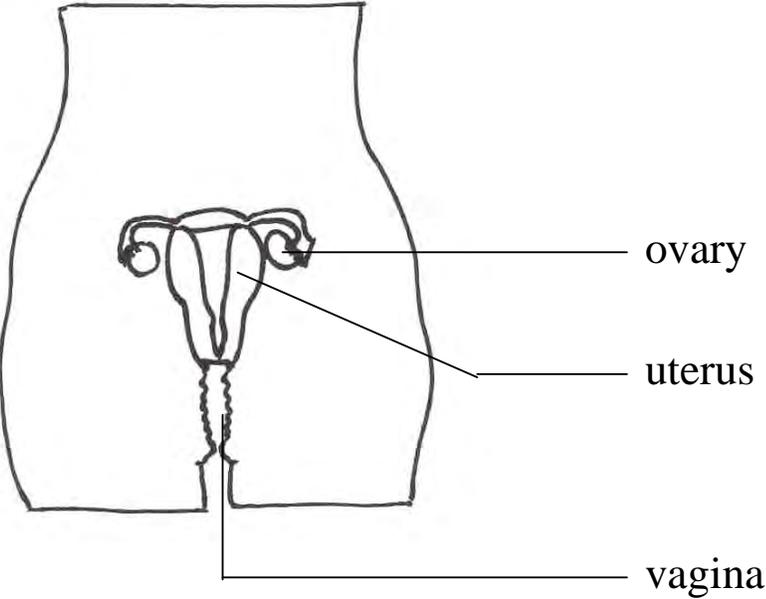
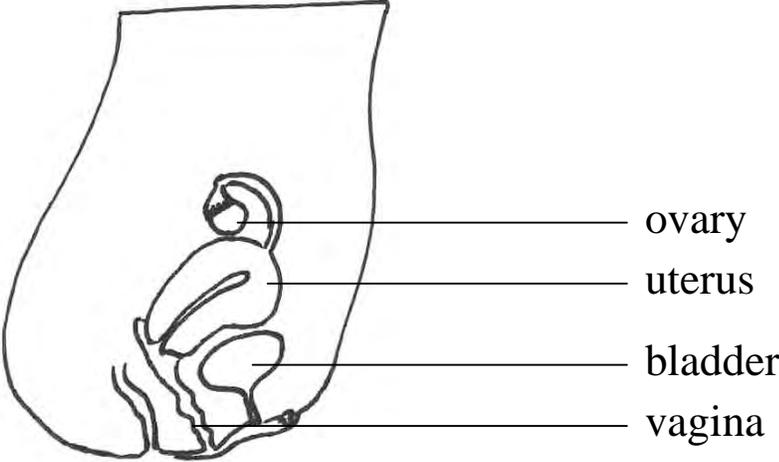
### Handout 2B: Male Reproductive Organs Key



### Handout 3B: Female Reproductive Organs



### Handout 3B: Female Reproductive Organs Key



## Handout 4: Reproductive System Story

Below are two stories. The events are out of order. Get a sheet of paper and write the stories so that they make sense. Find a topic sentence to begin your paragraph. Make sure that the last sentence is a good concluding sentence.

### Male Reproductive System

I am produced in the testicles.

The Life of a Sperm Cell

I go through a woman's vagina in search of an egg cell.

When the penis becomes erect, I leave the body through the urethra in a white, milky fluid in a process called ejaculation.

Without me, an egg cell couldn't begin the process of reproduction.

If I can find the egg before the other sperm do, I will be the winner: part of a fertilized egg!

### Female Reproductive System

The egg travels to the uterus.

The egg is released by the ovary.

About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina.

The Menstrual Cycle

If the egg doesn't meet a sperm, it dissolves.

While the egg is developing, the lining of the uterus is getting thick and soft.

An egg starts to develop in the ovary.

## Handout 5: Ten Suggestions for Improving a Lecture<sup>11</sup>

Lecturing is one of the most time-honoured yet ineffective ways to teach. By itself, it will never lead to active learning. For a lecture to be effective, the trainer should build interest first, then maximize understanding and retention, involve participants during the lecture, and reinforce what has been presented. There are several ways to do just that.

