



PLAN
INTERNATIONAL



**SEXUAL REPRODUCTIVE
HEALTH AND RIGHTS
FOR **ADOLESCENTS AND**
YOUNG PEOPLE**



Plan International Kenya

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The tool kit presents appropriate content, facilitation skills and methods and strategies to effectively deliver the content to the training participants for the young people in and out of schools where Plan International is operational in Kenya in order to positively impact young people's capacity to make informed decisions about their Sexual Reproductive Health and Rights and bring about behavior change and desired practices to aid in reduction of related adolescent and sexual reproductive health and challenges for their improved health.

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LIST OF ABBREVIATIONS AND ACRONYMS

ADA	Alcohol and Drug Abuse
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
BCC	Behavior Change Communication
CHV	Community Health Volunteers
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IUDs	Inter Uterine Devices
NCDs	Non Communicable Diseases
NOPE	National Organization of Facilitators
PE	Peer Education
RH	Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SRH	Sexual and Reproductive Health
TB	Tuberculosis
WHO	World Health Organization

ABOUT PLAN INTERNATIONAL



Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep-rooted and lasting changes in children and young people's lives. We place a specific focus on girls and women, who are most often left behind.

For over 80 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives.

Plan International has been operating in Kenya since 1982 and works in nine (9) counties: Nairobi, Machakos, Kajado, Tharaka Nithi, Siaya, Kilifi, Kwale, Homa Bay, Kisumu and Marsabit.

Plan International strives for a just world that advances children's rights and equality for girls. We engage people and partners to:

- Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability
- Drive change in practice and policy at local, national and global levels through our reach, experience and knowledge of the realities children face
- Work with children and communities to prepare for and respond to crises and overcome adversity
- Support the safe and successful progression of children from birth to adulthood

Our key thematic areas of focus are:

1. Improved access to basic quality education and early childhood development
2. Quality Health (WaSH, Adolescent and Child Health)
3. Child Protection
4. Youth employability and economic opportunities
5. Resilience building through Disaster Risk Management

PLAN INTERNATIONAL'S POLICY POSITION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

All children, adolescents and young people have the right to make their own free and informed choices and to have control over their sexual and reproductive health and lives, free from coercion, violence, discrimination and abuse.

Girls and young women, in particular, are denied the ability to exercise these rights. Fulfilling the rights of all children, adolescents and young people is fundamental to achieving gender equality.

ABOUT THE PLAN INTERNATIONAL SRHR PROGRAM

Plan International believes that all children, adolescents and young people have the right to make their own free and informed choices and to have control over their sexual and reproductive health and lives, free from coercion, violence, discrimination and abuse. Girls and young women, in particular, are denied

the ability to exercise these rights. Fulfilling the rights of all children, adolescents and young people is fundamental to achieving gender equality.

However, gender inequality and discriminatory social norms mean that girls and young women often lack the voice, agency and autonomy to make their own decisions in relation to their sexual and reproductive health and are frequently denied access to quality sexual and reproductive health information and services. This can leave them vulnerable and unable to protect themselves from unwanted pregnancy and sexually transmitted infections (including HIV), as well as from complications related to pregnancy and childbirth. It can also result in serious psychological harm.

Girls and young women are frequently subjected to serious human rights violations, including coerced sex, sexual violence and harmful practices, such as female genital mutilation/cutting and child, early and forced marriage.

OUR SRHR POSITION

In line with the new Global Strategy, in which SRHR is identified as a priority, and our work in relation to the 2030 Agenda and the Sustainable Development Goals – in particular, Goals 3 and 5. A number of high-level recommendations are included to guide advocacy, however, a more specific advocacy framework will be developed.

The analysis and positions are founded on human rights, global evidence and Plan International's programmatic work, as well as a youth consultation with members of Plan International's youth advisory panels at the global level as well as the regional level.

OVERVIEW OF THE SRHR TOOLKIT



This SRHR toolkit is integrated with life skills. The toolkit serves as a practical guideline for facilitators and elaborates on how to prepare and facilitate a SRH training for adolescents and young people. The respective sessions are based on the participatory learning approach. The SRHR manual will be utilized by staff, peer educators, facilitators and local organizations in the delivery of Comprehensive Sexual Reproductive Health and Rights Trainings to adolescents and young people.

The toolkit is simplified and user friendly. It includes the use of interactive training techniques and illustrations. The content and the illustrations depict the SRHR issues affecting young people. The manual also includes the training methodologies that are appropriate for young people in primary and secondary level of education and literacy. In consideration of the different information and language needs of adolescents and young people aged 10-24 years, some training sessions have been indicated according to the following age group: 10-14years, 15-17 years and 18-24 years.

The toolkit is in line with Plan International Standards in programme and influence commitments. It is sensitive to the Decide Area of Global distinctiveness as articulated in the Plan International Global strategy 2016/2022. It also captures key modules outlined in the SRHR strategies for Plan International. It reflects compliance with the legal and policy frameworks in the country and draws from the best practices in the SRHR sector in Kenya.

STRUCTURE

The SRHR toolkit is divided into 10 Modules. Each module is divided into several sessions. The toolkit outlines steps that need to be taken ahead of or at the beginning of a training for facilitators. Each session also outlines the steps that the facilitator should take in delivering the training content. The training modules include:

1. Overview of Sexual Reproductive Health and Rights
2. Understanding sexuality
3. Adolescent growth and development
4. HIV&AIDS
5. Pregnancy
6. Sexual Reproductive Health Illnesses
7. Healthy Relationships
8. Adolescents young people and Gender
9. Alcohol and drug use and sexual reproductive health and rights
10. Life skills

HOW TO USE THIS MANUAL EFFECTIVELY



PURPOSE OF THE SRHR TOOLKIT

This toolkit is primarily meant to support the facilitators and program staff who are facilitating sessions on SRHR for adolescents and young people.



HOW TO PREPARE FOR THE SESSION

- Read the SRHR toolkit and reference materials carefully. Be familiar with the flow of sessions, the facilitation methods and the resources. Read the key messages carefully and ensure you have necessary handouts, materials or pictorials.
- Each section contains the steps you need to take, as a Facilitator, to ensure the session is effectively delivered.
- Ensure that the selected venue is conducive for learning as well as for carrying out other activities outlined in the session guide. The training venue should be;
 - Quiet and isolated from distractions
 - Well ventilated
 - Have enough light
 - Have adequate and flexible seating
 - Avail learning tools (flip charts, cards, markers, boards)
- If the resources outlined in the SRHR toolkit are not available, the Facilitators are encouraged to look for locally available alternative resources that can serve the purpose outlined in the session guide. Innovativeness is highly encouraged. The following are the basic learning materials that are required;
 - SRH Facilitators' Training Manual
 - Flip chart stand, flip chart paper or large sheets of paper
 - Felt pen Markers in different colours
 - Chalk to write on the floor or a black board
 - Note book
 - White tape
 - Index cards
 - Handouts and pictorials as needed
- Facilitators are encouraged to simplify the sessions to fit the participants' language needs.
- Advance preparation of all handouts, cards, pictorials, and any other materials, as instructed in each session guide, is recommended.
- The pairing Facilitators should agree, in advance, how they will manage the sessions and on their individual roles in delivering the session. The following are different recommendations on how they can support each other in the sessions:
 - Help each other when one forgets an important point during the session.
 - Manage participants who dominate the session.
 - Respond to participants who upset others by making negative comments.
 - Alert each other if the session is too slow, too fast or if it is taking too long.
- It is recommended that two facilitators, male and female, pair up in facilitating the sessions.



WHAT TO DO DURING THE FACILITATION OF THE SESSIONS

Create a supportive and learning environment:

- Treat all participants with respect and ensure they also treat each other the same way.
- Maintain confidentiality when the participants share personal information.
- Use ice-breakers/warm up activities at the beginning of the session.
- Read the body language of participants and listen to all ideas.
- Acknowledge and appreciate participants' ideas.
- Do not judge participants and their comments.
- Indicate to the participants that you are also enjoying the session.
- Learn to call participants by their names.
- Set some ground rules at the beginning of the session such as having phones on silent mode.
- Avoid gender and sexual stereotyping. All Participants are equal and respectable.
- Monitor the learning progress of the participants to ensure that learning has taken place.

At the beginning of the training, when you are meeting participants for the first time, start the session by doing the following;

- Introducing participants and facilitators
- Opening ceremony
- Expectations of participants
- Objectives of training
- Agreeing on time table
- Climate setting
- Training norms

At the beginning of each module/session, take the following steps:

SESSION PREPARATION

1. Open the session by introducing yourself and your co-facilitator(s).
2. Welcome the Participants to the session and thank them for attending the session.
3. Tell the participants the name of the session.
4. Inform the participants the theme/topic of the session at hand.
5. Remind the participants on the importance of attending the sessions regularly, because the sessions are inter-connected and missing a session will affect the learning process.
6. Take the participants through a three minute icebreaker and climate setting. (Refer to the appendices for examples of ice-breakers).



SPECIAL NOTES FOR THE FACILITATOR

How to communicate effectively with adolescents and young people during sessions

As a facilitator, you need to understand the realities and mind-set of adolescents and young people.

Adolescents and young people may exhibit the following behavior

- Shyness about discussing personal matters
- Embarrassment about asking SRHR related questions
- Worried that someone s/he knows might see her/him and tell the parents.
- Inadequate skills in describing the SRHR issues that affect him/her
- Anxiety about an SRHR related issue that she/he is going through
- Past experiences of being intimidated by other adult service providers
- Resistance about receiving SRHR related assistance

CREATING TRUST

Facilitators must understand the unique circumstances of each adolescent and young person and be prepared to assist in a helpful, non-judgmental way. The following are communication tips that foster trust:

- Be genuinely open to an adolescent's question or need for information
- Do not use judgmental words or body language
- Understand that the young person has various feelings of discomfort and uncertainty.
- Be reassuring in responding to the adolescent, making him or her feel more comfortable and confident.
- Provide a private forum for discussing personal SRHR related issues
- If sensitive personal issues are being discussed, ensure that conversations are confidential. Assure the young person of confidentiality.
- Respect the young person' humanity, dignity and ability to make informed decisions
- Express non-judgmental views about the young person's needs and concerns

VERBAL AND NONVERBAL COMMUNICATION

Nonverbal communication is a mixture of actions, behaviors, and feelings that reveal the way one feels about something. Nonverbal communication is especially important because it communicates to clients the level of interest, attention, warmth, and understanding one feels about others. Use the following positive nonverbal cues include:

- Lean toward the client.
- Smile without showing tension.
- Use facial expressions that show interest and concern.
- Maintain eye contact.
- Encourage and use supportive gestures such as nodding one's head.

Avoid the following negative nonverbal cues include:

- Not making/maintaining eye contact.
- Glancing at your watch obviously and more than once.
- Flipping through papers or documents while a young person is speaking with you
- Frowning.
- Fidgeting.
- Sitting with the arms crossed
- Leaning away from the client.

Any SRHR services that are offered to adolescents and young people need to have the following characteristics:

- Effective
- Efficient
- Accessible
- Acceptable/patient-centered
- Equitable
- Safe
- Availability of age appropriate comprehensive SRH services
- Privacy and confidentiality
- Adolescent-friendly health care providers
- Adolescent involvement
- Community involvement
- Reliability and consistency

GLOSARY

Adolescence: The period during which an individual progress from dependence on adults to responsible adulthood.

Adolescents/Very young adolescents/Youth/Young people

- Very young adolescent: 10-14
- Adolescents: 10- 19 -
- Youth: 15- 24
- Young People: 10 - 24

Advocacy: A campaign, strategy or other activity aimed at building support for a cause or issue. Advocacy is directed towards creating a favorable environment, by trying to gain support and influence attitudes and behavior, or change legislation.

AIDS: Acquired Immunodeficiency Syndrome advanced stage of infections caused by human immunodeficiency virus (HIV).

Antiretroviral (ARV) therapy: The course of medications or drugs used to treat people with acquired immune deficiency syndrome (AIDS), control and slow progression of HIV. Other terms are HAART

(highly active antiretroviral therapy), anti-retroviral drugs, HIV treatment, HIV medications, HIV drug regimen and HIV drugs. There are several ARV classes, which work against HIV in different ways. Patients may take a combination of several drugs at once.

Behaviour Change Communication (BCC): Behaviour change communication is an interactive process aimed at changing individual and social behaviour, which uses targeted and specific messages, different communication approaches, and is linked to services for effective outcomes.

Capacity building: Capacity building equals the development of abilities and skills that enable people, organizations and systems to shape their present and future living conditions through their own efforts. Change agent: A change agent is an individual or a group that takes responsibility for changing the existing pattern of behaviour of an individual or institution.

Family planning (FP): The conscious effort of couples or individuals to plan for, and attain, their desired number of children and to regulate the spacing and timing of the births. Family planning is achieved through abstinence, contraception, male or female sterilization, or the treatment of infertility. Female Genital Mutilation (FGM) / Female Genital Cutting: All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Gender: Refers to the biological, legal, economic, social and cultural attributes and opportunities associated with being male or female.

Gender-based violence (GBV): All forms of violence targeted at an individual because of his or her gender, including, but not limited to, domestic violence, rape and sexual assault, community violence, and emotional or psychological abuse.

Gender equality: The realization of equal status and opportunities for male- and female-attributed life models, skills and activities by law, norms and/or political practice.

Gender mainstreaming: A new term that is similar to gender perspective or gender-sensitive focus. It is the re-organization, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies, at all levels and at all stages, by those normally involved in policy making.

Health Centre: Premises, owned by a local authority, providing health care for the local community and usually housing a group practice, nursing staff, a child-health clinic, X-ray facilities, etc.

Reproductive rights: Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right at all to make decisions concerning reproduction free of discrimination, coercion and violence, (WHO).

Referral: A referral is a service where a client (youth) is being referred by a trained peer educator or counsellor from a youth club to a specific health service provider. A functioning referral system between clubs and health facilities of any kind requires referral contacts, a referral form that is filled out by clubs and health service providers and an active feedback mechanism.

Sex, sexual intercourse: Sexual activity in which the penis is inserted into a body cavity, anal Sex involving the anus, oral Sex involving the mouth, vaginal Sex involving the vagina.

Sexual health: A state of physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity. It requires a positive approach to sexuality and safe, pleasurable sexual relationships, and that the sexual rights of all persons must be respected, protected and fulfilled.

Sexual rights: Sexual rights include the right to have control over and decide freely and responsibly on matters related their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

Sexuality: The sexual knowledge, beliefs, attitudes, values and behaviors of individuals. It includes the anatomy, physiology and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, feelings and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural and moral concerns.

Sexuality education: Education, designed to equip young people with the knowledge, skills, positive attitudes and values necessary to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.

Sexually transmitted Infections (STIs): STIs are infections that spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible infections. STIs are partly also referred to as sexually transmitted diseases (STDs).

Sex worker: Sex workers are female, male or transgender adults or young people who receive money, shelter or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.

Stigma: Negative attitudes towards a group of people, on the basis of particular attributes such as their HIV status, gender, sexuality or behaviour, are created and sustained to legitimize dominant groups in society. Often associated with marginalized people, stigma can affect people directly or by association.

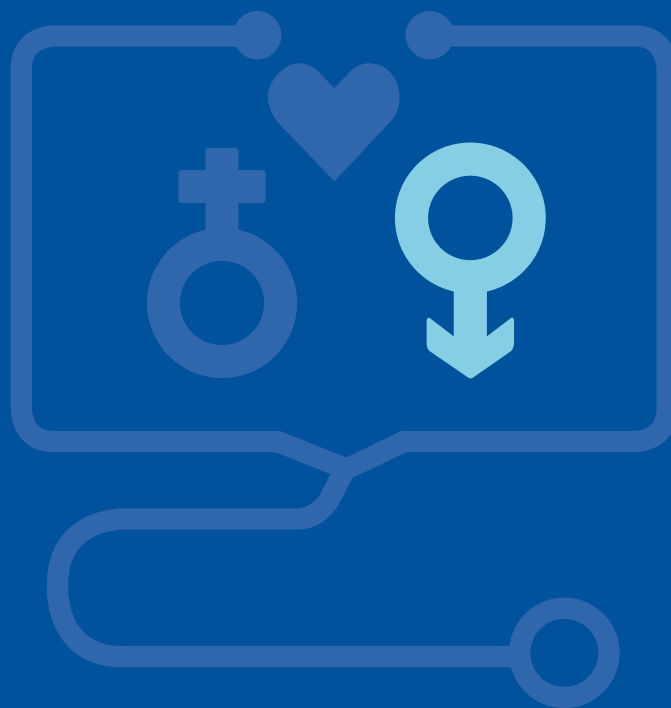
Sperm: The male sex cell. Sperm are produced in the testes of an adult male, mixed with semen in the seminal vesicles, and released during ejaculation.

SRH Services: Defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems.




Youth-friendly: The characteristics of, for instance, policies, programmes, resources, services or activities that attract young people, meet their sexual and reproductive health needs, and are acceptable and accessible to a diversity of young people.

MODULE 1:

OVERVIEW OF SEXUAL REPRODUCTIVE HEALTH AND RIGHTS



Module Objective: To enable the participants to understand basic information about sexual reproductive health and rights

-  **Session 1:** Introduction to Sexual Reproductive Health and Rights
-  **Session 2:** The current SRHR situation in Kenya
-  **Session 3:** Challenges in the provision of Sexual Reproductive Health Rights and Services

SESSION 1: INTRODUCTION TO SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to explain key terms on sexual reproductive health and rights.



KEY MESSAGES:

- Adolescents and young people need to have knowledge and understand the sexual reproductive health issues that affect them
- Adolescents and young people have sexual and reproductive health rights

METHODOLOGY: BRAINSTORMING, MINI-LECTURE

RESOURCES: SRHR TOOLKIT, FLIP CHART, FELT PENS

PROCEDURE:

Step 1: Tell the participants that you will now discuss key terms in sexual and reproductive health and rights.

Step 2: Ask the participants what they understand by the following terms

- Reproductive health
- Sexual reproductive health and rights
- Sexual health

Step 3: Allow 2-3 participants to share their definitions of these terms.

Step 4: Share the definitions outlined in the facilitators notes below

Step 5: Ask the participants to explain some of the sexual and reproductive health rights of adolescents and young people

Step 6: Share the list of the sexual and reproductive health rights outlined in the facilitator's notes below.



FACILITATORS NOTES

Reproductive Health (RH) is a state of complete physical, mental and social wellbeing, not merely the absence of disease, in all matters relating to the reproductive system and its functions and processes. Reproductive Health can also be defined as the methods, techniques and services that contribute to reproductive health wellbeing, by preventing and solving reproductive health problems.

Sexual, Reproductive Health and Rights (SRHR) is the exercise of having control over one's sexual and reproductive health, as outlined by human rights. These include the right to:

1. Reproductive health decision-making, including voluntary choice in marriage, family formation, determination of the number, timing and spacing of one's children, right to access information and means needed to exercise voluntary choice
2. Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender
3. Sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to privacy

Sexual Health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Health involves the prevention of the spread of HIV and STIs and promotion of healthy expression of sexual intimacy free from violence and coercion. Sexual Health for adolescents and young people means provision of SRHR information as well as delivery of quality youth friendly SRHR services.

SESSION 2: THE CURRENT SRHR SITUATION IN KENYA

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to highlight the current data on SRHR in Kenya.



KEY MESSAGES:

- Adolescents and young people have various SRHR related needs and challenges
- Understanding the extend of the SRHR needs and challenges provides an opportunity for intervention

METHODOLOGY: BRAINSTORMING, MINI-LECTURE

RESOURCES: SRHR TOOLKIT

PROCEDURE:

Step 1: Tell the participants that you will now discuss the data on SRHR for adolescents and young people in Kenya

Step 2: Ask the participants to think about the adolescents and young people that they know who have begun having sex, or those who have gotten SRHR related challenges, such as unintended pregnancy or STI infections. Ask them to share with the rest of the participants if they think that SRHR needs and challenges in adolescents and young people are a reality. Allow them to share their views and some real life experiences.

Step 3: Share with the participants the data outlined in the facilitators notes below.



FACILITATORS NOTES

Adolescents aged 10-19 years constitute about 24 percent of the country's total population, which translates to 9.2 million adolescents (KPHC 2009). The median age at first sexual intercourse in Kenya is 18.2 years for women and 17.6 years for men. 12 percent of girls and 22 percent of boys reported to have had sex by the age of 15. Similarly, 37 percent of girls and 44 percent of boys aged 15 to 19 years have had sex. Approximately 18 percent of adolescents (15-19 years) had begun childbearing, ranging from 10 percent among girls with secondary education to 32 percent among girls with no education (KDHS, 2009).

Among women aged 20-24, one out of four (26%) had begun childbearing by age 18.1. Each year, almost two-thirds of the estimated 345,000 pregnancies among adolescent women aged 15-19 in Kenya are unintended (KDHS, 2009).

Comprehensive sexuality education enables young people to make informed decisions about their sexuality and health. These programs build life skills and increase responsible behaviors, and because they are based on human rights principles, they help advance human rights, gender equality and the empowerment of young people.

SESSION 3: CHALLENGES IN PROVISION OF SEXUAL REPRODUCTIVE HEALTH RIGHTS AND SERVICES

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to describe the challenges that young people encounter in the access of sexual reproductive health and right services



KEY MESSAGES:

- Access to SRHR services is critical for the overall wellbeing of adolescents and young people
- Young people are not always able to access SRHR services

METHODOLOGY: BRAINSTORMING, MINI-LECTURE**RESOURCES: SRHR TOOLKIT****PROCEDURE:**

Step 1: Tell the participants that you will now discuss the challenges encountered by young people in the access of reproductive health and rights services.

Step 2: Share with the participants the picture code in Appendix 1. This is a picture of an adolescent pregnant girl wondering standing outside the door of a clinic, looking confused.

Step 3: Ask the participants to answer the following questions

- What do you see happening in this picture
- How does it happen in our community
- What challenges is the girl in this picture experiencing?
- What should be done to assist this girl?
- What could this girl have done to avoid being in this situation?

Step 4: Allow the participants to answer the questions.

Step 5: Share with the participants the challenges faced by adolescents in the access of SRHR services highlighted in the facilitators notes below.



FACILITATORS NOTES

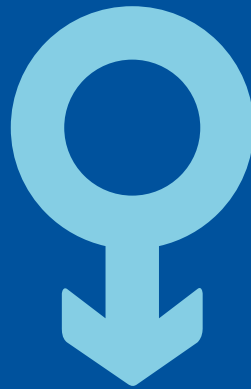
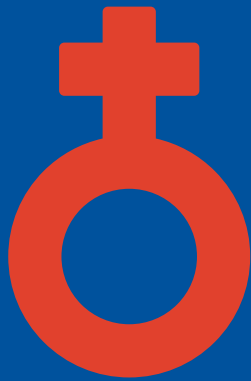
Obstacles/barriers that might prevent adolescents and young people from accessing SRHR services

Adolescents and young people are not always able to access SRHR services due to discrimination by adult health services providers. When Health care providers are judgmental towards the SRHR need of young people due to personal values, young people sense it and avoid going for SRHR services all together. Sometimes when the go the health facilities, adolescents and young people find long queues at the health facilities which discourages them because they also don't want to be seen queuing for SRHR services with adults. The discomfort queueing is also compounded by the fear of being reported to their parents or guardians. On many occasions, the SRHR services may not even be available or accessible to the young people. Sometimes the hours of operation are not convenient for the young people.