### Building interest

1. Lead-off story or interesting visual. Provide a relevant anecdote, fictional story, cartoon, or graphic that captures the audience's attention.
2. Initial case problem. Present a problem around which the lecture will be structured.
3. Test question. Ask participants a question (even if they have little prior knowledge) so that they will be motivated to listen to your lecture for the answer.

### Maximizing Understanding and Retention

4. Headlines. Reduce the major points in the lecture to keywords that act as verbal subheadings or memory aids.
5. Examples and analogies. Provide real-life illustrations of the ideas in the lecture and, if possible, create a comparison between your material and the knowledge and experience that the participants already have.
6. Visual backup. Use flip charts, transparencies, brief handouts, and demonstrations that enable participants to see as well as hear what you are saying.

### Involving Participants During the Lecture

7. Spot challenges. Interrupt the lecture periodically and challenge participants to give examples of the concepts presented thus far or to answer spot quiz questions.
8. Illuminating activities. Through the presentation, intersperse brief activities that illuminate the points you are making.

### Reinforcing the Lecture

9. Application problem. Pose a problem or question for participants to solve based on the information given in the lecture.
10. Participant review. Ask participants to review the contents of the lecture with one another or give them a self-scoring review test.

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<sup>11</sup> From Mel Silberman's 101 Ways to Make Training Active, 1995

## Handout 6: Ten Tips When Facilitation Discussion<sup>12</sup>

Your role during a group discussion is to facilitate the flow of comments from participants. Although it is not necessary to interject your comments after each participant speaks, periodically assisting the group with their contributions can be helpful. Here is a ten-point facilitation menu to use as you lead group discussions.

1. Paraphrase what a participant has said so that he or she feels understood and so that the other participants can hear a concise summary of what has been said.  
*So, what you're saying is that you have to be very careful when talking about sensitive issues like sexual health. You also told us that it is important to sensitize parents and other community members before you begin talking about these issues with students.*
2. Check your understanding of a participant's statement or ask the participant to clarify what he or she is saying.  
*Are you saying that this plan is not realistic? I'm not sure that I understand exactly what you meant. Could you please explain it to us again?*
3. Compliment an interesting or insightful comment.  
*That's a good point. I'm glad that you brought that to our attention.*
4. Elaborate on a participant's contribution to the discussion with examples, or suggest a new way to view the problem.  
*Your comments also provide an interesting point from the parent's perspective. It could also be useful to consider how a young person would view the same situation.*
5. Energize a discussion by quickening the pace, using humour, or, if necessary, prodding the group for more contributions.  
*Oh my, we have lots of humble people in this group! Here's a challenge for you. For the next two minutes, let's see how many ways you can think of to incorporate adolescent reproductive health activities into your schools.*
6. Disagree (gently) with a participant's comments to stimulate further discussion.  
*I can see where you are coming from, but I'm not sure that what you are describing is always the case. Has anyone else had an experience that is different from John's?*
7. Mediate differences of opinion between participants and relieve and tensions that may be brewing.  
*I can see that Margaret and Mary are not really disagreeing with each other but are just bringing out two different sides of this issue.*
8. Pull together ideas, showing their relationship to each other.  
*As you can see from Juma and Carole's comments, personal goal setting is very much a part of time management. You need to be able to establish goals for yourself on a daily basis in order to more effectively manage your time.*
9. Change the group process by altering the method for obtaining participation or by having the group evaluate ideas that have been presented.  
*Let's break into smaller groups and see if you can come up with some examples of counselling skills that were identified during the presentation this morning.*
10. Summarize (and record, if desired) the major views of the group.  
*I have noted four major reasons that have come from our discussion as to why you think that young people do not abstain: (1) peer pressure, (2) low self esteem, (3) wanting to show their love for their partner, and (4) wanting to feel like an adult.*

<sup>12</sup> Adapted from Mel Silberman's 101 Ways to Make Training Active, 1995

## Handout 7: Ten Steps to Use When Facilitating Experiential Activities<sup>13</sup>

Experiential activities help to make training active. It is often better for participants to experience something rather than to hear it talked about. Such activities typically involve role-playing, games, simulations, visualization, and problem-solving tasks. The following ten steps will help to make your experiential activities a success.

1. Explain your objectives. Participants like to know what is going to happen and why.
2. Sell the benefits. Explain why you are doing the activity and how the activity connects with any preceding activities.
3. Speak slowly when giving directions. You might also provide visual backup. Make sure the instructions are understood.
4. Demonstrate the activity if the directions are complicated. Let the participants see the activity in action before they do it.
5. Divide participants into the subgroups before giving further directions. If you do not, participants may forget the instructions while the subgroups are being formed.
6. Inform participants how much time they have. State the time you have allotted for the entire activity and then periodically announce how much time remains.
7. Keep the activity moving. Don't slow things down by endlessly recording participant contributions on flip charts or blackboards and don't let a discussion drag on for too long.
8. Challenge the participants. More energy is created when activities generate a moderate level of tension. If tasks are a snap, participants will get lethargic.
9. Always discuss the activity. When an activity has concluded, invite participants to process their feelings and to share their insights and learning.
10. Structure the first processing experiences. Guide the discussion carefully and ask questions that will lead to participant involvement and input. If participants are in subgroups, ask each person to take a brief turn sharing his or her responses.

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<sup>13</sup> From Mel Silberman's 101 Ways to Make Training Active, 1995

## Handout 8: Circles of Sexuality

### Sensuality

Awareness and feeling about your own body and other people's bodies. Sensuality enables us to feel good about our bodies, how we look and feel and what the body can do. It enables us to enjoy the pleasure our bodies can give others and us. It reflects our body image (whether we feel attractive and proud of our own body). It satisfies our need for physical closeness – to be touched and held by others in loving and caring ways. It is at adolescence that this awareness and feelings begin and this affects how we think, relate and behave.

### Intimacy

Intimacy is the ability and need to be emotionally close to another human being and have that closeness reciprocated. Intimacy makes personal relationships rich. Intimacy focuses on emotional closeness (liking and loving). A person can have intimacy without having sexual intercourse. Sexual intimacy is facilitated by feelings of sensuality.

### Sexual Identity

Sexual identity is a person's understanding of who she or he is sexually. It involves four things:

- Gender identity – am I male or female?
- Gender role – what a man or woman cannot do because of gender
- Sexual orientation – who am I attracted to sexually? (heterosexual, homosexual)
- Sexual preferences – what are my sexual limits? Monogamy? Bigamy? Polygamy?

### Sexual Health & Reproduction

Reproduction and sexual health are the capacity to reproduce and attitudes and behaviours that make sexual relationships healthy both physically and emotionally.

### Sexualization

Sexualization is using sex or sexuality to influence, manipulate, or control other people. Behaviours include offering or accepting money for sex, giving grades to students in exchange for sexual favours (sexually transmitted grades), sexual harassment, sexual abuse or rape or withholding sex from a partner to 'punish' or to get something you want,<sup>14</sup>

<sup>14</sup> From Centre for British Teachers' PSABH Course A: School and Community Training Notes, 2002

## Handout 9: Sexual Abuse and Family Violence Scenarios

1. All night Nekesa had been listening to her stepfather yelling and slapping her younger brother, Andahi. “He picks on Andahi all the time, but this is different,” she thought. She noticed last weekend that Andahi had several bruises on his face and she wondered what happened, but her mother said “nothing” when she asked. Tonight there has been so much yelling, and poor Andahi was screaming and crying. Nekesa was scared because she didn’t want Andahi hurt. She didn’t know what to do. She decided to get help.

2. Ayesha started crying softly after her father left her room. She felt like she always did when he came into her room and touched her; she wanted to die. He would always do the same things that he had been doing since she was nine. She hated it and always felt so dirty and disgusted with herself when he left. He told her that it was her fault and that she made him do these things. He also told her that if she told anyone, she would be made to leave the family. Ayesha had thought about telling her mother, running away, or killing herself. But she was always too scared to do anything but lie in her bed and pretend she was asleep. She was so miserable. She wanted help. What should she do?