Religious beliefs also hinder young people from accessing services, because there is the belief that they should not be having sex and will therefore not need any SRHR services. Peer pressure may prevent adolescents and young people from accessing SRHR services. Family pressure and expectations can also stop adolescents and young people from accessing services. The customs and local laws surrounding the young person may hinder access to SRHR services.

MODULE 2:

UNDERSTANDING SEXUALITY

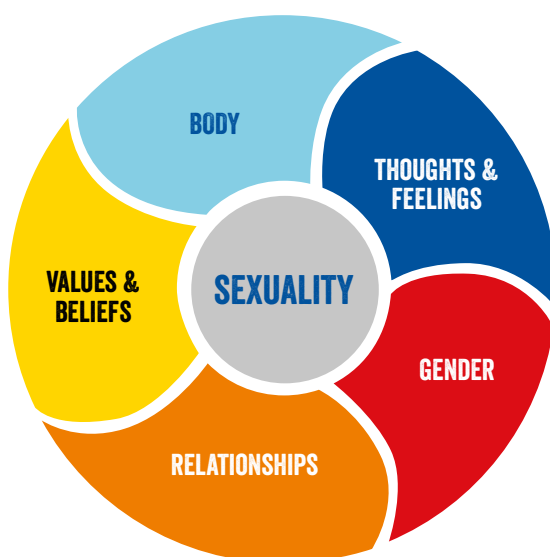


Module Objective: At the end of the module, participants will be able to express a basic understanding of sexuality.

Session 1: Talking about sex and sexuality among young people

Session 2: Values and Beliefs about sex and sexuality

Session 3: Understanding sexual diversity and orientation



SESSION 1: TALKING ABOUT SEX AND SEXUALITY AMONG YOUNG PEOPLE

This session is for 15-24 years olds only

DURATION:



SESSION OBJECTIVES:

To enable the participants to be able to understand and communicate SRHR issues using the relevant socially acceptable sex words.



KEY MESSAGES:

- Sex words vary from one social setting to another.
- In order to discuss sexual and reproductive health and rights, we should not shy away from using the words that are socially acceptable

METHODOLOGY: GROUP WORK AND PLENARY PRESENTATIONS**RESOURCES: SRHR TOOL KIT, FLIP CHARD AND MARKER PENS****PROCEDURE:**

Step 1: Start the session by telling the participants that you will now discuss the topic of using the appropriate sex works to discuss SRHR issues. Tell them the following story

When Juma turned 17 years old, he decided to start having sex with his girlfriend, but he didn't want to get her pregnant. He had heard about condoms, but he didn't know how they were used. When he asked his friend Otieno, he got some basic instructions and he felt that he was ready for the task ahead. Four months later, he and his girlfriend realized that she was pregnant. He wanted to know how this was so, and yet they had used a condom, just the way his friend Otieno had explained. When the nurse asked him to describe how he had used the condom, Juma rolled a condom all the way to the base of his forefinger. The nurse had to explain that the condom is worn on the penis and not the forefinger. Juma realized that if Otieno had used the right terminology, he would have done the right thing.

SESSION 2: TELL THE PARTICIPANTS THAT IT IS IMPORTANT TO USE THE CORRECT TERMS WHEN DISCUSSING SRHR SO AS TO AVOID CONFUSION

This session is for 15-24 years olds only

SESSION 3: PREPARE DIFFERENT PIECES OF PAPER. HAVE THE FOLLOWING WORDS WRITTEN ON THEM

Anus, vagina, penis, breast, buttocks, masturbation, pubic hair, homosexuals, sexual intercourse, ejaculation, erection, orgasm, condom, foreskin, clitoris, nipples, foreplay, blowjob, oral sex, anal sex, HIV, abstinence and STIs

Step 2: Pin the papers on the wall

Step 3: Have the participants use their pens to write the corresponding words in any language that they know, including their mother tongue, on the pieces of paper stuck on the wall.

Step 4 Ask volunteers to read out selected words and ask the participants to discuss what they think about those words



FACILITATORS NOTES

Explain that many people find it embarrassing to mention sex words. To enable us to understand sexual health, we need to be comfortable using these words. However, these words can sound disrespectful when used outside a sexual and reproductive health situation. It is ok to mention these words in the following situations

1. Talking to a doctor
2. Reporting an incident to a trusted adult, teacher, religious leader or counsellor
3. Negotiating appropriate/safer sexual behaviour
4. Reporting an incident to a legal officer e.g. police, chief, judge, village elder

SESSION 2: VALUES AND BELIEFS ABOUT SEX AND SEXUALITY

This session is for 15-24 years olds only

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to confront varied values and beliefs related to sexual and reproductive health and rights.



KEY MESSAGES:

- Different people have various beliefs regarding sexual and reproductive health and rights
- Not all beliefs are true
- It is important to verify messages based on values and belief before making a decision regarding our sexual and reproductive health and rights

METHODOLOGY: VALUE CLARIFICATION EXERCISE

RESOURCES: PIECES OF PAPER WRITTEN THE WORD 'AGREE' AND 'DISAGREE'

PROCEDURE:

Step 1: Introduce the session by telling the Participants that you will conduct a value clarification exercise.

Step 2: State that there is no right or wrong value and that everyone is encouraged to participate.

Step 3: Put the two pieces of paper on opposite walls of the room. One piece of paper will be marked 'Agree' and the second piece of paper will be marked 'Disagree'.

Step 4: Ask participants to stand together in the middle of the room. Explain that you will read aloud some statements, and Participants have to either 'Agree' or 'Disagree' with the statement, and move to the respective side of the room.

Step 5: Read out the statements below

- You are not a real man if you are still a virgin
- Washing the genitals after sex will protect you from STIs
- Urinating after sex will protect you from getting pregnant
- A boy cannot make a girl pregnant
- You cannot become pregnant if you have sex standing
- Those infected with HIV have only themselves to blame.
- Prostitution is to blame for the spread of HIV&AIDS
- A virgin cannot infect you with an STI
- You cannot get STIs by having oral sex
- You cannot become pregnant if you have sex for the first time
- You can get HIV by sharing a cup with someone who is HIV positive
- Girls are more faithful than boys in a relationship
- Boys get STIs more than girls

Step 6: Allow the Participants to debate on the reasons why they either agree or disagree with the statements.

Step 7: Invite the Participants to change their position after listening to the responses of their Participants.

Step 8: Emphasize that beliefs and values affect our decisions.

Step 9: Conclude the session by sharing the information in the facilitators notes below



FACILITATORS NOTES

Provides additional notes for the facilitator, which are relevant/related to the training.

Examples of statements include:

You are not a real man if you are still a virgin: Being a man is defined by man factors such as one's physical appearance and attributes and well as the health gender roles that have been assignment to manhood. Men should only have sex when they made an informed decision that they are ready to do so, not because having sex turns them into 'real men'.

Washing the genitals after sex will protect you from STIs: This information is not scientifically correct. Once a person has been exposed to the germs that cause STIs, and the germs have entered the body, washing one's body will not prevent infection.

Urinating after sex will protect you from getting pregnant: This information is not scientifically correct. Once a person has been exposed to the germs that cause STIs, and the germs have entered the body though the skin in the vagina, anus or penis, urinating through the urethra will not prevent infection.

A boy cannot make a girl pregnant: Once a boy starts producing producing sperms during puberty, and a girl starts to ovulate during puberty, pregnancy can occur, even if the girl has not gotten her first menstrual period.

You cannot become pregnant if you have sex standing: This information is not scientifically correct. Once the sperms are deposited into the vagina during intercourse, the sperms will travel up towards the uterus, regardless of the physical position of the girl. Those infected with HIV have only themselves to blame: No one wishes to be infected with HIV. Most people who get HIV get it accidentally. People living with HIV should not be judged or stigmatised as this infringing on their human rights and can lead to depression and failure to live positively.

Prostitution is to blame for the spread of HIV&AIDS: Although having multiple sexual partners increases the risk and incidents of HIV infection, the general population also contributes to HIV transmission in cases where there is absence of safe sexual practices.

A virgin cannot infect you with an STI: Currently there are adolescents and young people who were born with HIV. In some instances, it is not possible to confirm if one is really a virgin even if they claim that they are.

You cannot get STIs by having oral sex: One can get some STIs through oral sex. Some of the STIs that one can get through oral sex include gonorrhoea, syphilis and genital herpes.

You cannot become pregnant if you have sex for the first time: As long as the sperm has fertilised the ovum and implantation has taken place, pregnancy will occur. This can happen any time one has sex, whether it is only once or several times. Many ladies have gotten pregnant on their first attempt at having sex.

You can get HIV by sharing a cup with someone who is HIV positive: One cannot get HIV by sharing utensils with a HIV positive person.

Girls are more faithful than boys in a relationships: Some boys are faithful to their sexual partners and some girls are not faithful to their sexual partners. Being faithful is determined by one's personal values and circumstances, regardless of whether they are male or female.

Boys get STIs more than girls: Biologically, girls are more vulnerable to getting STIs because of their biological make up. At the same time, both boys and girls can be at a higher risk of getting STIs depending on if they engage in risky sexual behaviour.

SESSION 3: UNDERSTANDING SEXUAL DIVERSITY AND ORIENTATION

This session is for 10-24 years olds

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will:

- Be able to understand and appreciate human sexuality and its diversity.
- Be able to increase awareness about their own sexuality



KEY MESSAGES:

- Sexuality is a continuum of sexual feelings and attraction we feel towards others
- Awareness of one's sexual diversity and orientation is important in accepting and being comfortable to express oneself.

METHODOLOGY: DISCUSSION AND VALUE VOTING EXERCISE**RESOURCES: FLIP CHARTS, MAKER PENS, FLASHCARDS, MASKING TAPES, SRHR TOOLKIT****PROCEDURE:**

- Step 1:** Prepare the room by labeling two corners of the room labeled 'AGREE' and 'DISAGREE'.
- Step 2:** Show the Participants the two corners of the room that are labeled 'AGREE' and 'DISAGREE'.
- Step 3:** Tell the Participants that you will read out some statements. Ask them to think about whether they agree or disagree with the statements, and have them move to the respective corners of the room.
- Step 4:** Ask the Participants: Explain why you are standing in your chosen corners. Allow participants from each side to present their views.
- Step 5:** Summarize the session by exploring with the Participants their views from the value voting exercise. Build on their responses.
- Step 6:** Conclude the session by sharing the key messages and provide information in Facilitators Notes below, which explain the key terms on sexuality.

**FACILITATORS NOTES****Sexuality statements:**

Read the following statements for the peers for the value voting exercise

1. Human sexuality is all about sexual intercourse
2. If a boy or a girl feels emotionally connected to the same sex it means he or she is gay/ lesbian (use the term in the community)
3. Sexual identity is acquired through social interaction
4. In Kenya, it is against the law to engage in same sex sexual activities.

Definitions:

- Sexuality: Refers to the understanding of sexual feelings and attractions we feel towards others, and not who we happen to have sex with.

- **Sexual diversity:** The different aspects of sexuality. Also referred to as sexual orientation or gender identity.
- **Sexual orientation:** An enduring pattern of emotional, romantic and sexual attraction and our sense of personal and social identity based on those attractions.
- Sex refers to physiological attributes that identify a person as a male or female (genital organs, predominant hormones, ability to produce sperm or ova, ability to give birth). Gender refers to widely shared ideas and norms concerning women and men including ideas about what are “feminine” and “masculine” characteristics and behavior. Gender reflects and influences the different roles, social status, and economic and political power of women and men in society.

Types of Sexuality:

- **Heterosexual:** Sexual feelings and attraction to the opposite sex i.e. male and female
- **Homosexual:** Sexual feelings and attraction to the same sex i.e. male and male or female and female
- **Bisexual:** Sexual feelings and attraction to both sexes i.e. both male and females
- **Queer:** Here the individual does not conform to traditional gender or sex norms.
- **Asexual:** One with no or little sexual feelings and attraction to either sex.
- **Pansexual:** one who has sexual feelings and attraction to all sexes and gender.

Note:

During adolescence, young people may experiment with various sexual identities, and therefore sexual behavior and conduct during adolescence does not define one’s sexual orientation later on in life. An adolescent’s sexual identity may not be her/his permanent identity.

Adolescence is also a period when sexual identity starts to be defined. An adolescent who realizes s/he may be gay, bisexual, or transgendered may feel isolated and depressed, which can sometimes lead to suicide. Adolescents who are not able to cope with their sexual orientation need to be supported to accept themselves.

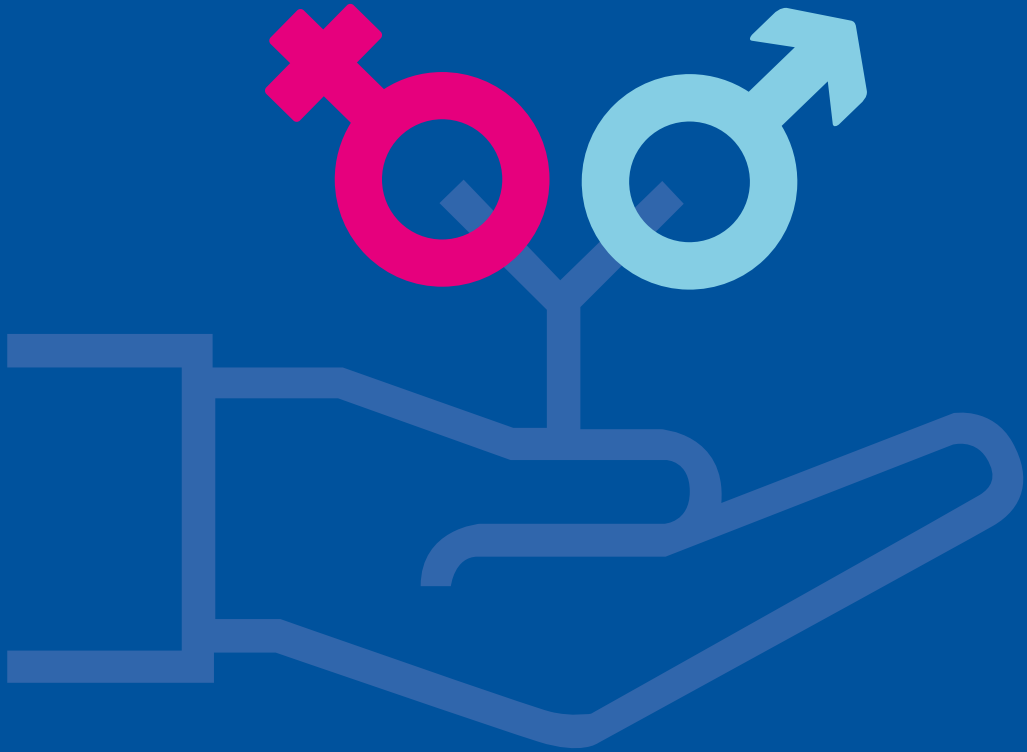
Society expects everyone to be heterosexual. This is the type of sexuality that is seen as ideal by the society. Anyone different from that is seen as a rebel and one who is not conforming to the laws of Kenya.

Young people struggle with their sexuality due to lack of correct information and support from the family and community at large.








Regardless of one’s sexual orientation or identity, access to sexual and reproductive health and rights information and services should not be denied. The Kenyan constitution advocates for universal access to health services. Every person is entitled to health services and information so as to make informed choices for their sexual and reproductive health.

MODULE 3:

**ADOLESCENT GROWTH
AND DEVELOPMENT**



Module Objective: The purpose of the module is to help participants become aware and appreciate the developmental changes that occur during adolescence.

-  **Session 1:** Introduction to Human Growth and Development
-  **Session 2:** Physical changes that happen during adolescence
-  **Session 3:** Social and emotional changes that happen during adolescence
-  **Session 4:** Understanding the human reproductive organs
-  **Session 5:** Common myths and misconceptions about reproductive organs
-  **Session 6:** Menstruation Health Management
-  **Session 7:** Understanding menstruation

SESSION 1: INTRODUCTION TO GROWTH AND DEVELOPMENT

This session is for 15-24 years olds only

DURATION:



SESSION OBJECTIVES:

By the end of the session participants should be able describe the key terms associated with adolescent growth and development.



KEY MESSAGES:

- Adolescence is a period of transition from childhood to adulthood
- The changes that occur in adolescence are normal
- Each individual is unique and may develop at different rates

METHODOLOGY: DISCUSSION, BRAINSTORMING

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Tell the Participants: We will now discuss adolescence and define key terms.

Step 2: Ask the participants what they think adolescence is.

Step 3: Allow them to give as many responses as possible and write them on a flip chart.

Step 4: Share the definitions of terms using the facilitator's notes.

Step 5: Summarize the session by emphasizing the key messages.



FACILITATORS NOTES

Adolescence: refers to the period of a person's life when they transition from childhood to adulthood. It typically happens between 10 -19 years but can extend 24 year. It involves physical, social and emotional changes.

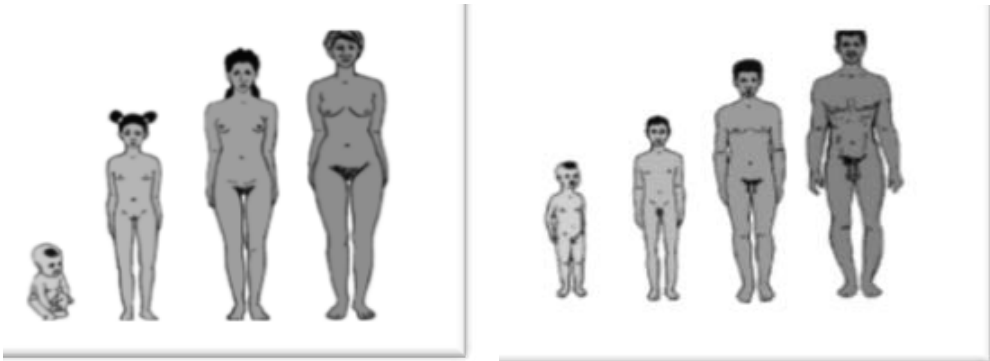
Puberty: Is the process in which adolescents reach sexual maturity (ability to reproduce). A girl can become pregnant and a boy can make someone pregnant.

Adulthood: The state of being fully-grown or mature (involves physical and psychological). One can be physically mature but not yet psychologically.

Childhood: The period between when one is born and adolescence, typically between 0-10 years. However, under the law anyone aged below 18 years is still a child.

Sex: is a description of a person based on their reproductive organs i.e. either male or female. Person with a vagina is female while a person with a penis is male. However, some individuals may have ambiguous reproductive organs which may make it hard to define their sex.

Gender: Is the identity of a person how the society views individuals based on their sex. It involves the attitudes, values, behaviors, activities and personality traits that are based on sex. E.g. male is strong while female is nurturing. Gender is based on culture and societal expectations.

SESSION 2: PHYSICAL CHANGES THAT HAPPEN DURING ADOLESCENCE**DURATION:****SESSION OBJECTIVES:**

By the end of the session participants should be able describe the physical changes that occur during adolescence.

**KEY MESSAGES:**

- Various physical changes occur during adolescence
- Each individual changes at their own pace, some may experience the changes faster while others it may take time
- Hormones, special chemical messengers in the body, cause the body to change during adolescence.

METHODOLOGY: BUZZ GROUPS, DISCUSSION**RESOURCES: SRHR MANUAL****PROCEDURE:**

Step 1: Tell the Participants: We will now discuss the physical changes that occur during adolescence.

Step 2: Divide the participants into two buzz groups of male and female .

Step 3: Have each group discuss the physical changes that occur in their bodies.

Step 4: Let them write the changes in a flip chart.

Step 5: Each group to make a presentation to the participants on the changes they discussed.

Step 6: Let the participants discuss the changes presented.

Step 7: Thank the group members for the discussion.

Step 8: Summarize the session with additional points from the facilitators notes.



FACILITATORS NOTES

Physical changes in boys

Boys usually begin to notice the following changes around ages of 12- 14

- Growth in height
- Growth of pubic hair
- Deepening of voice
- Enlargement of sex organs
- Production sperms (wet dreams)
- Erect penis in the morning and
- Growth of facial hair
- Pimples on the face

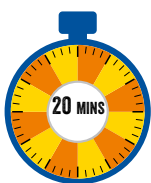
Physical changes in girls

Girls generally begin to experience these changes around ages of 10- 13,

- Growth in height
- Growth of pubic hair
- Enlargement of breast
- Enlargement of sex organs,
- Rounding of hips
- Onset of menstruation
- Pimples appear on face

SESSION 3: SOCIAL AND EMOTIONAL CHANGES THAT HAPPEN DURING AND AFTER ADOLESCENCE

DURATION:



SESSION OBJECTIVES:

By the end of the session participants should be able describe the social changes that occur during adolescence.



KEY MESSAGES:

- Adolescents experience changes in their socialization and emotions.
- Adolescents become more sensitive about the changes and anxious about what their peers think.
- Adolescents need to aware of their emotions and manage them appropriately.

METHODOLOGY: BUZZ GROUPS, DISCUSSION**RESOURCES: SRHR MANUAL****PROCEDURE:**

- Step 1:** Tell the Participants: We will now discuss the emotional and social changes that occur during adolescence.
- Step 2:** Divide the participants into two buzz groups of male and female.
- Step 3:** Have each group discuss the emotional and social changes that occur in their bodies.
- Step 4:** Let them write the changes in a flip chart.
- Step 5:** Each group to make a presentation to the participants on the changes they discussed.
- Step 6:** Let the participants discuss the changes presented.
- Step 7:** Thank the group members for the discussion.
- Step 8:** Summarize the session with additional points from the facilitators notes.

**FACILITATORS NOTES****Social changes that adolescents experience include:**

Adolescents also develop socially in the following ways

- Develop interest in opposite sex
- Want to associate with friends outside the family
- Want impress their peers
- Develop interest in social activities such as sports, going out,
- Develop interest in certain vocations, career
- Spend more time with peers
- involvement in risky behaviors
- Breaking the rules and testing limits

The emotional changes that adolescents experience include:

- Sensitivity about how you appear, body size, looks
- Questioning authority and parents
- Desire to have independence from parents
- Sensitivity in how peers perceive you
- Self- doubt and confusion about one's identity
- Feeling more attached to peers than family member
- joining of cliques and close group friendships
- Interest in own sexuality
- Increase in disagreements with parents

SESSION 4: SOCIAL AND EMOTIONAL CHANGES THAT HAPPEN DURING AND AFTER ADOLESCENCE

DURATION:



SESSION OBJECTIVES:

By the end of the session participants should be able describe the social changes that occur during adolescence.



KEY MESSAGES:

- The reproductive organs are those parts of the body that are directly involved in sexual activity, pregnancy, and childbearing.
- They comprise of external parts, internal parts and the breasts, penis, scrotum, testes.
- Understanding the reproductive organs will enable one make informed choices about their sexuality

METHODOLOGY: LARGE GROUP DISCUSSION

RESOURCES: SRHR MANUAL, CARDS

PROCEDURE:

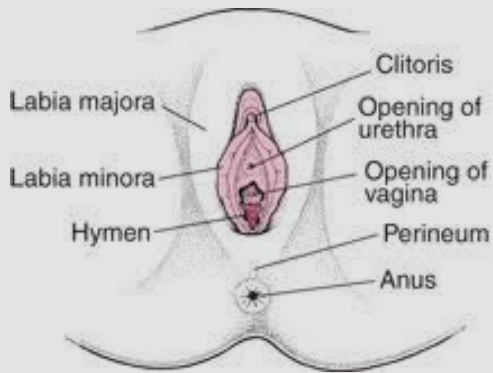
The facilitator will:

1. Ask participants to stay in the whole group and form a circle.
2. Distribute cards with names of the female and male reproductive organs and other cards with corresponding functions of descriptions of these names.
3. Ask each participant to read the card he/she has at hand.
4. Ask for the corresponding card owned by one of the participants to be read out loud.
5. Ask participants to give the name in the local language, explain the part and its functions. Encourage other participants to ask questions.
6. Summarize the main points learnt on female and male reproductive organs
7. Ask for feedback. How did the card activity help to clarify reproductive organs?

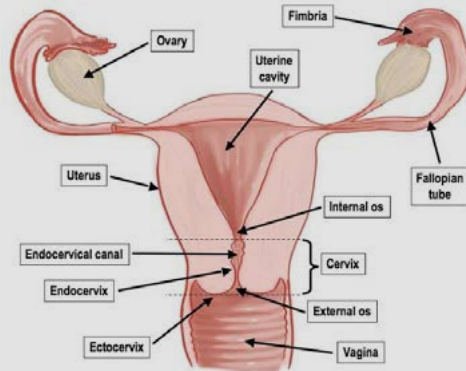


FACILITATORS NOTES

Various physical changes occur during adolescence. Each individual changes at their own pace, some may experience the changes faster while others it may take time. Hormones, special chemical messengers in the body, cause the body to change during adolescence.



External female reproductive organ



Internal female reproductive organ

Female reproductive organs	Corresponding description/function
Uterus	Implantation takes place and holds a growing baby. The inner lining of it sheds blood once every month during menstruation and comes out as blood.
Fallopian tubes	Are two hollow like structures that connect the ovaries to the uterus on either side.
Cervix	The neck or opening of the uterus. The lower end of the womb connecting with the upper part of the vagina

Vagina	Is the passage from the outside of the body to the mouth of the uterus. The penis is placed in it during sexual intercourse and the baby passes through it during delivery.
Vulva	The external parts of the female genital organ.
Clitoris	It is a small, sensitive organ above the vagina that responds to stimulation during sexual intercourse.
Vaginal fluid	Fluid produced by a pair of glands in the vagina to moisten the vagina.
Labia majora	The outer lips of vulva covered with hair that protects labia minora and internal structures.
Labia minora	The two inner lips covering and protecting the vaginal opening.
Pelvis	The bones containing and protecting the internal genital organs.
Ovaries	Produce eggs and two major hormones, estrogen and progesterone.
Urethra	Narrow tube for passage of urine to the outside.
Hymen	Thin membrane covering the opening of the vagina.

Internal male reproductive organ



Male reproductive organs	Corresponding description/ function
Penis	Male organ for sex used for placing sperms into the vagina and also for passing urine.
Prepuce	Foreskin that protects the head of the penis.
Urethra	Long narrow tube inside the penis through which both sperms and urine pass.

Testes	Two sex glands that produce sperm and male hormones. They are responsible for the development of secondary sexual characteristics in a man.
Seminal vesicles	Are like pockets or glands where the white fluid (semen) is produced and the sperms stored.
Prostate	Produces fluid, which helps create a good environment for the sperms.
Vas deferens	Are tubes through which the man's sperms pass from the testicles to the penis.
Scrotum	It is a sac, which holds the testes, and protects them against extreme temperature.
Hymen	Thin membrane covering the opening of the vagina.

SESSION 5: COMMON MYTHS AND MISCONCEPTIONS ABOUT REPRODUCTIVE ORGANS

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be aware of misconceptions about male and female reproductive organs.



KEY MESSAGES:

- There are many myths and misconceptions about reproductive organs.
- The myths and misconceptions lead to misinformed choices among adolescents that may have negative lasting consequences.
- Having factual information about reproductive organs is important.

METHODOLOGY: LARGE GROUP DISCUSSION, BUZZING, BRAINSTORMING

RESOURCES: SRHR MANUAL, CARDS

PROCEDURE:

The facilitator will:

1. Ask participants to form a circle.
2. Ask them to form a buzz group of 2 or 3 with their neighbors.
3. Ask them to identify three myths, prejudices or misconceptions associated with the reproductive organs.
4. Ask one of the groups to brainstorm the myths identified.
5. Record the major points of the responses.
6. Screen and merge repeats and overlaps.
7. Summarize the main myths identified and discuss/clarify for participants.
8. Use additional points from the facilitator's notes.
9. Ask for feedback from participants. Are participants clear that the myths are false?

**FACILITATORS NOTES****Common myths**

- Having sex once will not make you pregnant.
- If you want breasts to become bigger allow boys to touch them.
- Having sex while standing will not make you pregnant.
- You can tell who has an STD just by looking at them.
- MYTH or FACT?
- The blood coming from a woman during menstruation means that she is sick (MYTH).
- Cold drinks do not cause menstrual cramps (FACT) .
- Women should not eat spicy or sour foods during menstruation (MYTH).
- If a woman misses her period, this could mean she is pregnant (FACT).
- If men do not ejaculate, sperm will collect and make their penis or testicles burst (MYTH).
- It is perfectly safe for a woman to wash her hair or take a bath during her period (FACT).
- Having menstrual blood means a woman is dirty (MYTH).
- When a boy or a man has a wet dream, it means he needs to have sex (MYTH).
- When a man has an erection, he must always ejaculate (MYTH).
- Most boys have wet dreams during puberty (FACT).
- If a penis is touched a lot, it will become permanently larger (MYTH).
- If a person jumps over the legs of a pregnant woman the child will look like the jumper (MYTH).
- If a person masturbates a lot, they will go blind (MYTH).

SESSION 6: MENSTRUATION HEALTH MANAGEMENT

DURATION:



SESSION OBJECTIVES:

Enable participants to better understand menstrual cycle.



KEY MESSAGES:

- The onset of the menstrual cycle (also called menarche) is one of the major landmarks of puberty among females.
- It begins for many girls at the age of 12. However, others might experience their first menstruation even earlier or later.
- It is important that young adolescents are well-informed about menstruation in order to know how to handle it and how to best react.

METHODOLOGY: LARGE GROUP WORK

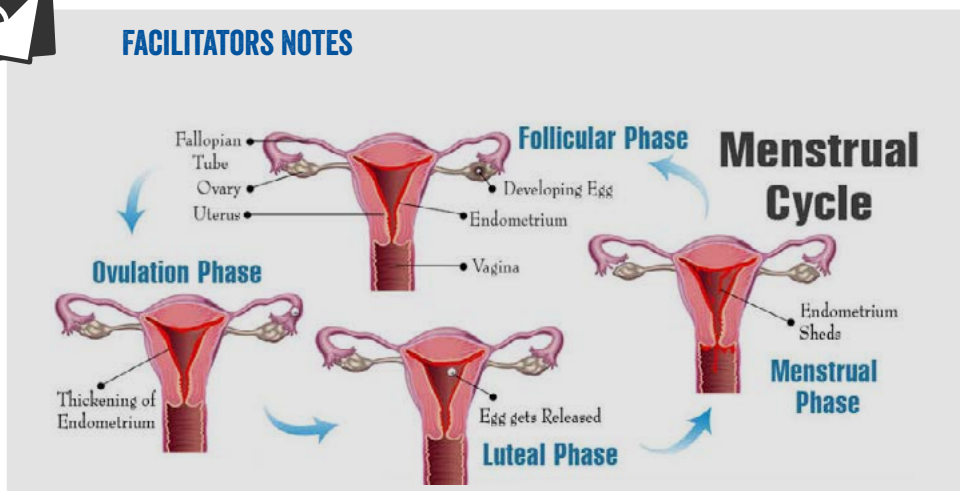
RESOURCES: SRHR MANUAL

PROCEDURE:

1. Prepare cards with the different phases of the menstruation cycle
2. Invite volunteers to come to the middle and distribute the papers/cards randomly to each of them
3. Ask them to read the text on the sheet of the paper and line up according to the menstrual cycle
4. Ask each volunteer to explain the phase of the cycle described on his/ her paper.
5. Ask entire group the following questions:
 - What causes menstruation?
 - What are the good and bad things about menstruation?
 - How and when can pregnancy occur during the menstruation cycle?
 - What is conception?
6. Correct answers where necessary and provide more missing facts and information according to background knowledge
7. Summarize the main points learned about:
 - Menstruation cycle
 - Conception and pregnancy
 - Ovulation



FACILITATORS NOTES



SESSION 7: UNDERSTANDING MENSTRUATION AND THE SITUATION OF GIRLS

DURATION:



SESSION OBJECTIVES:

Enable participants to better understand menstruation.



KEY MESSAGES:

- Girls go through challenging experiences as a result of menstruation.
- Menstruation is a normal part of a girl's development.
- There is need for boys, parents and teachers to understanding and provide support to girls.

METHODOLOGY: LARGE GROUP WORK

RESOURCES: SRHR MANUAL

PROCEDURE:

1. Ask the group to sit together
2. Read yourself or asks a trainee to read out Maria's story, which is a personal experience on menstruation.

Maria's story

“I was 14 when I experienced my first menstruation. I used to pull up my skirt and place a plastic sheet on my bench so that the menstrual blood does not stain my skirt. I was so stressed out about others realizing that I barely focused on my education. All I was worried about was ‘What if it stains my skirt? What if the students see it?’ The next day, our maid gave me a piece of cloth and I used it as a sanitary tissue. But as I was returning to class from the break, the cloth dropped off my underwear. I walked off pretending that was not mine but it was in vain as some students had watched it drop off my skirt. They embarrassed me asking ‘what is that smell?’ It took me a while before I got used to managing it properly. Even if I was able to manage it, the period was always stressing me out. I did not want to go to school when I was in my period. I did not want to socialize or study during those moments. My younger sister’s menstruation started even earlier than mine. She was only 13 when she first experienced menstruation. She would sit in the restroom for a very long time so that, as she told me later, it would all flow out till the last drop before she went out of there. But because I was already experienced then, I was able to help her.” Maria also said that many of her friends had gone through the same troubles and that they were sometimes ashamed of standing up from their seat.

3. Ask the following questions to the entire group and discuss the answers and comments
 - a. Is Maria’s story realistic?
 - b. Can someone share a similar story?
 - c. When does menstruation start in a girl’s life, how does it begin?
 - d. What problem does it cause?
 - e. What are the existing cultural attitudes regarding menstruation?
 - f. What should be done when menstruation starts? g. What can girls do to manage their menstrual hygiene?
 - h. How can we help each other to manage menstruation happily? i. How can boys help? How can we help girls?
 - j. How can families, teachers, and elders help?

4. Share background knowledge, your own experiences and correct information with participants and encourage them to practice tolerance and understanding.



FACILITATORS NOTES

Menstruation and Pregnancy Menstruation is a normal, healthy part of a woman's life. It is not an illness, dirty or shameful. All young females and women have monthly bleedings. When it happens, it means that a girl is biologically able to get pregnant. It does not mean that she is automatically mature enough to have sexual intercourse or to become a mother.

The menstruation cycle

Days 1-5: Menstruation (period): The lining of the womb together with an unfertilized egg leave the body in form of blood fluids and tissue lining through the vagina.

The bleeding can last from 2-8 days, on average 4-6 days. The length of each period, as well as the amount of bleeding, varies from woman to woman.

1. **Days 5-7:** Every month, one egg grows and matures in the ovary.
2. **Days 7-11:** The lining of the womb starts to build up and makes its inside wall thick like a nest and ready to house a baby. (The lining continues to thicken until about day 21).
3. **Days 11-14:** When the egg is ready, it leaves the ovary. This moment is called ovulation.
4. **Days 14-21:** The egg moves through the fallopian tube into the womb.
5. **Days 21-28:** The egg can only survive for about 24 hours in the fallopian tube after the ovulation. Menstruation occurs when the egg is not fertilised by a sperm following sexual intercourse. If the egg reaches the womb and is not fertilized, the lining of the womb begins to dissolve.
6. **Days 1-5: Menstruation:** The lining of the womb together with an unfertilized egg leave the body in form of blood fluids and tissue lining through the vagina.
7. **And then it starts all over again.** The length of one menstrual cycle is the interval from the beginning of one monthly menstruation to the beginning of the next one. It is usually 28 days long, but it can vary between 21 and 35 days.

Conception

The process of conception involves the fusion of an egg (ovum) from a woman's ovary with a sperm from a man. Every month during a woman's fertile years, her body gets prepared for conception and pregnancy. In one of her ovaries an egg (ovum) ripens and is released from its follicle. The egg - about the size of a pinpoint, 1/250 inch in diameter - is then drawn into the fallopian tube through which it travels to the uterus. The journey takes three to four days. The lining of the uterus has already thickened to assist the implantation of a fertilized egg, or zygote. If the egg is not fertilized, it lasts 24 hours and then disintegrates. It is expelled along with the uterine lining during menstruation. Sperm cells are produced in the man's testes and ejaculated from his penis into the woman's vagina during sexual intercourse.

Sperm cells are much smaller than eggs (1/1800 inch in diameter). The typical ejaculate contains millions of sperm, but only a few complete the long Journey through the uterus and up the fallopian tube to the egg. Of those that reach the egg, only one will be allowed to penetrate the outer layer of the egg.

As the sperms approach the egg, they release enzymes that soften the outer layer of the egg. The first sperm cell that bumps into a spot that is soft enough can swim into the cell. It then merges with the nucleus of the egg and fertilization occurs.

While still in the tube, the fertilized egg begins to divide and grow. At the same time, it continues to move through the tube towards the womb. It takes an average of five days to reach the inside of the womb. Within two days of reaching the womb, the fertilized egg attaches itself to the lining of the womb. This process is known as implantation.

The ovum (egg) carries the hereditary characteristics of the mother and her ancestors; sperm cells carry the hereditary characteristics of the father and his ancestors. Together they contain the genetic code, a set of instructions for development. Each cell - egg or sperm - contains 23 chromosomes, and each of these chromosomes contains genes, so small that they cannot be seen through microscope. These genes are packages of chemical instructions for designing every part of a baby. They specify the sex and determine, among others, whether it will tend to be (depending also on its environment) short, tall, thin, fat, healthy, or sick. Together, they provide the blueprint for a new and unique person.

The usual course of events at conception is that one egg and one sperm unite to produce one fertilized egg and one baby. But if the ovaries release two (or more) eggs during ovulation, and if both eggs are fertilized, two babies will develop. These twins will be more alike than will be siblings born from different pregnancies, because each of the latter comes from a different pregnancy, and therefore from a different fertilized egg.

Twins who develop this way are referred to as fraternal twins; they may be of the same sex or of different sexes. Twins can also develop from a division of a single fertilized egg into two cells that develop separately. Because these babies share all genetic material, they will be identical twins.

Conception can be avoided by abstinence from sex or use of contraceptive.

Important things to note on menstruation

Menstrual blood is neither dirty nor a dangerous occurrence. The first menstrual blood takes longer to flow out and the ovary may begin producing more eggs before the occurrence of the first menstrual blood flow. Therefore, girls may become pregnant before they even begin to see their first menstruation.

A woman can get pregnant when she has sexual intercourse with a sexually mature male just before ovulation or shortly after. In an average 28-cycle, a woman can get pregnant if she has sexual intercourse on days 11-14. (However, these days are not fixed, as the length of menstrual cycles varies. It is important to use contraceptives to exclude an unwanted pregnancy and prevent an infection with HIV and AIDS or other STIs.

Menstruation continues throughout women's reproductive life (menarche). The menstrual cycle stops between the age of 40 and 50. This is known as menopause.

After a girl has had her first menstruation, her menstrual cycle does not necessarily follow a regular pattern right from the beginning. This does normally change over time leading to a regular cycle.

There are many situations that cause menstrual irregularities, for instance, diet, stressful situations, mourning, sickness, insomnia or extreme happiness etc.

Menstruation is not a disease, hence a girl in her menstruation period is capable of engaging in all activities she normally engages in.

Some girls may experience some discomfort during menstruation like stomach aches (as the muscles of the womb push out the blood) or headache. This is normal, not a curse or a disease. Discomfort can be eased by resting or doing some physical exercises. It is important that the girl understands that the symptoms are only temporary. However, if she does not see changes and suffers a lot, she needs to consult a Doctor.

In some cultures girls' during their menstrual periods are advised to eat some things and not other things. In others they are told not to enter sacred/ religious places during their

menstruations. In yet other cultures, they are asked to stay in secluded places during their menstruation period. But all these attitudes are now changing.

How can a girl keep herself clean during menstruation?

In order to catch the blood from the vagina, there are different ways to do that:







- Sanitary pads/towels: they are especially made for the menstruating days of women and made out of cotton wool. They are put into the under wear to absorb the blood. Sanitary towels are sold in shops and supermarkets. There are two types of them, disposable ones, that have to be thrown away after one use, or re-usable ones that can be washed and used several times. Girls may also use cotton wool wrapped in thin cloth. Used sanitary pads should be disposed of in the pit latrines.
- Tampon: these are tubes of cotton wool that can be inserted into the vagina to absorb the blood. They can be used only one time and need to be changed regularly (latest after 8 hours, if not soaked with blood before) to avoid infections. At the end of the period, girls need to ensure that the last tampon has been removed.

MODULE 2:

UNDERSTANDING SEXUALITY



Module Objective: By the end of the Module, the participants will be able to understand HIV and AIDS infection and prevention.

-  **Session 1:** Introduction to HIV&AIDS
-  **Session 2:** Current situation on HIV and young people
-  **Session 3:** What happens to the body when someone gets infected with HIV?
-  **Session 4:** Modes of HIV transmission
-  **Session 5:** Risky and non-risky behaviors
-  **Session 6:** Common myths and misconceptions about HIV

SESSION 1: INTRODUCTION TO HIV AND AIDS

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to differentiate between HIV and AIDS.



KEY MESSAGES:

- Young people are at risk of getting HIV infection.

METHODOLOGY: DISCUSSION, MINI-LECTURE

RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss HIV and AIDS.

Step 2: Ask a volunteer participant to write the flip chart, the meaning of the acronyms

- HIV
- AIDS



FACILITATORS NOTES

HIV is a virus that can lead to immune system deterioration. The term “HIV” stands for human immunodeficiency virus. The name describes the virus: Only humans can contract it, and it attacks the immune system. As a result, the immune system is unable to work as effectively as it should.

Our immune systems can completely clear many viruses our bodies, but that’s not the case with HIV. Medications can control HIV very successfully by interrupting its viral life cycle, however.

While HIV is a virus that may cause an infection, AIDS (which is short for acquired immunodeficiency syndrome) is a condition. Contracting HIV can lead to the development of AIDS.

AIDS, or stage 3 HIV, develops when HIV has caused serious damage to the immune system. It is a complex condition with symptoms that vary from person to person. Symptoms of stage 3 HIV are related to the infections a person may develop as a result of having a damaged immune system that can’t fight them as well. Known collectively as opportunistic infections, they include tuberculosis, pneumonia, and others. Certain types of cancer become more likely when an immune system works less effectively as well. Adherence to antiretroviral therapy can prolong the life of a person living with HIV

SESSION 2: CURRENT SITUATION ON HIV AND YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to understand the prevalence of HIV infection.



KEY MESSAGES:

- Data shows that significant numbers of young people are still getting HIV infection.

METHODOLOGY: DISCUSSION, MINI-LECTURE**RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS****PROCEDURE:**

Step 1: Start the session by telling the participants: We will now discuss the prevalence of HIV and AIDS.

Step 2: Have some pieces of paper ready, and distribute them to each participant. Have them written as follows

- 2 pieces of paper- write a red X at the corner of the paper
- 4 pieces of paper- write the letter C at the corner of the paper
- All the other pieces of paper write any number that you want

Step 3: Tell the participants that you will play a game. Ask participants to walk around and greet at least 3 people. Let them write the name of each person they have greeted on a piece of paper.

Step 4: Ask participants to go back to their seats.

Step 5: Ask the two participants who had an red X marked at the corner of the paper to stand up and read out the names of the people that they greeted. Those who have been named should also read out the names of those that they also greeted.

Step 6: Explain to the participants that the Xs symbolise a person living with HIV, and the greeting of other people symbolises sexual intercourse. Tell the participants that the people standing up may have been infected by HIV.

Step 7: Tell the participants who are standing who have a C at the corner of their paper to sit down. Explain that the C symbolises use of condoms, and that the people with a C may not have been infected with HIV if they used a condom.

Step 8: Tell the participants that is how HIV spreads, through casual sexual contact, without proper use of condoms.

Step 9: Share with the participants the note on data in the facilitators notes below.



FACILITATORS NOTES

Adolescents between the ages of 10 and 19 years represent about nine percent of persons living with HIV and 13 percent of all HIV-related deaths in Kenya. HIV testing rates for Kenya are lowest among adolescents between 15-19 years (49.8%), with only 23.5 percent reporting awareness of their status. Forty-nine percent of young women aged 15-19 and 60 percent of those aged 20-24 had comprehensive knowledge of HIV while 58 percent of young men aged 15-19 and 71 percent of those aged 20-24 had comprehensive knowledge of HIV. 53 percent of female adolescents and 34 percent of their male counterparts reported condom use during their sexual debut compared to 70 percent of females and 65 percent of males aged 15 and above.

Among never-married adolescents, girls were less likely to have used a condom during their last sexual encounter (42%) compared to their male counterparts (55%). Adolescents living with HIV face unique challenges as they transition to adulthood because they are less likely to be in school, likely to be orphaned, lack appropriate services and are often unable to negotiate contraceptive use or even access contraceptive methods.

Of the approximately 1.6 million Kenyans living with HIV in 2013, about 16 percent were children and adolescents (0-19 years). About half of adolescents (15-19 years) had ever been tested and only a quarter of those knew their HIV status (24%). Among sexually active HIV positive adolescents, only a quarter reported using condoms at their first sexual intercourse. In a study conducted in 2011 in Rift Valley and Coast regions among HIV positive adolescents (15-19 years), 76 percent of boys and girls intended to have children in future. Two-thirds of HIV positive girls had already begun childbearing or were pregnant, while 27 percent of boys had impregnated someone. 75 percent of pregnancies among HIV positive girls were reported as unintended. Moreover, 64 percent of girls and 48 percent of boys were out of school.

Source: According to the Kenya Demographic and Health Survey (KDHS) 2008-2009

SESSION 3: WHAT HAPPENS TO THE BODY WHEN SOMEONE GETS INFECTED WITH HIV

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain what happens when HIV enters one's body.



KEY MESSAGES:

- When someone gets infected with HIV, certain changes begin to take place in the immune system.

METHODOLOGY: DISCUSSION

RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS

PROCEDURE:

Step 1: Start the session by telling the participants: We will now discuss what happens in the body when someone is infected with HIV.

Step 2: Share with the participants the information in the facilitators notes below.