3. Charity wondered all the way home what she should do. Boniface had forced her to have oral sex with him and she had told him over and over again that she didn’t want to. He said it was her fault for kissing and touching and letting him get so turned on. He said she wanted it, too, and besides, it was her place to please him. Afterward, she had felt numb and only stopped crying when he finally told her he loved her, but she felt no love, not anymore. She felt hurt, used, and betrayed. Would anyone care that he had made her do this? Would anyone believe she had told him no? He said it was her fault. Was it? She wanted to talk to someone so badly, but she couldn’t bear to tell any of her friends. What would they think of her? What should she do?

4. Mulamba heard the sounds again. He knew what was going on. His mother’s friend, Bwire, had come in around 9:00 and he had already been drinking. Mulamba’s mother had given Bwire food and another beer. Mulamba always got angry when he watched his mother try to please this crazy man. Now it was almost midnight and he knew what was happening. He knew where his mother’s last split lip and swollen eye came from. But he didn’t know what made the most sense, whether to go in there and break it up, or to plead with his mother in the morning to leave this guy. Only tonight, things sounded worse than usual. Mulamba was really worried about his mother. He thought about the police “hotline” he had read about in the newspaper the other day. Would they have any ideas?

## **Handout 10: Options and Consequences for Sexual Abuse and Family Violence Scenarios**

### **1. Nekesa and her stepfather**

Nekesa needs to get help immediately. She should go to a neighbour's house. Her stepfather will be angry, but someone might be able to help her brother. Once the immediate danger is past, the family may need counselling and Nekesa's mother may have to separate from the stepfather to keep her children safe.

Intervening in an abusive situation like this is always difficult. However, many children are in danger of abusive parents and other adults. Get help immediately. Calling a neighbour or the police to stop a parent from abusing a child may save a life.

### **2. Ayesha and her father**

Ayesha is in a very difficult family situation. Since her father has been abusing her for so long, Ayesha may feel like she has given permission for the sexual contact, and she may be too embarrassed to tell anyone. Her father may even argue that Ayesha likes what he does to her. As her father, it is illegal for him to have sexual contact of any kind with her. He has been forcing her to have sex against her will, even though he hasn't used a weapon or physical force. Giving in to unwanted sex out of fear is not giving consent

Ayesha should talk to a trusted relative, counsellor or teacher who can suggest a safe place for her to go to report the abuse. Several things may happen: Ayesha's father might stop the abuse as soon as it is reported and he is confronted with his abnormal sexual behaviour; he might go to jail, or Ayesha might go live with a relative for a while. She may receive counselling to help her deal with some of the anger, shame, and sadness she feels; she will eventually recover and feel much better about herself.

### **3. Charity and Boniface**

She may not think so, but Charity has just been raped and she can do something about it. Forced sex of any kind is called rape. Even though Boniface was Charity's boyfriend, he had no right to force her into any kind of sexual act and she can have him arrested. It is up to her to decide whether she wants to prosecute Boniface. Only about one in 100 rapes is reported – but it is an option. Not reporting rape or sexual assault may encourage the perpetrator to do it again. Women always have the right to refuse any kind of sexual contact, regardless of the nature of the relationship or the situation they are in.

### **4. Mulamba and his mother**

Like Mulamba, some children witness family violence. According to research, these children often grow up with deep psychological scars, even when they have not been abused themselves.

Mulamba should take immediate action by getting help for his mother, who is in danger from her boyfriend and appears to be powerless to stop the battering. If Mulamba fears that his mother's life is at risk at this moment, he should get out of the house and ask relatives or neighbours to go back to his house with him, even if it may be embarrassing to have the neighbours or relatives see what is happening. Mulamba should not try to interrupt the fight himself. He might get hurt or hurt Bwire more than he wants to.