FACILITATORS NOTES

HIV attacks a specific type of immune system cell in the body, known as the CD4 helper cell or T cell. When HIV destroys this cell, it becomes harder for the body to fight off other infections. When HIV is left untreated, even a minor infection such as a cold can be much more severe. This is because the body has difficulty responding to new infections. Not only does HIV attack CD4 cells, it also uses the cells to make more of the virus. HIV destroys CD4 cells by using their replication machinery to create new copies of the virus. This ultimately causes the CD4 cells to swell and burst. When the virus has destroyed a certain number of CD4 cells and the CD4 count drops below 200, a person will have progressed to AIDS. However, it's important to note that advancements in HIV treatment have made it possible for many people with HIV to live longer, healthier lives.

Source: Medicalnewstoday.com

SESSION 4: MODES OF HIV & AIDS TRANSMISSION

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to list the modes of HIV transmission.



KEY MESSAGES:

- It is important for young people to understand the modes of HIV infection so as protect themselves or their partners from getting infected.

METHODOLOGY: DISCUSSION

RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS

PROCEDURE:

Step 1: Start the session by telling the participants: We will now discuss the modes of HIV transmission.

Step 2: Ask the participants to share the ways in which someone can get HIV from someone else.

Step 3: Share with the participants the information in the facilitators notes below.



FACILITATORS NOTES

HIV is transmitted through contact with the following bodily fluids,

1. Blood
2. Semen
3. Vaginal fluid
4. Breast milk

HIV can be transmitted through the following behaviors

1. Sex without a condom
2. Sharing needles — even tattoo or piercing needles
3. Mixed feeding for a breastfeeding baby whose mother has not achieved viral suppression
4. If an HIV-positive person is able to achieve viral suppression, then they will be unable to transmit HIV to others through sexual contact.

SESSION 5: RISKY AND NON-RISKY BEHAVIOR

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain the behaviour that puts them at risk of HIV&AIDS infection.



KEY MESSAGES:

- Some behaviours are more risky than others, when it comes to HIV infection
- It is important for young people to know which behaviour put them at risk of HIV infection, and which behaviours don't put them at risk of HIV infection.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Tell the participants that you will now discuss the behaviours that put one at risk of HIV infection.

Step 2: Distribute cards or papers on which the different modes of HIV transmission are written. (See table below).

Risky behavior statements

Playing together	Sharing sexual toys	Having more than one sexual partner
Using public toilets	Having sex using a condom	Taking care of People Living with HIV
Bathing together	Kissing on the cheek	Medical examination
Sharing sharp objects	Caressing dry areas of the body	Sharing syringes
Having unprotected anal intercourse	Having unprotected oral sex	Touching Tears, breath, saliva
Going in the same bus or taxi	Having sex and then ejaculating outside the body	Unprotected sexual intercourse
Sitting together at school	Having unprotected sex only once	Touching genitals (fingering, fisting)

Contact with wounds/body fluids	Having unprotected sex and then taking a bath immediately	Hand shaking
Living in the same house	Dry kissing	Sharing injection needles
Masturbating with partner	Masturbating alone	Showering together
Female/male Circumcision	Deep kissing	Having sex with a commercial sex worker
Hugging HIV patient and sleeping in one bed	Body cutting	Sharing a comb
Inherited marriage	Sharing household utensils	Using another person's tooth brush
Blood donation	Breast feeding by an HIV positive mother	Pets like cats, dogs, or birds...
Sharing swimming pool	Being sneezed on	Having sex with a person who has an STI
Having sex while having untreated STI	Having unprotected sex with someone who has more than one sexual partner	Having vaginal sex with a condom
Putting lemon or disinfectants in the vagina before sex	Urinating after having unprotected vaginal sex	Being massaged
Sharing sexual fantasies	Licking body parts where there are no genitals or wounds	Rubbing genital together without penetration

Step 3: Put four cards on the four corners of the room which are labelled “High Risk”, “Low Risk”, “No Risk”, “Not Sure”.

Step 4: Each participant will read out his/her card to the other participants.

Step 5: Then, ask this same person to sort the card under one of the four categories of risk levels on each of the four corners of the room.

Step 6: Ask the participant to explain his/her reason for placing the card under this or that category. This might lead to further discussion.

Step 7: Those cards placed under “Not Sure” will be further discussed to correctly place them under the right risk level.

Step 8: After the discussions, share the information in the facilitators notes below.



FACILITATORS NOTES

HIV infection occurs when there is exposure to any of the five HIV infected body fluids:

1. Blood
2. Seminal fluids
3. Vaginal Fluids
5. Pre-cum
5. Breast milk

HIV is not spread through exposure to saliva, sweat, urine or tears, unless these fluids have traces of HIV infected blood in them.

Risky behavior exercise

High Risk	Some Risk	No Risk	Not sure
Sharing sharp objects	Having anal intercourse with a condom and sufficient lubrication	Playing together	
Having unprotected anal intercourse	Having vaginal intercourse with a condom	Using public toilets	
Direct contact with HIV infected wounds/ body fluids	Deep kissing	Bathing together	
Having unprotected sex and then taking a bath immediately	Oral Intercourse	Going in the same bus or taxi	
Sharing injection needles	Touching genitals (eg fingering, fisting)	Sitting together at school	

Having unprotected sex with a commercial sex worker		Living in the same house	
Using another person's tooth brush		Hand shaking	
Having sex with a person who has an STI		Hugging	
Having sex while having untreated STI		Dry kissing	
Having unprotected sex with someone who has more than one sexual partner		Masturbating alone	
Putting lemon or disinfectants in the vagina before having unprotected sex		Showering together	
Urinating after having unprotected vaginal sex		Sharing a comb Mosquito or insect bite	
Rubbing genitals together without penetration		Pets like cats, dogs, or birds...	
Having unprotected sex only once		Sharing swimming pool	
Having unprotected sex and then ejaculating outside the body		Massaging	
Sharing sex toys		Eating food made by a HIV positive person	
		Bathing together	
		Kissing on the cheek	
		Touching Tears, breath, saliva	
		Going in the same bus or taxi	
		Sitting together at school	
		Abstinence	
		Sharing sexual fantasies	

SESSION 6: COMMON MYTHS AND MISCONCEPTIONS ABOUT HIV

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to dispel common myths and misconceptions about HIV.



KEY MESSAGES:

- There are many myths and misconceptions about HIV in the community.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Tell the participants that you will now discuss the common myths and misconceptions about HIV.

Step 2: Ask participants to share some of the things that people say about HIV in the community.

Step 3: Share with the participants the information in the facilitators notes below.



FACILITATORS NOTES

Common myths and misconceptions

HIV /AIDS can be spread through casual contact with an infected person: some people tend to think HIV/AIDS can be spread through shaking of hands sitting next to an infected person some parents even go to an extent of warning their children against playing with children infected with HIV/AIDS to avoid be infected.

An infected mother can only give birth to an infected child: this is untrue because under proper medical guidelines a positive mother can give birth to a child who is not HIV /AIDS positive.

A mosquito can transmit HIV/AIDS – when one is bitten by mosquito, it does not inject blood from the previous victim hence it cannot spread HIV/AIDS.

HIV infected person can be identified by their physical appearance: this is due to the image portrayed by the media that infected person looks and very thin but the truth is that HIV symptoms takes a long time to manifest in a person after infection.

People infected with HIV/AIDS are immoral most of the people perceive that sexual intercourse with infected persons is the only way HIV/AIDS can be spread: HIV /AIDS have many ways in which it is transmitted through.

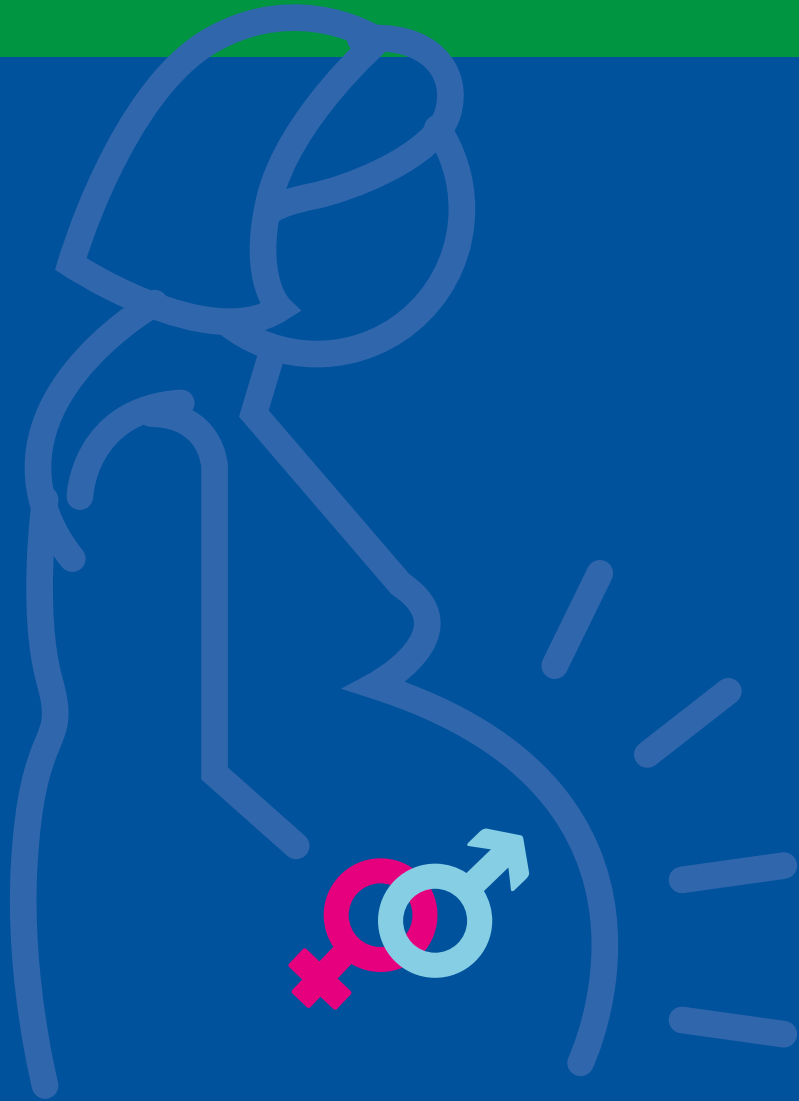
HIV/AIDS is a death sentence: people believe that one's one is infected with HIV/AIDS that's the end of one's life but even if there is not yet cure on HIV/AIDS there are antiviral drugs that enable infected people to live a healthy and longer life.

HIV/AIDS are the same thing: HIV weakens the immune system and makes the body vulnerable to diseases and infections and one may not notice any serious symptoms for years but after years of damaging the immune system a person develops AIDS which means the immune system is so weak it can no longer fight ranges of diseases.






HIV/AIDS have cure: some people believe some herbal medicine can cure HIV/AIDS but currently there is no cure for HIV/AIDS.

MODULE 5:

PREGNANCY



Module Objective: By the end of the modules, participants will be able to understand explain how pregnancy occurs and how to avoid unintended pregnancy.

-  **Session 1:** How Pregnancy occurs
-  **Session 2:** The current situation regarding adolescent pregnancy
-  **Session 3:** How to avoid an unintended pregnancy
-  **Session 4:** The consequences of unintended pregnancy
-  **Session 5:** What to do incase of unintended pregnancy

SESSION 1: HOW PREGNANCY OCCURS

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain how pregnancy occurs.



KEY MESSAGES:

- If a young people becomes sexually active, they can get pregnant if they are girls, and they can make someone pregnant, if they are boys.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

- Step 1:** Tell the participants that you will now discuss how pregnancy occurs.
- Step 2:** Show the participants an illustration of the internal male and female reproductive organs.
- Step 3:** Explain to the participants how the sperms get to the ovum and how pregnancy occurs, as outlined in the facilitators notes below.



FACILITATORS NOTES

Pregnancy occurs after sexual intercourse. The male's penis is inserted into the female's vagina, and semen (the fluid which contains sperm) is ejaculated in or near the vagina.

The sperm swim up through the cervix (the bottom opening into the uterus) and meet the egg that has been released by an ovary. A single sperm joins with the egg and pregnancy begins.

The fertilized egg travels down the mother's fallopian tube about seven to 10 days after fertilization and burrows into the wall of the uterus. Until this occurs, the mother is unaware of the fertilized egg, and tests cannot detect the pregnancy.

SESSION 2: THE CURRENT SITUATION ON ADOLESCENT PREGNANCIES

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain the current situation with regard to adolescent pregnancy in Kenya.



KEY MESSAGES:

- Adolescent pregnancy is an issue that affects the sexual reproductive health of young people in Kenya.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Tell the participants that you will now discuss the current situation regarding adolescence pregnancies in Kenya.

Step 2: Share with the participants with information in the facilitators notes below.



FACILITATORS NOTES

While many adolescents may choose to get pregnant, many pregnancies occur in the context of human rights violations such as child marriage, coerced sex or sexual abuse. Broader socio-economic factors such as poverty, lack of education and limited economic opportunities among girls contribute to adolescent pregnancy rates. Lack of reproductive healthcare services for adolescents, especially a lack of contraceptive education and affordable and lack of contraceptive commodities means contraceptive use among married and unmarried adolescents is low.

Adolescents face greater adverse complications during pregnancy because they are not fully physiologically and biologically prepared for pregnancy. Other underlying factors include smoking, substance abuse, anemia, malaria, HIV and AIDS as well as other sexually transmitted infections. Adolescents may be disadvantaged in maintaining a healthy pregnancy due to poor health education, inadequate access to antenatal care and skilled birth attendance among other healthcare services, or the inability to afford costs of pregnancy and childbirth.

Adolescent pregnancy, whether intended or unintended, increases the risk of maternal mortality and morbidities including complications of unsafe abortion, prolonged labor, delivery and post-natal period. Country-specific adolescent mortality data are not available. Pregnancy and delivery complications, including unsafe abortion, are the second leading causes of death for girls below 20 years. A recent study conducted on the incidence and magnitude of abortions by APHRC (2016) showed that girls below the age of 19 accounted for 17 percent of all women seeking post-abortion care services.

SESSION 3: HOW TO AVOID AN UNINTENDED PREGNANCY

This session is used while facilitating sessions with the young people aged between 15-24 years old.

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be well informed on the measures they can take to prevent unintended pregnancy.



KEY MESSAGES:

- It is important for adolescents and young people to know to prevent unintended pregnancies.

METHODOLOGY: GROUP WORK AND MINI-LECTURE**RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS****PROCEDURE:****Step 1:** Tell the participants that you will now discuss how to avoid getting unintended pregnancies.**Step 2:** Ask the participants to share the ways in which one can avoid getting unintended pregnancies.**Step 3:** Allow the participants to share their views.**Step 4:** Tell the participants that it is both important and possible to avoid unintended pregnancies.**FACILITATORS NOTES****How to prevent unintended pregnancies****1. Information**

Adolescents and young people need correct and reliable information on sexuality, reproduction and their own role in this. One of the reasons for the occurrence of unwanted pregnancy is inadequate knowledge about human reproduction. Young people have a right to live a healthy sexual life, have access to the information they need to protect themselves and their partners from STIs including HIV/AIDS and unwanted pregnancy, to youth friendly reproductive health services, testing facilities and treatment as needed, and affordable contraceptives as needed.

2. Contraception

Adolescents and young people who have little knowledge of family planning methods may face unwanted pregnancy. They do not know where family planning services are provided and thus have no access to counselling and/or contraceptives. Therefore; it is essential to inform young people about family planning and contraceptives. It is also important to regularly refresh the information provided and monitor whether such information is actually put into practice to avoid negligence, and/or unrealistic expectations. There are various methods to prevent unwanted pregnancies. For detailed information on contraceptive please visit the nearest health facility.

3. Life skills

Adolescents and young people can use their life skills to make informed and healthy decisions about their life. Although life at young age is pleasant it is also risky. Certain life skills can help to prevent risky behaviours, protect oneself from unwanted sexual intercourse, unwanted STIs and unwanted pregnancy and better deal with related problems if they occur despite all precaution. See Module.

4. Positive Behaviour Change

Adolescents and young people can embrace and adapt positive behavior change. This means not having risky attitudes and behaviours, but having healthy attitudes and engaging in healthy behaviors such as delaying sex until it is safe to have it, abstaining from sexual intercourse, or getting appropriate contraceptive methods when one is in a stable relationship and when they decide that it is the right time to have sex. Positive behavior change also means saying no to sex if one is not ready.

Step 5: Summarise the responses by sharing the information from the Facilitators notes below

SESSION 4: THE CONSEQUENCES OF UNINTENDED PREGNANCY AMONG YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain the impact of unintended pregnancy.



KEY MESSAGES:

- Unintended pregnancy is not well managed can have negative consequences to young people.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Tell the participants that you will now discuss the consequences of unintended pregnancy.

Step 2: Show the participants the picture code in appendix 3. It is a picture of a young pregnant school girl and her boyfriend.

Step 3: Ask the participants.

1. What do you see happening in this picture code?
2. How does it happen? (share real life experiences)
3. Why does it happen?
4. What challenges does this situation cause?
5. What can we do to deal with the challenges caused by this situation?

Step 4: Share the information in the facilitators notes below.



FACILITATORS NOTES

Consequences of unintended pregnancy among girls in Kenya include

When young girls get pregnant, this leads to disruption or termination of their education. This affects their long-term career prospect. When young girls get pregnant, they may also end up in child marriages as a way of dealing with the pregnancy.

When girls do not want to keep the pregnancy, they may opt for unsafe abortion which may lead to other serious health complications such as excessive bleeding, incomplete abortion, loss of the uterus or even death.

Adolescents who are younger than 17 often have not reached physical maturity. Their pelvises may be too narrow to accommodate the baby's head. If this happens, obstructed delivery and prolonged labor are more likely, thereby increasing the risk of hemorrhage, infection, and fistula.

Teenage pregnancies may lead to Pre-eclampsia (hypertension of pregnancy), a condition that may prove fatal if not managed properly. Young girls may also experience Anemia due to insufficient dietary intake. They may also experience premature Birth: Infants born to adolescent mothers are more likely to be premature, of low birth weight, and to suffer consequences of retarded fetal growth. Young girls may also experience spontaneous abortion and Still Births. Studies have indicated that young adolescents under the age of 15 are more likely to experience spontaneous abortion and still births than older women. Adolescent pregnancy changes a girl's choice of career, opportunities, and future marriage. Additionally, young mothers are often ill prepared to raise a child, which may lead to child rearing problems like child abuse or neglect.

When girls get pregnant, with no education and source of income, they may resort to commercial sex work are at higher risk for gender-based violence, substance abuse, and STIs such as HIV.

In some societies, early fatherhood may enhance a young man's social status, which may encourage boys to practice unprotected sex. Some boys refuse to take responsibility for the pregnancy which can contribute to hardship for the mother and child and also can lead to future remorse for the boy.

Boys who become fathers lose opportunities for education and future economic advancement especially when they marry leave school to support their new families. Young fathers are often ill prepared to raise a child, which may lead to child rearing problems like child abuse or neglect. Premature marriages are frequently unstable and end in divorce.

SESSION 5: WHAT CAN BE DONE IN CASE PREGNANCY HAS OCCURRED?

DURATION:



SESSION OBJECTIVES:

By the end of the session Participants will be guided on what to do if they have an unintended pregnancy.



KEY MESSAGES:

- When young people have unprotected sex, they may have unintended pregnancy
- A young person can be supported by trusted adults and health care providers to navigate through unintended pregnancy and child rearing

METHODOLOGY: MINI-LECTURE

RESOURCES: FACILITATORS NOTES

PROCEDURE:

Step 1: Start the session by telling the Participants that they will discuss what to do if they have an unintended pregnancy.

Step 2: Allow the participants to share their views.

Step 3: Share with the participants the information in the facilitators notes below.



FACILITATORS NOTES

Notes about unintended pregnancy

If a young person has unprotected sex, they can get an unintended pregnancy. If this happens, they need to visit a clinic/doctor and prepare to take care of their health. They need to seek antenatal care services as soon as possible.

They need to seek support from a trusted adult family member or the guidance and counselling teacher, in case of unintended pregnancy.

Once a young person discovers that they are pregnant, they need to arrange to speak with their guardian/parents and teacher on how to take care of the child as well as continue with education.

Young people also need to identify a trusted mentor who is neutral, who can stand with them during this period.

Young people should always remember that pregnancy is not the end of education and career growth.

When faced with unintended pregnancy, young people should not choose the option of unsafe abortion as this can lead to negative health consequences.

MODULE 6:

**SEXUAL REPRODUCTIVE
HEALTH ILLNESSES**



Module Objective: By the end of the module, participants will be able to name various reproductive health illness and their symptoms as well as explain how to prevent them.

-  **Session 1:** Introduction to sexually transmitted infections
-  **Session 2:** Common Sexually Transmitted Infections (STIs)
-  **Session 3:** Myths and misconceptions about STIs
-  **Session 4:** STI prevention
-  **Session 5:** Condom Use
-  **Session 6:** Safer sexual practices
-  **Session 7:** Sexual Reproductive Health cancers

SESSION 1: INTRODUCTION TO SEXUALLY TRANSMITTED INFECTIONS (STIS)

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to define the term STIs.



KEY MESSAGES:

- Having unprotected sex can lead to infection with STIs.

METHODOLOGY: MINI-LECTURE

RESOURCES: FLIP CHART, FELT PENS, SRHR TOOLKIT, PICTURE CODE

PROCEDURE:

Step 1: Tells participants that you will discuss Sexually Transmitted Infections (STIs).

Step 2: Ask the participants to tell you what STIs stand for.

Step 3: Tell the participants that the acronym STI stands for Sexually Transmitted Infections.

Step 4: Show the participants the picture code in appendix 2. It is a picture of a young man who is holding his groin in pain. After the participants have seen the picture code, ask them the following questions

1. What do you see happening in this picture code?
2. How does it happen? (share real life experiences)
3. Why are young people more at risk of getting STIs?
4. What challenges does it cause?
5. What can we do to prevent this situation?
6. What are the challenges of untreated STIs?

Step 7: Share with the participants the information in the facilitators notes below



FACILITATORS NOTES

Sexually transmitted infections are infections that are spread through sexual contact, including vaginal, anal, and oral intercourse. Some STIs can be spread through touching and kissing.

Sexually transmitted infections (STIs), especially those that are ulcerative, are associated with an increased risk of HIV infection and have significant implications for reproductive health outcomes.

An adolescent or a young person is at risk of getting an STIs under the following circumstances.

- If they have unprotected sex with casual partners or people unknown to them.
- If they have unprotected sex with a partner who has had unprotected sex with other partners
- If they have unprotected sex when your partner uses injectable drugs

Why young people are at risk of getting STIs

Adolescent women are biologically more susceptible than older women to STIs. Adolescent women become infected with HIV/AIDS at twice the rate of adolescent men. The young female genital tract is not mature and is more susceptible to infection (a biological risk for girls). The more cervical epithelial tissue is exposed at the opening of the vagina into the cervix and this tissue is more susceptible.

Women often do not show symptoms of some STIs such as chlamydia and gonorrhoea, the most common STIs, and having another STI increases their susceptibility to HIV.

Women are more vulnerable to infection due to sexual violence and exploitation, lack of formal education (including sexuality education). They are also not able to negotiate with partners about sexual decisions. Sexual intercourse is often unplanned and spontaneous. The lack of access to reproductive health services work together to put young women at especially high risk.