**Handout 11: Post Test**

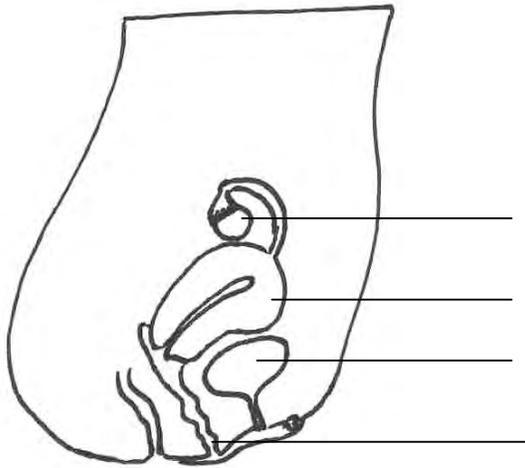
Name \_\_\_\_\_

1. Which of the following body fluids do **not** spread HIV?
  - a. blood
  - b. sweat
  - c. semen
  - d. vaginal secretions
2. Being assertive means all the following **except**:
  - a. standing up for your rights
  - b. overpowering others
  - c. expressing positive and negative feelings honestly
  - d. respecting yourself
3. The most commonly abused substance is:
  - a. alcohol
  - b. bhang
  - c. tobacco
  - d. mandrax
4. Which of the following three things is **not** something you can do to prevent sexual threats and violence?
  - a. avoid secluded places
  - b. set sexual limits early
  - c. be loud and aggressive
  - d. don't accept gifts from strangers (baba sukari)
5. Which contraceptive method is most effective for preventing an unwanted pregnancy and STIs, including HIV?
  - a. oral contraceptive (the pill)
  - b. male condom
  - c. foaming tablet
  - d. IUD

*For each of the following, indicate against the line if it is True (T) or False (F)*

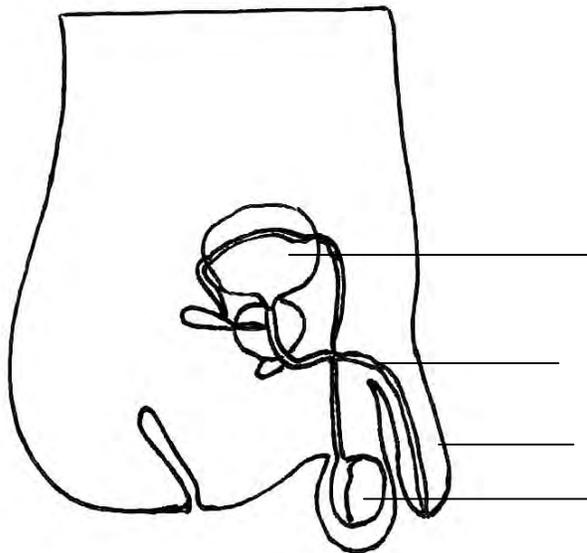
6. \_\_\_\_\_ All touches are bad.
7. \_\_\_\_\_ Gender roles are biologically determined.
8. \_\_\_\_\_ Sexuality exists throughout life, from birth to death.
9. \_\_\_\_\_ Being aggressive means standing up for what you believe in and talking about what you want in an honest, direct way.
10. \_\_\_\_\_ Providing adolescents with information on sexual and reproductive health leads to an increase in sexual activity.
11. List three qualities of a good relationship.
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

12. List the female reproductive organs



- Bladder
- Ovary
- Uterus
- Vagina

13. List the male reproductive organs below:



- Bladder
- Penis
- Testicle
- Urethra

14. List three ways to protect yourself from HIV infection.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

15. List two symptoms of sexually transmitted infections for males and females.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

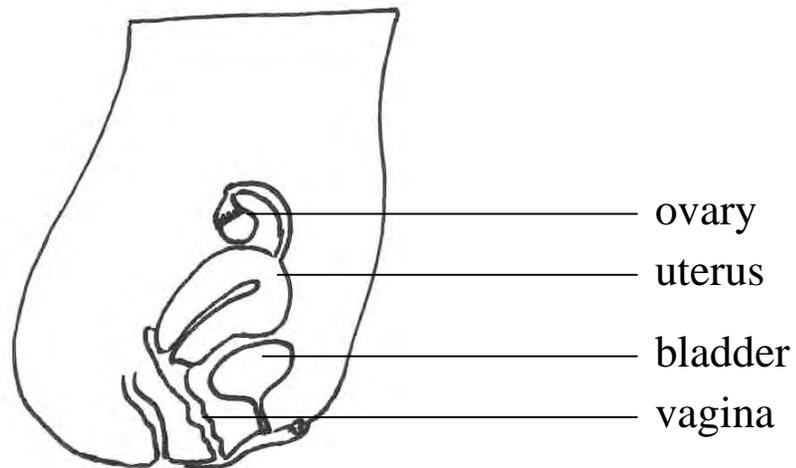
## Handout 13 Pre- and Post-test Answer Key