Both adolescent boys and girls may have immune systems that have not previously been challenged and have not mobilized defenses against sexually transmitted infections.

Adolescents often think that they are too young or inexperienced to get an STI. They think that they are not at risk because they believe that “only promiscuous or bad people get STIs.

Some adolescents lack basic information concerning the symptoms, transmission, and treatment of STIs, which puts them at risk of infection.

Some adolescents often have multiple, short-term sexual relationships and do not consistently use condoms.

Youth are subject to dangerous practices such as FGM, anal intercourse to preserve virginity, and scarification.

Some cultural factors also make it easier for young people to get STIs. For instance, young men sometimes have a need to prove sexual prowess. In some cultures, girls are not empowered to say no to sex.

Some young men may have their first sexual experiences with sex workers. Young women may have their first sexual experiences with older men. Youth lack accurate knowledge about the body, sexuality, and sexual health.

Youth often have little access to income and may engage in sex work for money or favors. Young people may be afraid to seek treatment for STIs.

Substance abuse or experimentation with drugs and alcohol is common among adolescents and often leads to irresponsible decisions, including having unprotected sex. Adolescents may feel peer pressure to have sex before they are emotionally ready to be sexually active. Young people often confuse sex with love and engage in sex before they are ready in the name of “love.” A young person can be pressured into having sex or can pressure someone else by claiming that intercourse is a way to demonstrate love. Young people may want sexual experience or may look for a chance to experiment sexually, which can lead to multiple partners, therefore increasing their chance of contracting and spreading STIs.

Long- term health consequences of STIS/HIV

Generally, the long-term health consequences of STIs are more serious among women. Women and girls are less likely to experience symptoms, so many STIs go undiagnosed until a serious health problem develops.

Adolescents who contract STIs are also at risk of chronic health problems such as chronic pain from PID, and cancer of the cervix. They may also experience permanent infertility.

Adolescents who contract syphilis may develop heart and brain damage if the syphilis is left untreated. STIs are a risk factor for HIV transmission and for acquiring HIV.

STIs can be transmitted from an adolescent mother to her infant during pregnancy and delivery. Infants of mothers with STIs may have lower birth weights, be born prematurely, and have increased risk of other disease, infection, and blindness

Long-term social consequences of STIS/HIV

When young people get STIs and HIV, they may experience discrimination and exclusion from mainstream social groups. The loss of friendship may make them susceptible to STI and HIV infection.

Young people may also not be able to manage the medical expenses that come with managing an STI or HIV infection.

When young people have STIs or HIV, they may have diminished income potential especially if the illness has affected one's ability.

Having an STI or HIV can make it difficult for them to find a marriage partner. They may also experience infertility.

Sometimes they may not get the necessary health care support due to possible judgment and/or rejection by health service providers.

SESSION 2: COMMON STIS (NAMES AND SYMPTOMS)

DURATION:



SESSION OBJECTIVES:

By the end of this session Participants will be able to name the common STIs as well as name common STI symptoms in men and women.



KEY MESSAGES:

- It is important to know the signs and symptoms of STIs
- If one suspects that they have an STI, they should seek prompt treatment

METHODOLOGY: BRAINSTORMING, MINI-LECTURE

RESOURCES: SRHR MANUAL, FLIP CHART, FELT PENS

PROCEDURE:

Step 1: Tells peer that you will now discuss the common STIs.

Step 2: Ask participants to share the names of the common STIs that they know as well as their signs and symptoms.

Step 3: Share with the participants the information in the participants list below.



FACILITATORS NOTES

Common cause of STIs include

1. Bacteria, including chlamydia, gonorrhea, and syphilis
2. Viruses, including HIV/AIDS, herpes simplex virus, human papillomavirus, hepatitis B virus, cytomegalovirus (CMV), and Zika
3. Parasites, such as trichomonas vaginalis, or insects such as crab lice or scabies mites¹

Names of common STIs

Gonorrhoea

Gonorrhea is caused by bacteria. It can be passed from mother to baby during delivery. If untreated, gonorrhea can increase a person's risk of acquiring or transmitting HIV. The symptoms may be absent despite an active gonorrheal infection. Symptoms can appear anywhere from 1-14 days following exposure to the infection. Men and women experience slightly different symptoms; these can include:

Signs of Gonorrhea in men	Signs of Gonorrhea in Women
<ol style="list-style-type: none"> white, yellow, or green urethral discharge, resembling pus inflammation or swelling of the foreskin pain in the testicles or scrotum painful or frequent urination anal discharge, itching, pain, bleeding, or pain when passing stools itching, difficulty swallowing, or swollen neck lymph nodes eye pain, light sensitivity, or eye discharge resembling pus red, swollen, warm, painful joints 	<ol style="list-style-type: none"> painful sexual intercourse fever yellow or green vaginal discharge vulvar swelling bleeding in-between periods heavier periods bleeding after intercourse vomiting and abdominal or pelvic pain painful or frequent urination sore throat, itching, difficulty swallowing, or swollen neck lymph nodes eye pain, light sensitivity, and eye discharge resembling pus red, swollen, warm, painful joints
Signs of Anal Gonorrhea in both men and women	
<ol style="list-style-type: none"> itching, bleeding, or pain with passing bowel movements anal discharge 	

Syphilis

It is caused by the bacteria. There are three stages: Primary, secondary, and tertiary. Syphilis is a sexually transmitted infection (STI) that can escalate severely without treatment. It is spread through sexual contact with sores, known as chancres. Shared contact with surfaces like doorknobs or tables will not spread the infection. Early treatment with penicillin can cure it.

Syphilis will not come back after treatment, but it can recur with further exposure to the bacteria. Having syphilis once does not prevent a person from contracting it again. Women can pass syphilis to their unborn child during pregnancy, with potentially disfiguring or fatal consequences.

The infection can lie dormant for up to 30 years before returning as tertiary syphilis.

Signs and Symptoms

Primary symptoms

The symptoms of primary syphilis are one or many painless, firm, and round syphilitic sores called chancres. These appear about 3 weeks after exposure. Chancres disappear within 3 to 6 weeks, but, without treatment, the disease may progress to the next phase.

Secondary symptoms

Secondary syphilis symptoms include: a non-itchy rash that starts on the trunk and spreads to the entire body, including the palms of the hands and soles of the feet. It may be rough, red, or reddish-brown in color. There may also be oral, anal, and genital wart-like sores. A person with syphilis may also experience muscle aches, fever, sore throat, swollen lymph nodes, patchy hair loss, headaches, weight loss and fatigue. These symptoms can resolve a few weeks after they appear, or they can return several times over a longer period. Untreated, secondary syphilis can progress to the latent and late stages.

Latent syphilis

The latent phase can last several years. During this time the body will harbor the disease without symptoms.

After this, tertiary syphilis may develop, or the symptoms may never come back. However, the *T. pallidum* bacteria remain dormant in the body, and there is always a risk of recurrence.

Treatment is still recommended, even if symptoms are not present.

Late or tertiary syphilis

Tertiary syphilis can occur 10 to 30 years after onset of the infection, normally after a period of latency, where there are no symptoms.

Symptoms include: damage to the heart, blood vessels, liver, bones, and joints. They may also include soft tissue swellings that occur anywhere on the body. Late syphilis may also lead to organ damage means that tertiary syphilis can often be fatal.

Neurosyphilis

Neurosyphilis is a condition where the bacteria has spread to the nervous system. It is often associated with latent and tertiary syphilis, but it can appear at any time after the primary stage.

It may be asymptomatic for a long time, or it can appear gradually.

Symptoms include: dementia or altered mental status, abnormal gait, numbness in the extremities, problems with concentration, confusion, headache or seizures, vision problems or vision loss, weakness.

Congenital syphilis

Congenital syphilis is severe and frequently life-threatening. Infection can transfer from a mother to her fetus through the placenta, and also during the birth process. Data suggests that without screening and treatment, 70 percent of women with syphilis will have an adverse outcome in pregnancy.

Adverse outcomes include early fetal death, preterm or low birth weight, neonatal deaths, and infection in infants.

Symptoms of congenital syphilis in newborns include: saddle nose, in which the bridge of the nose is missing. They may also have fever, difficulty gaining weight and a rash of the genitals, anus, and mouth. The newborn may also have small blisters on the hands and feet that change to a copper-colored rash and spread to the face, which can be bumpy or flat. They may also have watery nasal fluid.

Older infants and young children Hutchinson teeth, or abnormal, peg-shaped teeth. They may also experience bone pain, vision loss, hearing loss, joint swelling, a bone problem in the lower legs and scarring of the skin around the genitals, anus, and mouth.

They may also have gray patches around the outer vagina and anus.

Chlamydia

Chlamydia is caused by Bacteria. Chlamydia is 50 times more common than syphilis and more than three times more common than gonorrhea. Most people with chlamydia do not show symptoms. Chlamydia has been known to cause serious and sometimes permanent damage to the reproductive system. It can be spread to an infant during childbirth, potentially causing an eye infection or pneumonia. Chlamydia is a treatable infection and requires the use of prescribed antibiotics by both sexual partners.

Signs and symptoms

Although most people with chlamydia do not exhibit symptoms, they may start to appear 5 to 10 days after contracting the infection.

Chlamydia symptoms in women

These may include: abdominal pain, large quantities of vaginal discharge that may be foul-smelling and yellow, bleeding between periods, low-grade fever, painful intercourse, bleeding after intercourse, burning with urination, swelling in the vagina or around the anus and needing to urinate more often or discomfort with urinating.

Chlamydia symptoms in men

These may include: pain and burning with urination, penile discharge (pus, watery, or milky discharge), testicle swelling and tenderness.

If the rectum is affected in men or women, it can cause anal irritation. Most people, though, have no symptoms at all.

Genital Warts

Genital warts are flesh-colored or gray growths found in the genital area and anal region in both men and women. They are viral infections caused by human papillomaviruses (HPVs). HPV is transmitted by skin-to-skin contact. It can also be transmitted from an infected mother to an infant during childbirth. An infected person may transmit the virus despite exhibiting any signs or symptoms.

Signs and symptoms of Genital Warts

Although genital warts are painless, they may be bothersome because of their location, size, or due to itching. The size may range from less than one millimeter across to several square centimeters when many warts join together. Men and women with genital warts will often complain of painless bumps, itching and discharge. Rarely, bleeding or urinary obstruction may be the initial problem when the wart involves the urethral opening (the opening where urine exits the body.) Warts in more than one area are common.

Genital Herpes

Genital herpes is caused by the herpes simplex virus type 2 (HSV-2). Genital herpes virus is passed from one person to another through sexual contact. This happens even if the person with the virus doesn't have symptoms or signs of infection.

Once the virus enters through the skin, it travels along nerve paths. It may become dormant (inactive) in the nerves and remain there indefinitely.

Signs and Symptoms of Genital Herpes

Genital herpes most often appears as one or more blisters on or around the genitals or rectum. When these blisters burst they leave the tender sores known as ulcers. The first time a person has a herpes outbreak, the ulcers may take two to four weeks to heal. The next outbreaks may not occur for weeks, months, or even later. When they do, they usually are less severe than the first outbreak. Herpes infection doesn't go away, but the outbreaks tend to become less frequent over time.

Genital herpes symptoms also include: Numbness, tingling, or burning in the genital region. There may also be a burning sensation while urinating or having intercourse. Painful urination, difficulty urinating, or a frequent need to urinate. Watery blisters in the genital area.

Candidiasis

Candidiasis, often called yeast infection or thrush, is a type of infectious disease. It is a fungal infection (mycosis). The disease is caused by any of the *Candida* species of yeast. *Candida albicans* is the most common species. *Candida* yeasts are common in most people. The yeast is usually controlled in the body. When the yeast grows without control, an infection happens. A weakened, unhealthy, or young immune system may allow candidiasis to develop. Candidiasis is a very common cause of vaginal irritation, or vaginitis. It can also occur on the penis or scrotum.

Symptoms of Candidiasis

Signs and symptoms in women include white discharge that is thick and often described as having a cottage cheese appearance. There may also be itching and irritation on the vagina and surrounding outer tissues. A Person can also experience pain with sexual intercourse and a burning with urination.

Chlamydia

Chlamydia are the most common STI, especially for sexually active young adolescents. Sometimes they come with only minor symptoms, or none at all, which makes them more difficult to detect.

Symptoms of Chlamydia in women

These include lower abdominal pain/belly pain, bleeding after intercourse, bleeding between periods, vaginal discharge and Cystitis-type symptoms.

Symptoms of Chlamydia in Men

These include discharge, pain on passing urine and painful testicles.

Chlamydia can be treated with antibiotics. If Chlamydia is not treated, the infection may spread causing inflammations in the womb and sterility.

Summary of common signs and symptoms of STIs in men and women

People with STIs may feel ill and notice some of the following signs and symptoms:

- Unusual discharge from the penis or vagina
- Sores or warts on the genital area
- Painful or frequent urination
- Itching and redness in the genital area
- Blisters or sores in or around the mouth
- Abnormal vaginal odor
- Anal itching, soreness, or bleeding
- Abdominal pain
- Fever

Note

In some cases, people with STIs have no symptoms. Over time, any symptoms that are present may improve on their own. It is also possible for a person to have an STI with no symptoms and then pass it on to others without knowing it.

If you are concerned that you or your sexual partner may have an STI, talk to your health care provider. Even if you do not have symptoms, it is possible you may have an STI that needs treatment to ensure your and your partners' sexual health.

SESSION 3: MYTHS AND MISCONCEPTIONS ABOUT STIS**DURATION:****SESSION OBJECTIVES:**

By the end of this session Participants will be able to prevent and manage the most common sexually transmitted infections (STIs).

**KEY MESSAGES:**

- Having unprotected sex can lead to infection with STIs
- Anyone can have an STI
- Not all STIs have signs and symptoms
- Seek immediate help from a health facility when we notice a sign or symptom of STI
- Correct and consistent use of condoms prevent STIs (18-24)
- It is a crime to knowingly infect one with an STI (Kenya Sexual Offences Act 2006: Article 26 (1))

METHODOLOGY: TRUE OR FALSE PLENARY QUIZ**RESOURCES: FLASHCARDS WITH THE STATEMENTS****PROCEDURE:**

Step 1: Tells peer that you will conduct a quiz on True or False exercise.

Step 2: Ask Participants to stand in the middle of the meeting space.

Step 3: Explain that you will read a statement. If they think it is true they should remain standing. If they think it is false they should sit down.

- STIs are not curable,
- One can get STIs from kissing
- HIV is not an STI
- Males can know/tell if they have an STI infection compared to females etc.
- All STIs have signs and symptoms

Step 4: After each statement ask those standing to say why they think it is true. Then ask those sitting why they think it is false.

Step 5: Summarize the exercise by providing the information in the Facilitator's notes below, and the key messages.



FACILITATORS NOTES

Not all STIs are transmitted sexually. One can get an STI by sharing personal grooming items such as towels or unhygienic toilet use.

If a young person gets an STI, it is important to tell the truth to your parent/ doctor/ trusted when they experience any signs and symptoms of STIs so that they can get help.

If they are given medication, they need to make sure that they finish all the medicines that they have been given by the doctor. They should not prescribe for medicine for themselves.

Condoms are effective in reducing the risk of STI infection. If one has an STI, they should tell their partner about it so that they can also get treated. This also protects one from re-infection.

Common signs of STIs include redness or soreness of the genitals, Pain at urination, 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.

SESSION 4: STI PREVENTION

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to identify methods of preventing infection with STIs.



KEY MESSAGES:

- If one is sexually active, it is important to use STI prevention strategies

METHODOLOGY: DISCUSSIONS, MINI-LECTURE

RESOURCES: SRHR MANUAL, FLIP CHART, FELT PENS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss STI prevention methods.

Step 2: Tell the participants that it is possible to prevent oneself from getting STIs.

Step 3: Ask the participants to share the STI prevention strategies that they know.

Step 4: Summarize the session by sharing the information in the facilitators notes below.



FACILITATORS NOTES

To prevent infection with STIs, a young person can do the following;

1. Delay onset of sexual activity. Young people can choose to abstain from vaginal and anal intercourse until married or in a stable relationship.
2. Learn how to use condoms. Young adolescents should practice using condoms before becoming sexually active so that they would know how to use them when they are ready to have sex.
3. Use condoms. Use of condoms may be discontinued only when pregnancy is desired or when both partners in a stable relationship know for certain they are disease-free.
4. Limit the number of partners. Stick with one partner. Don't have more than one sexual partner

5. Avoid high-risk partners. Girls and boys should avoid older partners who have other partners, sex workers, drug users, and truck drivers.
6. Recognize symptoms of STIs. If a person experiences burning with urination, discharge from the penis/vagina, and/or genital sores, young people and their partners should not have sex and should come to the clinic for treatment. If one has an STI, they shouldn't have sex until they have been treated
7. Discuss sexual issues. Young men and women must feel comfortable communicating with their partners about sex and their sexual histories. A communicative relationship is essential to emotional and physical health.

SESSION 5: WHAT TO DO IF ONE HAS AN STI

NB-This session will be used while dealing with the 15-24 years olds only.

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to explain the steps they need to take in case one is infected with and STI.



KEY MESSAGES:

- If one has an STI, they need to seek immediate medical attention

METHODOLOGY: PLENARY DISCUSSION, BRAINSTORMING

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Start the session by telling the Participants that you will now discuss what to do if one gets an STI.

Step 2: Ask them to mention the ways in which someone can tell that they have an STI. When they have mentioned the common types of STIs, remind them that it is not always easy to tell if one has an STI because some STIs do not present with symptoms.

Step 3: Tell the participants that if they have been have had unprotected sex, they may have been infected with an STI.

Step 4: Divide the participants into two groups and give them ten minutes to discuss the following

Group A: What are the negative consequences of not treating STIs?

Group B: What should one do if they are infected with STIs?

Step 5: Allow the participants to share their discussion points.

Step 5: Share with the participants, the information in the facilitators notes below.



FACILITATORS NOTES

Effects of untreated STI's

- Infertility
- Mental disturbance
- Transmission to the baby during pregnancy and birth (for example: blindness in babies,
- skin problems, abortion, miscarriage, still birth, deformities in babies)
- Death (e.g. HIV and AIDS)
- Increased risk of HIV infection

What to do in case of STI's

- Seek treatment as soon as possible from a qualified health care provider
- Inform your sexual partner (s) in order for them to seek treatment as soon as possible
- Complete the treatment prescribed by the doctor
- Seek counselling and HIV testing
- Do not have sex again until the STI has been treated

SESSION 6: CONDOM USE

NB-This session will be used while dealing with the 15-24 years olds only.

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will understand correct and consistent condom use as an option for STI prevention.



KEY MESSAGES:

- Correct and consistent condom use prevent STI and unintended pregnancy. To protect against pregnancy and HIV, condoms must be stored properly.

METHODOLOGY: PLENARY DISCUSSION, CONDOLYMPIC GAME, CONDOM DEMONSTRATION

RESOURCES: MALE AND FEMALE CONDOMS, FLASHCARD WITH ALL THE CONDOM STEPS, VAGINAL AND A PENILE MODEL

PROCEDURE:

Step 1: Start the session by telling the Participants that they will now engage in the condolympic game.

Step 2: Distribute condoms to all the Participants.

Step 3: Divide the Participants into groups of four.

Step 4: Ask the Participants to do the following activities with the condoms

- Group 1 & 2: fill the condom with water
- Group 3 & 4: Blow into the condom like a balloon
- Group 5&6: Put a fist into the condom
- Group 7&8: Wear the condom on the foot

Step 5: Ask the groups to compare which group can fill the condom with more water, blow the biggest balloon with the condom, or wear the condom faster on their fist/ foot.

Step 6: Ask the Participants: What have you learnt about the condom, from the condolympic game?

Step 7: Summarize the exercise by sharing facts and dispelling myths about condoms. Refer to the Facilitators notes below.

Step 8: Demonstrate correct use of condoms using the penile and vaginal model. Refer to the Facilitators notes below.

Step 9: Conclude the session by allowing Participants to practice correct use of condoms using the Penile and Vaginal models in pairs.



FACILITATOR'S NOTES

1. Facts about condoms

- Asking a partner to use a condom does not mean you are immoral.
- HIV cannot pass through latex or rubber condoms.
- Not using a condom correctly may lead to pregnancy or infection with an STI including HIV.
- Never leave condoms near a window, in a wallet, or in your back pocket that you sit on continuously. All these storage methods will cause the condom to tear or lose its lubrication.

How to use Male condoms



1
Use a new condom for each sex act



2
Place condom on tip of penis with rolled rim facing away from body



3
Unroll condom all the way to base of penis



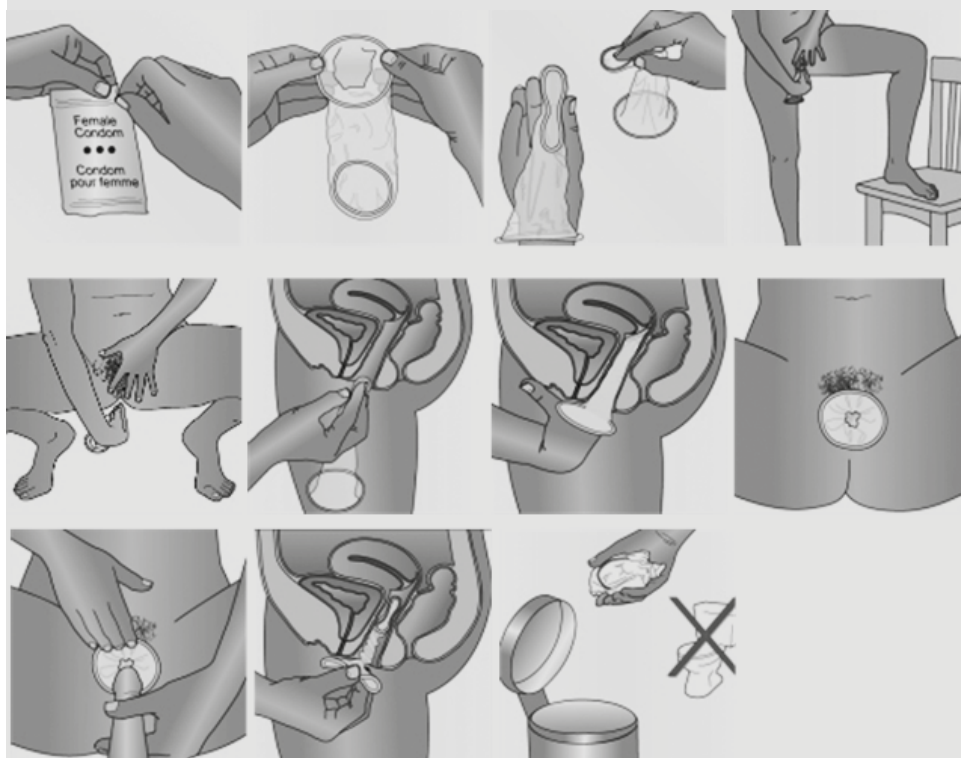
4
After ejaculation, hold rim of condom so it will not slip off, and withdraw penis from vagina while still erect



5
Throw away used condom properly



Are you ready to choose this method?

How to use female condoms**SESSION 7: SAFER SEXUAL PRACTICES****DURATION:****SESSION OBJECTIVES:**

By the end of this session, Participants will be able state why it is important to practice safer sexual practices as well as the barriers to these safer sexual practices.

**KEY MESSAGES:**

- Young people need to be aware of the importance of safer sexual practices.
- Young people should also be aware of the barriers that stop them from engaging in safer sexual practices.

METHODOLOGY: DISCUSSION**RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS****PROCEDURE:**

Step 1: Start the session by telling the participants that you will now discuss safer sexual practices.

Step 2: Have cards with statement on various sexual behaviours. Ask the participants to categorise these behaviours as either NO RISK, LOW RISK, MEDIUM RISK OR HIGH RISK.

Sexual behaviour statements: *Dry kissing, Deep kissing, vaginal intercourse with a condom, vaginal intercourse without a condom, anal intercourse with a condom, anal intercourse without a condom, masturbating alone, masturbating with partner, using sex toys alone, using sex toys with partner, rubbing body parts where there are no genitals or sores, massaging each other, sharing sexual fantasies, rubbing genitals together without penetration.*

Step 3: Share with the participants, the information in the facilitators notes below.

Step 4: Ask the participant to share the reasons why young people don't utilise safer sexual practices.

Step 5: Share with them the barriers in the facilitators notes below.

**FACILITATOR'S NOTES****Safer sex techniques**

Abstinence is considered safe, but this depends on the definition of abstinence. If abstinence is the absence of sexual intercourse, it will prevent pregnancy, but not necessarily prevent all STIs.

The range of "safer sex" describes a range of ways that sexually active people can protect themselves from STIs, including HIV infection. Practicing safer sex also provides protection from pregnancy.

No Risk: There are many ways to share sexual feelings that are not risky. Some of them include hugging, holding hands, massaging, rubbing against each other with clothes on, sharing fantasies, and self-masturbation. Safer sex is anything that can be done to lower the risk of STIs and pregnancy. Safer sex reduces risks and can be practiced without reducing pleasure.

Low Risk: There are activities that are probably safe, such as masturbating your partner or masturbating together as long as males do not ejaculate near any opening or broken skin on their partners; using a latex condom for every act of sexual intercourse (penis in vagina, penis in rectum, penis in mouth); using a barrier (latex dental dam, a cut-open condom, or plastic wrap) for oral sex on a female or for any mouth to rectum contact.

Medium Risk : There are activities that carrier some risk, such as introducing an injured finger into the vagina or anus or sharing sexual toys (rubber penis, vibrators) without cleaning them. Oral sex without a latex barrier is risky in terms of HIV, although it carries less risk than unprotected anal or vaginal intercourse. Some STIs, like gonorrhea, are easily passed through oral sex while others, like chlamydia, are not.

High Risk: There are activities that are very risky because they lead to exposure to the body fluids in which HIV lives. These are having unprotected anal or vaginal intercourse.

Dual Protection Dual protection is the consistent use of a male or female condom alone or in combination with a second contraceptive method, such as COCs or DMPA. Often adolescents come to a clinic for contraception and are given a method that protects them only from pregnancy. As providers, we should ensure that all adolescents are using a method or combination of methods that protect them from both pregnancy and STIs/HIV.

Why young people don't practice safer sex

Young people don't practice safer sex due to ignorance. They may also think they are not vulnerable to pregnancy or STIs/HIV. "It can't happen to me" or "I don't have sex often enough to get pregnant or contract a STI/HIV."

Young people may not have adequate or accurate information about protection. Young people may have misinformation or myths about methods and their side effects.

Young people don't know that methods are available. They may also not know where, how, or when to get methods.

There are myths about dangers of contraception that are common and difficult to defuse. Young people may not believe that protection is needed with a regular partner. They may also not believe that protection is needed if their partner looks healthy.

Young people may think that STI/HIV transmission only occurs among "certain people" (i.e. commercial sex workers, poor people, or "other" ethnic groups).

Young people may not be aware of alternatives to risky sex, such as mutual masturbation, etc. Denial Young people may say "Sex just happened." "I only had sex once." "My partner would not expose me to any risk." "Sex should be spontaneous." Peers are not using protection so why should they?

Young people don't think they will get pregnant or contract a STI. They may also not plan to because they don't expect to have sex.

There is lack of access to contraceptive services for adolescents is limited by law, custom, or clinic/institutional policy. The availability and cost of different methods may restrict access. Boyfriend/girlfriend won't let her/him use protection.

Sometimes the Boyfriend makes the young girl to have sex when she is not ready and prepared.

Young people may have the attitude that condoms ruin sex or are unromantic.

SESSION 8: SEXUAL REPRODUCTIVE HEALTH CANCERS

DURATION:



SESSION OBJECTIVES:

By the end of this session, Participants will be able to list the common sexual reproductive health cancers that affect younger people.



KEY MESSAGES:

- Young people are at risk of getting sexual reproductive health cancers
- Sexual reproductive health cancers should be detected and treated as early as possible, for better health outcomes.

METHODOLOGY: DISCUSSION

RESOURCES: FLASH CARDS, MASKING TAPES AND FLIPCHARTS

PROCEDURE:

Step 1: Start the session by telling the participants: We will now discuss the sexual reproductive health cancers that may affect younger people.

Step 2: Ask the Participants to name some of the sexual reproductive health cancers that they know.

Step 3: Allow the Participants to share their views.

Step 4: Provide correct information provided in the Facilitator's notes below



FACILITATOR'S NOTES

Cancer occurs when cells in the body grow out of control. Sexual Reproductive Health cancers are those cancers that affect the breasts, prostate, testes, penis, uterus, cervix and ovaries.

The table below highlights the symptoms of reproductive health cancers for older women.

Cancer type	Symptoms
Breast	<ul style="list-style-type: none"> • A lump (painless or painful) in the breast. • Fluid coming out of nipple, especially if it is bloody. • Rash/Changes to skin of the breast or around the nipple.
Cervical	<ul style="list-style-type: none"> • Usually no symptoms. • Bleeding or discharge from the vagina that is not normal. • Bleeding after sex. • Usually no symptoms.
Ovarian	<ul style="list-style-type: none"> • Bleeding or discharge from the vagina that is not normal. • Pressure or pain in the pelvic area. • Pressure or pain in the abdomen (belly) or back. • Bloating. • Feeling full quickly while eating. • Changes in bathroom habits (constipation, blood in urine or stool, frequent urination).
Uterine	<ul style="list-style-type: none"> • Bleeding or discharge from the vagina that is not normal. • Pressure or pain in the pelvic area. • Bleeding after menopause.

The table below highlights the reproductive health cancers for men

Cancer type	Symptoms
Testicular cancer	<ul style="list-style-type: none"> • Pain, discomfort, lump, or swelling in the testis itself, aching in the lower abdomen (belly).
Penile cancer	<ul style="list-style-type: none"> • Redness, discomfort, sore, or lump on the penis.
Prostate cancer	<ul style="list-style-type: none"> • Weak flow of urine, blood in urine, pain in the back, hips, or pelvis (lower belly between the hips), or needing to pass urine often, constipation and bloating.







If any of the above signs are reported by an older person, seek immediately medical attention

MODULE 7:

HEALTHY RELATIONSHIPS

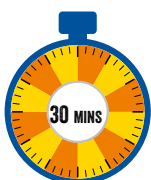


Module Objective: The purpose of the module is to help participants identify and nurture healthy relationships.

-  **Session 1:** Types of Relationships
-  **Session 2:** Healthy relationships with parents and guardians
-  **Session 3:** Healthy friendships
-  **Session 4:** Healthy relationships for young people
-  **Session 5:** Risks related to unhealthy relationships among young people
-  **Session 6:** Avoiding negative peer pressure in relationships

SESSION 1: TYPES OF RELATIONSHIPS

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be able to describe the different types of relationships.



KEY MESSAGES:

- An interpersonal relationship refers to the association, connection, interaction and bond between two or more people. There are many different types of relationships.
- family relationships, friendships, casual relationships and romantic relationships.
- As adolescents develop they also develop different relationships with different people.
- Each type of relationship is important.
- Adolescents should learn to know how to relate with different people.

METHODOLOGY: LARGE GROUP DISCUSSION

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Tell the participants that we will now discuss the different types of relationships.

Step 2: Discuss with the participants the different types of relationships using the facilitator's notes.



FACILITATOR'S NOTES

There are four basic types of relationships

Family Relationships:

We first learn about loving and caring relationships from our families. Family” includes your siblings and parents, as well as relatives who you may not interact with every day, such as your cousins, aunts, uncles, grandparents, and stepparents. Having healthy relationships with your family members is both important and difficult. Sometimes in families we go through good times and bad times together.

Friendships

A friend is a person you know well and regard with affection, trust, and respect. As you get older, some of your friendships will start to change, and some may grow deeper. You might also begin to know many more people, although not all of them will be your close friends. The best way to make new friends is to be involved in activities at school and in the community where there are other people your age. Express yourself with your friends. You have the freedom to say “no” if you disagree. If you are scared of losing a friendship by standing up for what you believe is right, then you are in an unstable friendship. True friends listen to and respect each other’s opinions.

Casual Relationships

Casual relationships are formed with people you encounter every day – anyone who is not a friend, romantic relationship, or family member. These can be people you because you go to same school, church or live in neighborhood. They are acquaintances, people you know and recognize in passing. All relationships start with a casual relationship.

Romantic Relationships

An intimate relationship is one in which you can truly be yourself with someone who you respect and are respected by in return. It is an emotional connection that can also be physical. It does not have to be in the context of a romantic or sexual relationship. Many people think that “intimate” means being physically intimate, such as being in a sexual relationships. However, an intimate relationship can be with anyone who you are really close to and with whom you can be completely open and honest. Intimate relationships afford you the opportunity to grow as an individual.

In a healthy romantic relationship, both partners respect each other and have their own identity.

SESSION 2: HEALTHY RELATIONSHIPS WITH PARENTS AND GUARDIANS

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be able to describe a healthy relationship with parents and guardians.



KEY MESSAGES:

- Parents/guardians usually have the adolescent's best interest at heart.
- Parents/guardians were also adolescents at some point.
- Parents/ guardians have experience in life and are likely to give good advice.
- Adolescents should learn to know how to relate with parents in a healthy manner.

METHODOLOGY: LARGE GROUP DISCUSSION

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Tell the participants that we will now discuss healthy relationships with parents/guardians

Step 2: Ask the participants to share the things they like about their parents /guardians

Step 3: Ask the participants to share the things they do not like about their parents

Step 4: Discuss with the participants their views on their parents and how to better relate with them

Step 5: Summarize the session with the points on the facilitators notes



FACILITATOR'S NOTES

Ideally, people should have strong relationships with their parents, although this does not always happen. They should feel love and closeness for their relatives, and be able to confide in them and discuss personal things.

A key role of parents and older relatives is to offer guidance, support and, where needed, boundaries and discipline.

As families are so close and spend so much time together, arguments and disagreements can arise, but in most families, these are short-lived and even in moments of anger or hurt, families still love and care about each other.

Family relationships are ideally life-long, although as children become teenagers and then adults, it is usual for them to have more independence and for the parental relationship to become less one of guidance and more one of mutual support.

Sometimes as children become teenagers and adults, there can be an increase in arguments and conflicts with parents as the growing child tries to assert their independence and find their adult identity.

This is normal and often calms down once the teenage years have passed. It is important to have strong communication with parents because if a healthy relationship is nurtured, parents can be a lifelong source of support.

Adolescents should also seek to understand their parents as much as they want their parents to understand them

SESSION 3: HEALTHY FRIENDSHIPS**DURATION:****SESSION OBJECTIVES:**

By the end of the session, participants should be able to:

1. List the qualities of a healthy or good friendship.
2. State the boundaries of friendship.

**KEY MESSAGES:**

- It is important for adolescents to be aware of the kind of relationships they are in.
- Healthy friendships provide the adolescent to be autonomous and also provides safety and avenues to be oneself.
- Unhealthy friendships have serious negative effects on the adolescent.

RESOURCES: CHALKBOARD/CHALK OR FLIPCHART/MARKER**PROCEDURE:**

1. Ask participants to think of someone they would consider a good friend or someone they would like to be their friend. Why is that person a good friend? Why do you want that person to be your friend?
2. Now, ask participants to create a 30-second “Friend Wanted” radio advertisement. They do not need to write it down, and it doesn’t need to be perfect. The advert should simply indicate interests, hobbies and positive qualities they are seeking in a good friend.
3. Participants share their 30-second advertisement with the group. For fun, use a pretend radio microphone.
4. After everyone has shared their radio advertisement, ask participants the following discussion questions:
 - What are some of the key qualities participants are looking for in friends?
 - Why are these important qualities? (Participants may say things like trust, make them feel good about themselves, have their best interest at heart, care about them and/or won’t force them to do things they don’t want to do)
 - Do you think boys and girls want the same qualities in a friend? Why or why not?
 - What qualities do you offer to a friendship?

ACTIVITY 1: WHAT WOULD I DO?**DURATION:****FRIENDSHIP SCENARIOS**

1. If my friend asked me to help watch her little brother, I would...
 2. If my friend asked me to drink, I would...
 3. If my friend asked me to help carry a heavy bag to the market, I would...
 4. If my friend asked me to go on a double date with two older guys who were going to give us gifts, I would...
 5. If my friend asked me to lie to her parents for her so she could spend the night with her boyfriend for the first time, I would...
 6. If my friend told me to have sex or else I wasn't a real woman, I would...
1. Read the first sentence from the "Friendship Scenarios" (see box above). Ask participants to complete the sentence. Ask participants to be as honest as possible and answer how they would actually respond.
 2. Read the remaining "friendship scenarios," one at a time, allowing participants to give their response after each sentence.

ACTIVITY 2:**ASK THE GROUP THESE QUESTIONS:**

- Are there things you would rather not do, but you would do it if a good friend asked you to? Participants do not have to disclose what this is, but try to explain or understand why one would make this decision to do something, which she would rather not do. How could participants avoid a situation like this?
- When is friendship no longer healthy or good for you?
- What are two things you would not do for your friends, no matter what?

Remind the [participants about the importance of communication. *"I feel ...", "When you..."*, *"Because..."*, and *"I would like/want/need..."*. Ask participants if using this communication could potentially help them stop doing something they would rather not do, when they feel the pressure from a good friend.

Wrap-Up The session by reminding the participants the following

1. Remind participants that healthy friendships are important for young people, but sometimes they need to have boundaries. Tell them: "Sometimes friends may ask you to do things that are not in your best interest and you have to be strong and do what is best for you".
2. Ask them to reflect on the following:

- Take a look at your friends. Do your friends have the qualities detailed in your radio advert?
- Take a look at yourself. Could you be the person selected for your own advert?



FACILITATOR'S NOTES

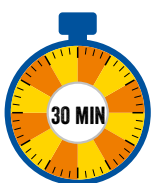
Warning Signs of Abuse

Because relationships exist on a spectrum, it can be hard to tell when a behavior crosses the line from healthy to unhealthy or even abusive.

There are many warning signs in a relationship that could indicate that a relationship is abusive. They include, a partner constantly putting you down in front of other people or when alone. An abusive partner can also be extremely jealous or insecure and does not want you to associate with other people. An explosive temper whereby a partner is easily agitated and angry may also be a sign of abuse. When a partner isolates you from your family, friends, or dictates to you who you can see or hang out with he may be abusive. A partner who has mood swings whereby he is nice one moment and angry or mean the next minute may be abusive. Other signs of abusive relationships are checking your phone or social media accounts without your permission or insisting on checking and invading your privacy. A partner who physically hurts you, is possessive and tells you what to wear and what not to wear is abusive.

SESSION 4: HEALTHY RELATIONSHIPS FOR YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be able to:

- 1. Define a romantic relationships
- Identify a healthy romantic relationship
- Identify an abuse/ unhealthy relationship



KEY MESSAGES:

- A healthy relationship is one in which both partners are equal. Healthy relationships are based on respect, honesty and trust, communication, individuality, safety, support and acceptance.”



- Unhealthy or abusive relationship is one in which one or both partners feel unequal, unsafe, or unsupported.”
- An abusive romantic relationship involves the use of physical, sexual, verbal, emotional, or technological abuse by a person to harm, threaten, intimidate, or control another person in a relationship of a romantic or intimate nature. This can happen regardless of whether that relationship is continuing or has concluded or the number of interactions between the individuals involved.
- All relationships exist on a spectrum, from healthy to abusive to somewhere in between.

RESOURCES: CHALKBOARD/CHALK OR FLIPCHART/MARKER

PROCEDURE:

Tell the participants that we will now discuss healthy romantic relationships.

2. Ask the participants to share the things they like or would like in their partners.
3. Ask the participants to share the things they do/ would not/ like in their partner.
4. Discuss with the participants their views on romantic relationships and how they would like to be treated.
5. Summarize the session with the points on the facilitators notes.



FACILITATOR'S NOTES

A healthy relationship means that both you and your partner are: Communicating, listening to each other and respecting each other's opinions. A healthy friendship is respectful. It means that you value each other as you are. You respect each other's emotional, digital and sexual boundaries.

A health relationship is also trusting: You believe what your partner has to say. You do not feel the need to “prove” each other's trustworthiness.

A healthy relationship is based on honesty: You are honest with each other, but can still keep some things private.

A healthy relationship is based on equity: You make decisions together and hold each other to the same standards.

A healthy relationship is also about enjoying personal time: You both can enjoy spending time apart, alone or with others. You respect each other's need for time apart.

You may be in an unhealthy relationship if one or both partners is: not communicating when problems arise. This may lead to you fighting or not discussing the problems at all. Disrespect is another sign of an unhealthy relationship, where one or both partners is not considerate of the other's feelings and/or personal boundaries. There may also be lack of trust, where one partner doesn't believe what the other says, or feels entitled to invade their privacy.

Unhealthy relationships are also characterized by dishonesty, where one or both partners tells lies. One of the partners may also try to take control resulting in one partner feeling that their desires and choices are not more important.

When emotional or physical abuse occurs in a relationship it becomes unhealthy. The partners may also communicate in a way that is hurtful, threatening, insulting or demeaning. Partners may also disrespect the feelings, thoughts, decisions, opinions or physical safety of the other. There may also be physical hurts or injuries to the other partner by hitting, slapping, choking, pushing or shoving.

Unhealthy relationships may also include blaming the other partner for their harmful actions, and making excuses for abusive actions and/or minimizing the abusive behavior.

In an unhealthy relationship, one partner controls and isolates the other partner by telling them what to wear, who they can hang out with, where they can go and/or what they can do. Pressures or forces the other partner to do things they don't want to do; threatens, hurts or blackmails their partner if they resist or say no.

SESSION 5: RISKS RELATED TO UNHEALTHY RELATIONSHIPS IN YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

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

1. Identify the risks related to unhealthy relationships among young people.

RESOURCES:

- **SMALL SLIPS OF BLANK PAPER**
- **A WATCH OR CLOCK WITH A SECOND HAND**
- **FLIP CHART OR BOARD FOR SCORING**
- **MARKERS OR CHALK**
- **SRHR MANUAL**

PROCEDURE:

- Step 1:** Divide into small groups. Ask a few volunteers to serve as the team of judges.
- Step 2:** Ask the teams to create names for them and write the name of each team on the scoreboard (flip chart or board).
- Step 3:** Explain that you have collected a list of different “pressure lines” that a person might try to use to get his or her partner to have sex.

Here is how the game works:

Read one of the “pressure lines.”

- The teams have two minutes (or one minute if the teams are small) to come up with the best response to the “pressure line.” What would you say to refuse if someone used this line on you?
- The team should agree on the best response and write their idea on the small slip of paper.
- You will time the groups and call out when the time is up.
- Collect the slips of paper and read them aloud to the whole group. Keep it lively and fun! Give the slips of paper to the team of judges.
- The judges will have one minute (or 30 seconds) to choose the winner. The judges should award two points to the winning team and zero points to the other groups.
- Write the points on the scoreboard and then repeat the process with the next pressure line.
- When the lines are exhausted or people are looking as though they have had enough, tally up the scores and announce the winner. Give a small prize if you want!

- Step 4:** Spend a few moments after the game to process the exercise. Draw from the group some of the ways this game is helpful

**FACILITATOR'S NOTES**

List of “pressure lines”

1. “Everybody is doing it.”
2. “If you truly love me, you will have sex with me.”
3. “I know you want to—you’re just afraid.”
4. “Don’t you trust me? Do you think I have AIDS?”
5. “Girls need to have sex. If not, they develop rashes.”
6. “We had sex once before, so what’s the problem now?”
7. “But I have to have it!”
8. “If you don’t have sex with me, I won’t see you anymore.”
9. “Girls need to have sex. Boys give them vitamins (to make their breasts grow).”
10. “If you don’t, someone else will!”
11. “Practice makes perfect.”
12. “You can’t get pregnant if you have sex only one time!”
13. “You don’t think I have a disease, do you?”
14. “But I love you. Don’t you love me?”
15. “Nothing will go wrong. Don’t worry.”
16. “But we’re going to be married anyway. Why not just this once?”
17. “Aren’t you curious?”

SESSION 6: AVOIDING NEGATIVE PEER PRESSURE IN RELATIONSHIPS

DURATION:



SESSION OBJECTIVES:

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

1. Identify define peer pressure
2. Describe different ways of dealing with peer pressure



KEY MESSAGES:

- What is Peer Pressure? Almost everyone has experienced peer pressure before, either positive or negative.
- Peer pressure is when your classmates, or other people your age, try to get you to do something.
- It is easy to give in to peer pressure because everyone wants to fit in and be liked. Especially when it seems like “everyone is doing it”.
- Sometimes people give in to peer pressure because they do not want to hurt someone’s feelings or they do not know how to get out of the situation so they just say “yes”.

PROCEDURE:

Step 1: Ask the participants to share their views about peer pressure.

Step 2: Ask the teams to create names for them and write the name of each team on the scoreboard (flip chart or board).

Step 3: Have a student read out the following scenario. Then have the students brainstorm solutions and provide them with ideas if they cannot think of solutions.

Scenario:

I am having problems with my friends at school. We are a group of five. I enjoy being with them and doing things, but sometimes after school we get together and do things I do not feel good about, like stealing and smoking cigarettes. Another time they keep telling to have sex with one of our friends. I have sometimes said I do not feel it is right, but my friends have all laughed and teased me and called me names. They say that if I do not want to do these things with them, then I must leave the group. I do not want to be without friends, but I feel bad doing these things. Please help me.

Step 3: Ask the participants to share their solutions for the above dilemma.

Step 4: Summarize the session referring to the facilitators notes.



FACILITATOR'S NOTES

Types of peer pressure

Rejection: Pressure by threatening to end a relationship or a friendship.

Unspoken Pressure: Simply seeing all your peers doing something or wearing something can be a form of pressure.

Insults: Making a person feel bad for not doing something, so that they eventually will

Reasoning: Pressure by giving a person reasons why they should do something.

How to deal with negative peer pressure

1. Listen to your gut. If you feel uncomfortable, even if your friends seem to be OK with what's going on, it means that something about the situation is wrong for you.
2. Plan for possible pressure situations. If you'd like to go to a party, but you believe you may be offered alcohol or drugs there, think ahead of how you'll handle this challenge. Decide ahead of time – and even rehearse – what you'll say and do.
3. Arrange a “bail out” code phrase you can use with your parents. You might call home from a party at which you feel pressured to drink alcohol and say, for instance, “can you come drive me home? I have a terrible headache.”
4. Learn to feel comfortable by saying “no”. For example, “No thanks, I've got a soccer game tomorrow.”
5. Hang out with people who feel the same way you do. Just having one other person stand with you against peer pressure makes it much easier for both people to resist
6. Blame your parents: “Are you kidding? If my mom found out, she'd kill me.”
7. If a situation seems dangerous, don't hesitate to get an adult's help.