1. Which of the following body fluids do **not** spread HIV?
  - a. blood
  - b. sweat**
  - c. semen
  - d. vaginal secretions
  
2. Being assertive means all the following **except**:
  - a. standing up for your rights
  - b. overpowering others**
  - c. expressing positive and negative feelings honestly
  - d. respecting yourself
  
3. The most commonly abused substance is:
  - a. alcohol**
  - b. bhang
  - c. tobacco
  - d. mandrax
  
4. Which of the following three things is **not** something you can do to prevent sexual threats and violence?
  - a. avoid secluded places
  - b. set sexual limits early**
  - c. be loud and aggressive
  - d. don't accept gifts from strangers (baba sukari)
  
5. Which contraceptive method is most effective for preventing an unwanted pregnancy and STIs, including HIV?
  - a. oral contraceptive (the pill)
  - b. male condom**
  - c. foaming tablet
  - d. IUD and condom

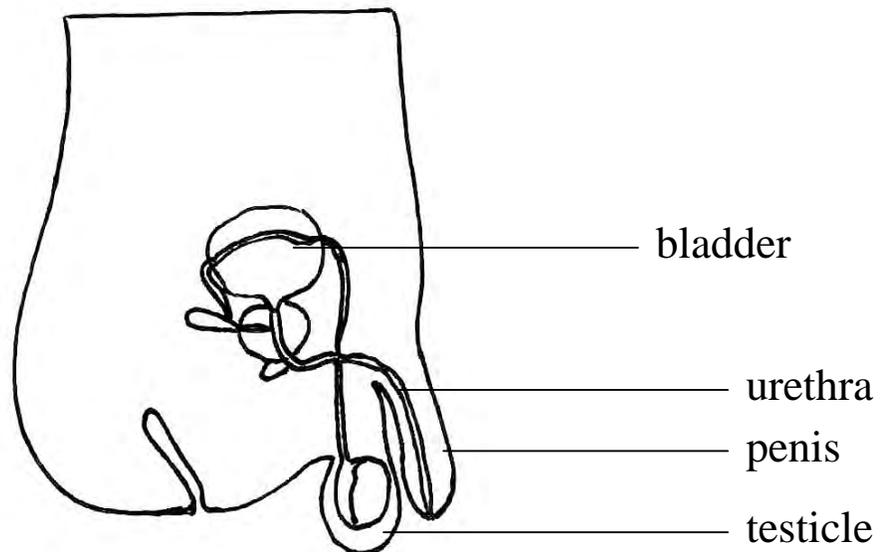
*For each of the following, indicate against the line if it is True (T) or False (F)*

6.   F   All touches are bad.
7.   F   Gender roles are biologically determined.
8.   T   Sexuality exists throughout life, from birth to death.
9.   F   Being aggressive means standing up for what you believe in and talking about what you want in an honest, direct way.
10.   F   Providing adolescents with information on sexual and reproductive health leads to an increase in sexual activity.
  
11. List three qualities of a good relationship.
  - 1) communication
  - 2) respect
  - 3) understanding

11. List the female reproductive organs



13. List the male reproductive organs below:



14. List three ways to protect yourself from HIV infection.

- 1) abstaining from sexual intercourse
- 2) being in a faithful relationship with an uninfected partner
- 3) using condoms correctly for every sexual act

15. List two symptoms of sexually transmitted infections:

- Redness or soreness of the genitals
- Pain at urination or cloudy or strong-smelling urine
- A sore or blisters on or around the genitals, near the anus, or inside the mouth
- Excessive itching or a rash
- Abdominal cramping/pain
- A slight fever and an overall sick feeling
- A sexual partner with symptoms

## Handout 14 Evaluation

1. Were all of your expectations for the training workshop met? If not, why not?

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2. What are three things you liked about the workshop?

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3. What are three things you did not like about the workshop?

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4. How could this workshop be improved?

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5. What will you do differently as a result of this training?

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