SESSION 7: BULLYING**DURATION:****SESSION OBJECTIVES:**

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

1. Identify bullying behavior
2. Describe the steps that one can take if being bullied
3. Describe the measures that one can take when they observe a person being bullied

**KEY MESSAGES:**

- Bullying is defined as unwanted, aggressive or aggressive behavior among young people, that involves a real or perceived power imbalance. Bigger boys may harass smaller boys for no reason at all. Statistics show that 70.6% of young people have seen bullying in their schools (citation).
- Bullying is not usually a simple interaction between two young people. Instead, it often involves groups of young people who support each other in bullying other young people who are perceived to be weaker. Both the young people who are bullied and who bully others may have serious, lasting problems.

RESOURCES:

- **FLIP CHART**
- **MARKERS OR CHALK**
- **SRHR MANUAL**

PROCEDURE:

Step 1: Ask the participants: what is bullying

Step 2: After a few responses, go over the definition and some additional details about bullying

Step 3: Ask the participants: What is cyberbullying?

Step 4: After a few responses, go over the following definition.

Step 5: Ask the participants : What do you think it means to be a bystander?

Step 6: After a few responses, define the role of a bystander

- Step 7:** Ask the participants: What are some ways bystanders can support someone who they see being bullied?
- Step 8:** After a few responses, go over the strategies in facilitators notes.
- Step 9:** Remind participants that those who bully are often encouraged by the attention they receive from bystanders. Instead of laughing at or supporting the bullying, you can let those who bully know that their behavior is not entertaining.



FACILITATOR'S NOTES

Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. There is also cyberbullying is bullying that takes place using electronic technology. Examples of cyberbullying include mean text messages or emails, rumors spread by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles

Bystanders remain separate from the bullying situation. They neither reinforce the bullying behavior, nor defend the child being bullied. Some may watch what is going on but do not provide feedback about the situation to show they are on a particular side. Like the word suggests, a bystander just stands by, taking no real action.

If you notice there is bullying in your school or college, spend time with those who are being bullied at school, such as: Talk to them. Sit with them at lunch. Invite them to play sports or other games during physical education or free period. Listen to the person being bullied and let him or her talk about the event and his or her feelings about the situation. Get your parents' permission to: Call the person being bullied at home to provide support, encouragement, and advice. Send a text message or talk to the person who was bullied, at a later time. You can let that person know that what happened wasn't cool, and that you are there for support.

You can also support those that are being bullied by telling the person being bullied that you don't like the bullying and ask if you can do anything to help. Try talking to as many adults as possible if there's a problem—teachers, counselors, custodians, nurses, and parents. The more adults involved, the more likely it is that the bullying will stop.








If you or someone close to you is being bullied, inform your parents of what is going on. Tell them what you're doing online and who you're doing it with. Let them "friend" or follow you. Listen to what they have to say about what is and isn't okay to do when you're online. They care about you and want you to be safe. Talk to an adult you trust about any messages you get or things you see online that make you sad or scared. If it is cyberbullying, report it.

MODULE 8:

ADOLESCENTS, YOUNG PEOPLE AND GENDER



Module Objective: By the end of the module the participants will be able to explain how gender and gender norms affects their everyday life, and how to choose gender norms that are healthy and helpful.

-  **Session 1:** Understanding the difference between sex and gender
-  **Session 2:** Gender stereotypes
-  **Session 3:** Gender norms
-  **Session 4:** Sexual and Gender Based Violence
-  **Session 5:** Harmful gender based cultural practices
-  **Session 6:** Prevention of harm cultural practices among young people
-  **Session 7:** Sexual Reproductive health and rights for young people

SESSION 1: UNDERSTANDING THE DIFFERENCE BETWEEN SEX AND GENDER

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants will be able to define key terms in Gender as well as differentiate between the terms sex and gender.



KEY MESSAGES:

- Gender inequality and differences are common in our society. This means that sometimes boys and young men get more advantages and benefits compared to girls and young women or vice versa
- When either sex does not enjoy equal rights, opportunities and control, this results in gender inequalities which affects all members of the society
- It is important for both males and females to know that they each have a right to equal opportunities for a healthy society

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss the some key terms in gender as well as differentiate between sex and gender

Step 2: Ask the participants to define the following terms at the plenary session

- Gender
- Sex
- Gender equity
- Gender equality
- Gender sensitive

Step 3: Allow the participants to share and then summarize the exercise by sharing the definitions in the facilitator's notes below

Step 4: Have the following gender statements ready.

Gender statements

1. Only women are responsible for pregnancy
2. Only women can feed babies
3. Only women give birth to babies
4. Men don't cook
5. A man does not have to abstain from sexual intercourse before marriage
6. Men cannot menstruate
7. Financial matters should be handled by men alone
8. Girls cannot work outside the home
9. If there is not enough money for school fees, it is always the girl that should leave
10. Girls should be shy and submissive, boys should be bold, assertive

Step 5: Have one corner of the room labelled Gender and the other corner labelled Sex.

Step 6: Read out one statement at a time and ask the participant to move to either side of the room, based on if they think the statement is based on Gender based behavior or Sex based trait. Tell them to explain why they think the statement is a gender based behaviour or a sex based trait.

Step 7: Analyze the responses. Ask the participants if it is possible to change the stated behaviours in the statements.

Step 8: Summarize the main lessons learned about the differences between sex and gender.



FACILITATOR'S NOTES

Adolescents and young people need to reflect on their social roles as boys and girls and learn how these roles influence their sexual relationships, both positively and negatively. In order to understand these roles, they need to see the difference between “sex” and “gender”.

The term ‘gender’ is often confused with ‘sex’. These two terms have different meanings
Sex: male and female biology and anatomy. It is the biological term referring to whether a person is male or female;

Gender: Socially learned roles and responsibilities assigned to women and men in a given culture and the societal structures that support these roles.

Gender Equality: A situation when women and men enjoy the same status on political, social, economic and cultural levels. It exists when women and men have equal rights, opportunities and status.

Gender Equity: The condition of fairness in relations between women and men, leading to a situation in which each has equal status, rights, levels of responsibility and access to power and resources.

Gender Sensitive: Being aware of differences between women’s and men’s needs, roles, responsibilities and constraints.

Gender Roles: These are responsibilities assigned to females and males based on their sex and cultural expectations.

In the past, starting from childhood, a girl learned her gender role from her mother or other females in her life. For example, in Kenya, household chores (like cooking, fetching water, grinding grain, serving food etc.) are considered to be “women’s work”. In other countries, a woman may be expected to be submissive and shy, and it is seen as her duty to satisfy her male partner. These are socially constructed or gender roles. In other countries the same rules do not necessarily apply.

From a long time ago, a boy learned his gender roles from his father or other male role models in his life. He’s the one who leaves the house to go to work, owns property, goes to war, and tells his wife what to do. He is expected to be bold and assertive and be superior to a girl. Again, in other countries the same social rules do not necessarily apply. For example, many American women own their own property and run large corporations.

SESSION 2: GENDER STEREOTYPES

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to articulate the concept of gender stereotypes.



KEY MESSAGES:

- Gender stereotypes are defined by the community
- Gender stereotypes are not always true

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss gender stereotypes.

Step 2: Ask one or two participant to share what they understand by the term gender stereotypes. Share the definition of the word stereotype as highlighted in the facilitators notes below.

Step 3: Divide the group into two. Ask group A to discuss how girls are expected to behave in society and group B to discuss how boys are expected to behave in society. For group A, write the word girl in a large box and ask them to fill in the qualities of girls in that box. For group B, write the word boy in a large box and ask the group to fill in the qualities of boys in that box.

Step 4: Ask the two groups to report their discussions after ten minutes of discussion.

Step 4: Ask the participants the following questions.

- In what ways are the gender stereotypes assigned to boys helpful?
- In what ways are the gender stereotypes assigned to girls helpful?
- In what ways are the gender stereotypes assigned to boys harmful?
- In what ways are the gender stereotypes assigned to boys harmful?
- Are there times when girls need to have qualities assigned to boys?
- Are there times when boys need to have qualities assigned to girls?

Step 6: Tell the participants that you will now do the fish bowl exercise. Reorganise the participants into two groups with different participants. Ask the participants in group A to sit in a semi-circle facing each other. Ask the participants in group B to sit in a semi-circle, around group.

Step 7: Tell the participants in the inner semi-circle (group A) that they will get an opportunity to discuss some statements, while the participants in group B would listen to the discussion.

Step 8: Read the following statements, one at a time and allow three minutes for group A to discuss each of the statements. Allow group A to discuss the first 7 questions while group B listens. Then let them exchange roles, where group B discussed the rest of the questions while group A listens.

1. What does it mean to be a (young) man?
2. What characteristic of how to be a man are positive and unhealthy?
3. What characteristics of how to be a man are positive and healthy?
4. What does it mean to be a (young) woman?
5. What characteristic of how to be a woman are positive and unhealthy?
6. What characteristics of how to be a woman are positive and healthy?
7. Are boys and girls raised in the same way? If not, why are they raised differently?
8. What happens when boys or men take up some of the characteristics associated with girls or women?
9. What happens when girls and women take up some of the characteristics associated with boys or men?
10. How does our family, friends, culture and media influence our ideas of how a man should be?
11. How does our family, friends, culture and media influence our ideas of how a woman should be?
12. How do these expectations affect relationships between male and female partners?
13. How can we challenge some of the harmful and unhealthy expectations about gender and gender roles?
14. What have we learnt from this activity?



FACILITATOR'S NOTES

Stereotype this is an unfair belief or idea that groups of people have particular characteristics or that all people in a group are the same. In the case of gender stereotype, people may say that all men behave the same, or that all women think the same way

Gender stereotypes are so ingrained in our society that young people learn about them from an early age. When young people play into gender stereotypes, it can harm their self-images and the way they interact with peers. Young people need opportunities to consider these internalized stereotypes and think about the problems they cause.

It is ok for some girls to have qualities that are assigned to boys, and it is ok for boys to have qualities that have been assigned to girls.

Fish bowl exercise

Throughout their lives, women and men receive messages from family, media, and society about how they should act and how they should relate to each other. It is important to understand that although there are differences between men and women, many of the differences are constructed by society and are not part of their nature or biological make up. These messages that men and women receive from society can affect how men and women live their daily lives. For example it is a common belief that the best opportunities and resources are always reserved for the boys as opposed to the girls. It is also believed that a family should have at least one boy, because boys have more values than girls. Boys are also placed under a lot of pressure to provide and protect the girls even when the circumstances cannot allow this. Girls are discouraged from sharing their views and opinions. They are taught that subjects like the sciences are meant for boys. Some of these beliefs and expectations have a negative impact. As adolescent and young people, we need to question the values, beliefs and expectations that are harmful and unhealthy.

SESSION 3: GENDER NORMS**DURATION:****SESSION OBJECTIVES:**

By the end of this session, participants will be able to explain the concept of gender norms.

**KEY MESSAGES:**

- Gender norms are assigned by the community
- Some aspects of gender norms are helpful and others are harmful because they are not based on equity

METHODOLOGY: GROUP WORK AND MINI-LECTURE**RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS**

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss gender norms

Step 2: Label one flipchart of the as Girl for group A and the other flipchart as Boy for group B

Step 3: Divide the participants into two. Ask group A to write down all the things that girls do when they wake up in the morning, until the time that they go to sleep at night, in Saturdays. Ask group B to write down all the things that boys do when they wake up in the morning until they go to bed at night, on Saturdays. Let each group indicate the time and the activity in order from morning to night time

Step 4. Ask the groups to present their discussions to the rest of the participants. Compare the two flipcharts by asking the participants to point out the differences in activities.

Step 5: Summarise the session by sharing the note in the facilitators notes below.

**FACILITATOR'S NOTES**

- The term 'norm' means a common practice, what most people do in a particular context. For example, most people in a given community use umbrellas or raincoats if it's raining. This common practice is distinct from a social norm.
- Gender norms are masculine or feminine behaviors expressed according to cultural or social customs and norms. They are social norms that relate specifically to gender differences. They are to informal rules and shared social expectations that distinguish expected behavior on the basis of gender. For example, a common gender norm is that women and girls will and should do the majority of domestic work.
- Although boys and girls, worldwide, are treated differently from birth onward, it is during adolescence when gender role differentiation intensifies.
- While experiences vary by culture, options, in general, expand for boys and contract for girls. –Boys achieve more autonomy, mobility, and power, whereas girls tend to get fewer of these privileges and opportunities. –Importantly, boys' power relative to girls' translates into dominance in sexual decision-making and expression, often leaving girls unable to fully assert their preferences and rights and to protect their health.

SESSION 4: SEXUAL AND GENDER BASED VIOLENCE

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to identify different types of violence and explain what to do to prevent or deal with sexual and gender based violence.





KEY MESSAGES:

- Sometimes young people may be physically or sexually abused, based on their gender.
- Physical or sexual abuse has negative consequences on young people.
- Sexual and gender based violence can be prevented and managed.

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss sexual and gender based violence, with a special focus on sexual abuse, because of its effect on the sexual reproductive health of young people.

Step 2: Ask two or three participants to define the term abuse and highlight its different forms.

Step 3: Share the definitions of abuse in the facilitator's notes below.

Step 4: Ask the participants to share what they think rape is. After two or three participants have given their view, share the definition in the facilitator's notes below.

Step 5: Tell the participants that you will now have a value voting exercise on Sexual and Gender Based violence. Label three corners of the room as follows

1. Definitely a harassment
2. It depends on the situation
3. Definitely not a harassment

Step 6: Read out the following statements, one at a time for the participants. Tell the participants that they will need to vote on whether the behaviour falls under the category number 1, 2 or 3. For example, If the behaviour in the statement depicts a definitely harassment situation, they would need to go and stand in the corner labelled Definitely a harassment.

Sexual and Gender Based statements

1. Staring pointed and continuously at someone else's body
2. Making sexual or suggestive remarks about someone
3. Touching someone's private parts
4. Sending someone messages with sexual content
5. Occasional physical contact such as hugging

6. Asking someone to go out on a date with you
7. Commenting on someone's appearance or clothing
8. Forcing someone to have sex with you
9. Kissing someone
10. Telling someone that you admire them

Step 7: Allow the participant to vote and discuss each of the statements. When the exercise is over tell them to share what they have learnt from the exercise.

Step 8: Tell the participant that you will now have a group work exercise. Divide the participants into four groups. Ask each group to discuss the following

- Group A: What kind of young people are more at risk of being sexually abused?
- Group B: What are the physical signs that show that a young person has been sexually abused?
- Group C: What are the behavioural signs that show that a young person has been sexually abused?
- Group D: What is the negative impact of sexual abuse on a young person?

Step 8: Allow the participants to share their group discussions.

Step 9: Summarize their discussion by sharing any extra points in the facilitators notes below.



FACILITATOR'S NOTES

Over 10% of adolescent girls, aged 13-17, were more likely to have experienced sexual violence in the previous 12 months compared to 4.2% of the boys. Adolescents who suffer sexual abuse are more likely to be exposed to unintended pregnancy, unsafe abortion and STIs including HIV.^{31, 32} Drug and Substance Abuse (UNICEF, 2012).

Adolescents experience many different types of violence, both physical and sexual. Forms of abuse include.

Domestic Violence

Domestic violence is aggressive behavior within the home setting. The person who performs the harmful act, otherwise known as the aggressor, can cause harm to a spouse, a child, a sibling or any other person living within the household.

Sexual abuse

Sexual abuse is defined as "Violation perpetrated by a person who holds, or is perceived to hold, power over someone who is vulnerable" (Shanler 1998:1). The abuse may have

physical, verbal and emotional components. It includes such sexual violations as rape, sexual assault, sexual harassment, incest, and sexual molestation.

Sexual harassment

Sexual pressuring of someone in a vulnerable or dependent position - a youth, employee, or student for example - is termed as sexual harassment. Employers, teachers, or other people in relations or punish them if they refuse. In extreme cases, a person may be threatened with being fired or being given bad grades if she or he will not submit to the demand. Sexual harassment can take a variety of forms, including verbal sexual remarks about clothing or appearance, unnecessary touching or pinching, and demands for sexual favours.

Psychological or emotional violence

This happens when one uses intimidation or threatens someone with physical harm, restricted freedom of movement, verbal abuse, controlling, deny of care and love, embarrassments).

Economic violence

This happens when there is lack of access to land rights, rights of inheritance and education, destruction of women's property, withholding money.

Socio-cultural violence

This happens when there is social ostracism, discrimination, political marginalization, forced or early marriage, honour killings.

Gang-related violence

Gang-related violence occurs when a group of people cause physical harm towards one or more other people. An adolescent or a young person may experience physical or psychological harm from a group of people. Sometimes gangs may even conduct sexual harassment or sexual assault.

Although all forms of violence have a significant impact on young people, this session will focus on sexual abuse and rape because of the direct effect on young people's reproductive health.

Sexual assault: Rape

Sexual coercion that relies on the threat or use of physical force or takes advantage of circumstances that render a person incapable of giving consent to sexual intercourse (such as when drunk) constitute sexual assault or rape. When the victim is younger than a legally defined "age of consent," the age at which a young person is said to be capable of fully understanding and consenting /agreeing to sexual intercourse. Many countries

set 16 as the legal age of consent. The act constitutes statutory rape (often referred to as “defilement”), whether or not coercion is involved.

Rape is defined as the use of physical and/or emotional coercion, or threats to use coercion, in order to penetrate a young person vaginally, orally, or anally against her/his will. Rape is not a form of sexual passion; it is a form of violence and control.

Types of rape include

Acquaintance rape—When the person who is attacked knows the attacker.

Marital rape—When one spouse forces the other to have sexual intercourse.

Stranger rape—When the person who is attacked does not know the attacker.

Gang rape—When two or more people sexually assault another person.

Incest—When a person is sexually abused by his/her own family member.

Perpetrators may be parents, romantic Partner, Ex- romantic Partner, boyfriends, family members, persons living in the home, teachers, neighbors, acquaintances or strangers. Often adolescents are abused by someone they know and trust, although boys are more likely than girls to be abused outside of the family. Sexual abuse occurs in rural, urban, and suburban areas and among all ethnic, racial, and socio-economic groups.

Negative impact of sexual abuse

Sexual abuse and/or rape can impact an adolescent’s reproductive health through lacerations and internal injuries, unwanted pregnancy and its consequences (unsafe abortion, bad pregnancy outcomes, etc.).

They can also result in STIs, including HIV/AIDS, abortion-related injury, gynecological problems, sexual dysfunction, fear and depression.

Other negative effects include suicidal thoughts, starting to having sex too early, before one is ready, having sex more often, the inability to say no to sexual advances and feeling unworthy and having low self-esteem because of the abuse.

Young people who are at risk of sexual abuse

Adolescents who live in extreme economic poverty may be forced into sex for money or to become street hawkers who may be assaulted while working. Youth with a physical or mental disability and youth who have a separate living arrangement from their parents are also at risk.

Street youth, adolescents with a mental illness, substance abusers and adolescents with substance abuse in the family, orphans, neglected youth and adolescents whose parent(s) was physically/sexually abused as a child are also vulnerable to sexual abuse.

Adolescents who live in a home with other forms of abuse, prostitution, or with transient adults Adolescents who are in a juvenile home/jail and gay youths who may be at greater risk because they are often socially marginalized.

Physical signs of someone has been sexually abused	Behavioral and emotional signs that someone has been abused sexually
<ul style="list-style-type: none"> • Difficulty in walking or sitting • Torn, stained, or bloody underclothing • Pain, swelling, or itching in genital area • Abdominal pain • Abrasions or lacerations of the hymen, labia, perineum and breasts • Bruises, bleeding, or lacerations in external genitalia, vaginal, or anal areas • Unexplained vaginal or penile discharge • Perineal warts Labial fusion • Oral infections (gonorrhea in the mouth) • STIs, especially HPV, HSV, and PID • Poor sphincter tone • Recurrent urinary tract infections • Pregnancy 	<ul style="list-style-type: none"> • Sexualized behavior (early onset of sexual activity, excessive masturbation) • Post-traumatic stress disorder • Inability to distinguish affectionate from sexual behavior • Low self-esteem • Fear • Anxiety • Guilt • Shame • Depression, withdrawal • Hostility or aggressive behavior • Suicide attempts • Sleeping disorders • Eating disorders • Substance abuse • Intimacy problems • Sexual dysfunction • Runaway behavior • Problems in school • Perpetration of sexual abuse to others

SESSION 5: HARMFUL GENDER BASED TRADITIONAL PRACTICES

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to identify the common harmful gender based traditional practices and their negative impact.



KEY MESSAGES:

- Some of the gender based traditional practices are harmful to the sexual reproductive health of young people
- Harmful traditional practices need to be stopped to protect the wellbeing of young people

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

- Step 1:** Start the session by telling the participants that you will now discuss harmful gender based traditional practices.
- Step 2:** Ask the participants to name some of the common gender based traditional practices that exist in the community.
- Step 3:** Tell the participants that you will focus on three of the gender based traditional practice, namely Genital Mutilation , Child Marriage and wife inheritance.
- Step 4:** Share with the participants, the definition of the terms Genital mutilation and child marriage. Share the types of genital mutilation.
- Step 5:** Ask the several participant to share the reasons why they think that some people still practice FGM and early marriage.
- Step 6:** Allow them to share their views and then share with them extra reasons they have not raised in the facilitators notes below
- Step 7:** Divide the participants into group A and group B. Ask them to discuss the following questions
Group A: What are the negative effects of early marriage?
Group B: What are the negative effects of FGM?
- Step 8:** Allow the participants to share their discussions. Summarise the session by sharing the notes in the facilitators notes below.



FACILITATOR'S NOTES

Harmful traditional Practices:

These are social or cultural practices that are rooted in traditional attitudes and norms.

The most common types include

1. Genital Mutilation (FGM)
2. Sexual abuse and violence
3. Child marriage
4. Wife Inheritance

Female Genital Mutilation (FGM) is a deeply rooted cultural practice that remains prevalent in Kenya despite being outlawed in 2001 by the Children's Act and Prohibition of FGM Act 2011, and being a violation of rights. FGM is recognized internationally as a violation of the human rights of girls and women.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths.

Female genital mutilation is classified into 4 major types.

Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Causes of FGM

FGM is practiced by many because of the following reasons. Sometimes FGM is propagated by the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community. FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage. It is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts.

Where it is believed that being cut increases marriageability, FGM is more likely to be carried out. It is also associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.

Negative impact of FGM

Girls who have undergone FGM as a rite of passage are likely to drop out of school, experience child marriage and early child bearing. It leads to severe pain, excessive bleeding (haemorrhage), Genital tissue swelling, fever, infections e.g., tetanus, urinary problems, wound healing problems, injury to surrounding genital tissue, shock, death, urinary problems (painful urination, urinary tract infections). There may also be vaginal problems (discharge, itching, bacterial vaginosis and other infections). Other negative effects include menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.), sexual problems (pain during intercourse, decreased satisfaction, etc.), increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths, need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks, psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.) and health complications of female genital mutilation.

Child marriage

The term 'child marriage' is used to refer to both formal marriages and informal unions in which a girl or boy lives with a partner as if married before the age of 18. An informal union is one in which a couple live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.

According to KDHS 2008-2009, six percent of females were married by age 15 and 26 percent by age 18. Estimates of child marriage in Kenya generally vary by place of residence and region, with higher prevalence in rural areas (31%) relative to urban areas (16%).

Reasons for Child Marriage

The reasons for child marriage include limited education opportunities, low quality of education, poverty, lack of knowledge that it is an offense and girls being seen as a liability with limited economic role so some parents have them married off in favor of dowry.

Law enforcement to prohibit child marriage is relatively weak with little enforcement in some areas and peer pressure on the girl. There are also societal pressure on the parents of the girl.

Negative Impact of Child Marriage

Negative impact of child marriage includes dropping out of school and not completing a full course of primary education, making them entirely dependent on their husbands in practical aspects of everyday life.

Because she starts early, a child bride has higher chances of having many children, early. This exposes the mother and her children to psychological and other health problems. It also leads to HIV/AIDS and other sexually transmitted diseases (STD). The over-riding desire to be a good wife in the eyes of family and husband prevents the child wife from negotiating for safer sex practices; thus exposing her to risk of acquiring HIV/AIDS and other sexually transmitted diseases.

There is inability to plan or manage families. Because they are also children, young or immature mothers exercise less influence and control over their children, and have less ability to make decisions about their nutrition, health care and house hold management. It also affects the next generation of child wives. Children whose mothers were married early tend to marry early; thus creating generations of child wives.

It results in marital instability. Because of the age differences and the attendant poor communication, many early marriages in early divorce or separation.

It may also lead to physical and sexual abuse. Out of fear of her parents and the social stigma as well as the poverty associated with being single; many child wives are compelled to remain in a loveless and violent marriage.

There is also a risk of high infant mortality as well as maternal morbidity and mortality. Wife (widow) inheritance.

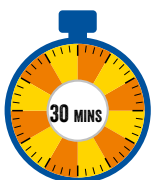
Wife inheritance happens when the wife of a man dies, and the widow becomes the wife of another male member of the late husband's family. This practice is most common in cultures where men pay a "bride-price" for their wives. Women are more likely to be seen as possessions, something which has been "purchased" by the man and his family and therefore another (male) family member simply "inherits" the wife, just as he might a house or cattle. The second is that in cultures where a woman, once married, may not return to her father's home, there is little choice for the woman (and her children) but to accept whatever security (social, financial) is offered by remaining within her husband's family. The practice not only devalues women, but has contributed widely to the spread of STIs, including HIV/AIDS.

Negative impact of wife inheritance

The negative impact of wife inheritance includes spread of HIV and STIs, property disinheritance as the family property is handed over to the inheritor and the inherited wife is disempowered.

SESSION 6: PREVENTION OF HARMFUL GENDER PRACTICES AMONG YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able explain the methods in which they can prevent harmful gender practices among young people.



KEY MESSAGES:

- Even though harmful gender practices happen among young people, it is possible to prevent these practices from happening
- Interventions can be implemented at individual level, family level, community level and national level

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, FLASH CARDS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss prevention of harmful gender practices among young people.

Step 2: Divide the participants into group A, B, C, and D

Step 3: Ask the participants to discuss the following questions and report back to the larger group after fifteen minutes

Group A: Discuss the things that an individual can do to prevent the following harmful cultural practices

1. Early marriage
2. Female Genital Mutilation
3. Wife inheritance

Group B: Discuss the things that family members can do to prevent the following harmful cultural practices

1. Early marriage
2. Female Genital Mutilation
3. Wife inheritance

Group C: Discuss the things that the community can do to prevent the following harmful cultural practices

1. Early marriage
2. Female Genital Mutilation
3. Wife inheritance

Group D: Discuss the things that the nation of Kenya can do to prevent the following harmful cultural practices

1. Early marriage
2. Female Genital Mutilation
3. Wife inheritance

Step 4: After the participants have shared their discussion points, summarise the session by sharing the information in the **facilitator's notes below**



FACILITATOR'S NOTES

How to prevent harmful cultural practices

	Child Marriages	Female Genital Mutilation (FGM)	Wife Inheritance
Individual level	<ul style="list-style-type: none"> Getting the correct information about child marriage Refusing to get married before one finishes school Seeking the assistance of trusted adults or local authority in case of forced child marriage Stating and focusing on one's educational and career goals Resisting peer pressure 	<ul style="list-style-type: none"> Getting the correct information about FGM Refusing to undergo FGM Seeking the assistance of trusted adults or local authority in case of forced FGM Stating and focusing on one's educational and career goals Resisting peer pressure 	<ul style="list-style-type: none"> Getting the correct information about wife inheritance Refusing to be inherited Seeking the assistance of trusted adults or local authority in case of forced inheritance
Family level	<ul style="list-style-type: none"> Getting the correct information about child marriage Protecting every family member from child marriage Refraining from engaging in child marriage negotiations looking for alternative sources of income and not depending on dowry paid for children Supporting girls' educational and career pursuits 	<ul style="list-style-type: none"> Getting the correct information about FGM Protecting every family member from FGM Refraining from engaging in FGM rites Looking for alternative rites of passage from girls, that does not involve FGM 	<ul style="list-style-type: none"> Getting the correct information about wife inheritance Protecting every family member from wife inheritance or wife inheriting Refraining from engaging in wife inheritance practices Providing alternative support for the widows in the family
Community level	<ul style="list-style-type: none"> Getting the correct information about child marriage Providing the correct information about the negative consequences of child marriage to the community members Discouraging community members from engaging in child marriage Reporting cases of child marriage to the local authority 	<ul style="list-style-type: none"> Getting the correct information about FGM Providing the correct information about the negative consequences of FGM to the community members Discouraging community members from engaging in FGM Reporting cases of FGM to the local authority 	<ul style="list-style-type: none"> Getting the correct information about wife inheritance Providing the correct information about the negative consequences of wife inheritance to the community members Discouraging community members from engaging in wife inheritance Reporting cases of wife inheritance to the local authority
National level	<ul style="list-style-type: none"> Getting the correct data about child marriage Educating the people about the negative consequences of child marriage Creating policies and laws against child marriages Enforcing the policies and laws about child marriages 	<ul style="list-style-type: none"> Getting the correct data about FGM Educating the people about the negative consequences of FGM Creating policies and laws against FGM Enforcing the policies and laws about FGM 	<ul style="list-style-type: none"> Getting the correct data about wife inheritance Educating the people about the negative consequences of wife inheritance Creating policies and laws against wife inheritance Enforcing the policies and laws about wife inheritance

SESSION 7: SEXUAL REPRODUCTIVE HEALTH AND RIGHTS FOR ADOLESCENTS AND YOUNG PEOPLE

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able explain the sexual reproductive health rights for adolescents and young people.



KEY MESSAGES:

- Some of the gender based traditional practices are harmful to the sexual reproductive health of young people
- Harmful traditional practices need to be stopped to protect the wellbeing of young people

METHODOLOGY: GROUP WORK AND MINI-LECTURE

RESOURCES: FLIPCHARTS, MARKERS, MASKING TAPES, FLASH CARDS

PROCEDURE:

Step 1: Start the session by telling the participants that you will now discuss the sexual reproductive health rights of adolescents and young people.

Step 2: Ask the participants to share some of the reproductive health needs that they have

Step 3: Tell the participants that their sexual reproductive health needs can be catered for because they have sexual reproductive health rights

Step 4: Share the sexual reproductive health rights highlighted in the facilitators notes below



FACILITATOR'S NOTES







Sexual rights ensure that every human being may practice sexuality without obligation, stigma and violence. The following are sexual and reproductive rights for adolescents and young people:

- The right to respect the safety of the reproductive body
- The right to choose one's sexual partner
- The right to have or not to have sexual intercourse
- The right to make love with the other person's consent
- The right to decide when to give birth or not to give birth
- The right to have a satisfying, pleasant, and healthy sexual life
- The right to access to quality reproductive health care, information and services
- The right to seek, access and distribute sex related information (not pornography)
- The right to access to sex related education

MODULE 9:

ALCOHOL AND SUBSTANCE ABUSE

Module Objective: The purpose of the module is to help participants appreciate the dangers of drug and substance abuse and its relation to sexual reproductive health.

-  **Session 1:** Introduction to drugs and substance abuse
-  **Session 2:** Common types of addictive substances
-  **Session 3:** The relationship between substance abuse and sexual reproductive health
-  **Session 4:** The negative impact of addiction to alcohol and drugs
-  **Session 5:** What to do when someone is addicted to alcohol and drugs
-  **Session 6:** Myths and misconceptions about alcohol and drugs

SESSION 1: INTRODUCTION TO DRUGS AND SUBSTANCE ABUSE

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be able to

- Define key terms used in drug and substance abuse.



KEY MESSAGES:

Abuse of drugs and alcohol has a negative effect on adolescents. Anyone can become addicted to drugs

PROCEDURE:

- Step 1:** Ask the participants to share what they know about drugs.
- Step 2:** Share with the participants the definitions of common terms referring to the facilitators notes.
- Step 3:** Summarize the session by getting feedback from the participants on what they learnt.



FACILITATOR'S NOTES

Drug is any substance other than food, that alters the biological functioning of the body. It can be mental or physical functioning of the body. Drugs that affect mental functioning alter the mood of a person.

Addiction is a disease characterized by a compulsion to use the drug, increased tolerance, physical and psychological dependence withdrawal symptoms upon abstinence. An addict continues to use despite negative consequences in his life.

Tolerance is a tendency to increase the dosage in order to achieve the previous effect which was possible by a lesser dosage of the drug.

Dependence: The addict experiences discomfort upon abstinence from using the substance. He/she needs to use the drug to feel normal. He may experience physical discomfort upon abstinence. e.g sweating, tremors, headache. He may also experience severe mental and emotional distress upon abstinence. Examples include irritability, anxiety, Psychosis. The addict cannot function socially without the substance. For example he or she cannot hold a conversation or mingle with others.

Withdrawal syndrome refers to a collection of a set of symptoms that are consistently experienced by the addict if he/she stops using the drug suddenly. For example seizures, sweating, diarrhoea, diarrhoea, headaches, hallucinations, running nose etc.

Detoxification is a process of managing withdrawals and eliminating drug toxins from the body. It is done by medical doctors in a monitored environment.

Classification of drugs

Depressants: They slow down the Central Nervous System making a person less aware of the environment and drowsy. Examples include marijuana, alcohol, heroin.

Stimulants: They speed up the brain making a person to be more aware and alert. Overdose can cause seizures/ fits, heart attack or stroke. Examples of stimulants are Ecstasy, cocaine, caffeine, Nicotine.

Hallucinogens: These drugs confuse the brain and change perception. They distort awareness of environment. For example LSD, magic mushrooms

SESSION 2: COMMON TYPES OF ADDICTIVE SUBSTANCES

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants should be able to;

- Define and name commonly-used drugs, describe how they are used, and understand the consequences related to their use
- Identify drugs commonly used in Kenya and common patterns of use in Kenya.



KEY MESSAGES:

All types of drugs can be addictive. The drugs affect the body differently

PROCEDURE:

Step 1: Ask the participants to share what they know about drugs.

Step 2: Share with the participants the common types of addictive substances referring to the facilitators notes.

Step 3: Summarize the session by getting feedback from the participants on what they learnt.



FACILITATOR'S NOTES

Tobacco: Tobacco is a green plant that contains nicotine and other 400 poisonous substances. It is mainly used in the manufacture of cigarettes, snuff, cigars, shisha and tobacco gums. It is a stimulant. It is smoked, snorted or chewed.

Acute effects: Increased blood pressure: increased heart rate.

Health risks include cough and colds due to low immunity, lung cancer, throat cancer, bladder cancer, Kidney cancer, stomach cancer, cervical cancer. There is also the risk of heart attack, stroke, gum disease, stomach ulcers, amputation of legs, darkened lips and fingers and stained and decayed teeth.

Abusers of tobacco may also experience falling off teeth, weight loss due to poor appetite and death.

Tobacco use accounts for five million deaths in the world per year.

Social /environmental factors include stealing of money to buy cigarettes, isolation due to bad breath, accidental fires in homes, pollution of environment and passive smoking

Alcohol

Alcohol is a beverage that contains ethanol. It is found in beer, wine, spirits, traditional brew. It is administered through swallowing.

Acute Effects of alcohol abuse includes: In low doses it causes euphoria, relaxation and lowered inhibitions. In higher doses it causes drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness.

Health effects of alcohol include increased risk of injuries, violence, fetal damage (in pregnant women); depression, neurologic deficits, liver disease, addiction and fatal overdose.

Social impact of alcohol abuse includes misuse of money, breaking up of families, irresponsible sexual behaviour and accidents.

Cannabis/Marijuana

Is a plant that contains Tetrahydrocannabinol (THC). It is also known as: Marijuana - Blunt, ndom, ganja, grass, herb, joint, Mary Jane, pot, skunk or weed. It is smoked, or swallowed.

Acute Effects of marijuana uses include euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired memory; anxiety; panic attacks; psychosis.

Health Risks of cannabis include coughs, frequent respiratory infections, mental health decline, addiction, psychosis.

Heroin

It is a powder obtained from the dried juice of the opium poppy plant. It contains *Diacetylmorphine*. It is also known as smack, horse, brown sugar, dope, H, junk, white horse. It can be Injected, smoked, snorted.

Acute Effects of Heroin include Euphoria, drowsiness, impaired coordination, dizziness; confusion, nausea; sedation, feeling of heaviness in the body and slowed or arrested breathing.

Health Risks include constipation, hepatitis, HIV, addiction and fatal overdose.

Cocaine

It is a white crystalline powder extracted from the leaves of coca plant. It contains *Cocaine hydrochloride*. It is also known as blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot.

Acute Effects include increased heart rate, high blood pressure, body temperature, metabolism, feelings of exhilaration, increased energy, mental alertness, tremors, reduced appetite, irritability, anxiety; panic, paranoia, violent behavior and psychosis.

Health Risks include weight loss, insomnia, cardiac or cardiovascular complications, stroke, seizures and addiction.

Prescription drugs

These are drugs or medicines that can only be taken as directed by doctor. They are usually swallowed. They include Barbiturates, Benzodiazepines; Ativan, Halcion, Librium, Valium, Xanax; candy, downers, sleeping pill.

Acute Effects of prescription drugs include sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness and impaired coordination and memory.

Health Risks of prescription drugs include lowered blood pressure, slowed breathing, tolerance, withdrawal, addiction, increased risk of respiratory distress and death when combined with alcohol.

Miraa

Miraa is a green plant that contains cathinone and cathine, the active chemicals that alter the mood of the abuser it is also known as Khat, Veve, Muguka, Goks, Gomba, Mbachu. Effects of miraa on health include unusual feeling of excitement and alertness. You may talk too much, lose concentration on simple tasks or even forget simple facts, rapid heart rate and increased blood pressure, symptoms that are sometimes confused with increased sexual libido or stamina and chronic constipation since it causes dehydration. Effects of miraa on reproduction include inhibition of blood flow to the reproductive system, constriction of the vessels supplying blood to the reproductive tract thereby causing inhibited urine flow, and in men, the inability to attain and sustain an erection. There is also production of excessive amounts of sperm without one being sexually aroused. The sperms ooze out uncontrollably, a condition known as spermatorrhoea. In women, the dehydrating effect of miraa dries the lining of the reproductive tract leading to pain during sexual intercourse and blistering.

Health risks of miraa use include mouth sores, cancer of the mouth and throat, Inflamed throat and gum infections.

Kuber, Chavez

Kuber is a mixture of tobacco, coco leaves and marijuana. It is a smokeless chewing tobacco popular in India which is mainly used in place of cigarettes. However, Kuber contains up to 25% nicotine, making it highly addictive. It also contains Tetrahydrocannabinol (THC) which is the primary ingredient in marijuana. It can be chewed, put under the tongue or sucked under the lip.

Acute Effects of kuber use include dizziness, numbness of tongue, bad breath, dehydration, restlessness and lack of sleep.

Health risks of kuber use include hallucinations, lack of sleep and psychosis.

Inhalants

They are highly toxic solvents used in the manufacture of paints, glues and petroleum products such as paint thinner, nail varnish remover, industrial spirits. They are popular among street families. They can be sniffed through the nose or sucked through the mouth.

Acute effects of inhalants include dizziness, light headache, nausea, vomiting, pains in the abdomen, general muscle weakness and slurred speech.

Health risks of use of inhalants include sores on the mouth or nose, numbness, kidney, lung and liver damage, confusion, psychosis and poor memory.

SESSION 3: RELATIONSHIP BETWEEN DRUG ABUSE AND SEXUAL REPRODUCTIVE HEALTH**DURATION:****SESSION OBJECTIVES:**

By the end of the session, participants will be able to identify the sexual and reproduction health risks associated with alcohol and drug abuse.

**KEY MESSAGES:**

- When young people abuse drugs and alcohol they also put their sexual and reproductive health at risk. Abuse of alcohol and drugs affects a young person's judgment, decision making, value system, behavior, mental health. This is likely to have a negative impact on their sexual and reproductive health such as getting raped or having unsafe sex.

- A person under the influence of drugs is likely to forget to have safe sexual practices such as using a condom, negotiating for safer sex and abstinence. A person who is intoxicated may not be assertive and may make choices that he would normally make when he is sober.
- Some people may also take advantage of a person who is under the influence of drugs. Some drugs may also make one lose touch with reality hence end up having sex without his or her knowledge or even engage in risky sexual behavior such as orgies and anal sex.

METHODOLOGY: DISCUSSION, BRAINSTORMING

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Tell the participants that you will now discuss the relationship between alcohol and drug use and sexual reproductive health.

Step 2: Let the participants read the following scenario.

The story of John and Mary

John is a 15-year-old boy. Mary is a 14-year-old girl. One day Daliso's friends pressure him to smoke some marijuana. He quickly gets high. His friends also give him some alcohol to drink on his way home. He meets MARY. Mary and John like each other very much. Mary says 'John! Why are you carrying beer? You never drink!' John says 'Today I am feeling good. I can do anything. Try some. If it's OK for me, it's OK for you too.' He persuades Mary to try some beer. She is not used to drink. John tells her that he loves her and that she is the best of all the girls he knows. 'I love you too', says Mary. 'Then prove your love', says John. 'What do you mean? Sex? No!' 'We have agreed to marry when we are old enough, so it is allowed', says John. 'But we said we would wait', says Mary. 'Come, I know the alcohol has made you feel nice. Let's make love', says John.

Step 3: Ask the participants the following questions.

- What happened in the story?
- What do you think happens next?
- How do you think they will feel tomorrow if they have sex?
- If they had sex, do you think they used a condom? Why, or why not?
- If they did not use a condom, what could happen?
- What happens when a person takes alcohol or marijuana? How do they behave?
- What can we do to stop this happening to us?
- How can we prepare ourselves to stay safe from STIs or HIV if we are drunk or high?

Step 4: Replay the story, showing how John and Mary could stay safe.

Step 5: Explain to the participants that it is harder to be strong when we have taken drink or drugs. Make a plan together to avoid getting high or drunk and to stay safe if this happens.



FACILITATOR'S NOTES

Alcohol and drugs contain addictive substances. If taken frequently, the body develops a habit of requiring them recurrently. The main effect/impact of alcoholic drinks and drugs is on the brain. The addictive substances reach through our blood cells/veins reach the brain and affect our brain and nerve system. As a result our central nervous system functions in a different way and our mind may become incapable of controlling and directing our body, depending on the sort and amount of drugs you have taken. It becomes more difficult to monitor your behaviour, the level of self consciousness may decrease or increase, critical thinking may be totally switched off, there may be no risk awareness and false courage etc., all of which may result in inappropriate or even risky behaviour and inability to make sensible decisions.

Drugs may affect our skill of memorizing, understanding and learning; have an effect on the glands that produce sex hormones in the brain, and may temporarily strengthen or weaken the desire for and the ability of having sexual intercourse for both men and women. For these reasons, drug users are more vulnerable to unwanted pregnancies and STI/HIV infections, as they are more likely to get "out of control" than people who are sober.

Drug use during pregnancy is harmful for the foetus, may result in miscarriage and disabilities and diseases in the baby. Unless physicians prescribe the use of drugs specifying its type and volume for treating/helping patients, self-motivated use of them invites danger.

SESSION 4: THE NEGATIVE IMPACT OF ADDICTION TO ALCOHOL AND DRUGS

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants will be able to list the negative impact of addiction.



KEY MESSAGES:

- Even though Alcohol and drug use might seem harmless and even fun, long term use and addiction can have long term negative effects on an individual's life.

METHODOLOGY: DISCUSSION, BRAINSTORMING

RESOURCES: SRHR MANUAL

PROCEDURE:

Step 1: Tell the Participants: We will now discuss the negative effects of addiction

Step 2: Divide the Participants into three groups

Step 3: Tell the Participants in group one to discuss the negative effects of addiction on the individual

Step 4: Tell the Participants in group two to discuss the negative effects of addiction on the family

Step 5: Tell the Participants in group three to discuss the effects of addiction on the community

Step 6: Give the Participants five-minutes for their discussion and another five minutes each to present their discussion points.

Step 7: Summarize the responses by providing additional notes provided in the facilitator's notes

Step 8: Ask the Participants: Does alcohol and drug addiction affect females and males the same way? Give them time to respond.

Step 9: Summarize their responses by providing the information in the facilitator's notes below.

Step 10: Summarize the session by highlighting the key message



FACILITATOR'S NOTES

The effects of Alcohol use include the following:

Effects of Alcohol Addiction			
On the individual	On the family		On the community
Inability to focus in school/at work	Disappointment by parents		Insecurity and crime
Inability to grow and develop properly due to impact on the brain and other body organs	Loss of resources on school fees		Poverty
Addiction to other substances	Poverty		Unproductive young people
Ill health- NCDs	High expenses caused by ill health		Prostitution
Withdrawal syndromes if the person can't get the Alcohol	Shame	Violence	
Misuse of money on Alcohol	Family Violence	Public disturbance	
Poor hygiene	Family disharmony and brokenness		Poor Role modeling
Segregation and Being avoided by Peers	Poor role modeling	Sexual violence	
Punishment for stealing money to buy Alcohol, or when caught drinking	Stigma and discrimination	Street children	
Unintended pregnancy			High death rate
			Low birth rate

How does Alcohol affect males and females?

Female addicts are vulnerable to prostitution, rape, early pregnancies, early marriage, and domestic violence. They are also more likely to experience poverty. Male addicts are prone to crime and violence and more so damaging health effects due to combination of drugs.

SESSION 5: WHAT TO DO WHEN SOMEONE IS ADDICTED TO DRUGS AND OTHER SUBSTANCES**DURATION:****SESSION OBJECTIVES:**

By the end of the session, participants will be able to explain how to manage addiction in them or in a peer.

**KEY MESSAGES:**

- When someone is addicted to Alcohol and other substances , they can still be helped to overcome the addiction. It may be difficult for the person to overcome the addiction, all by themselves, but they can be helped to get rid of the habit with support from family and other people.

METHODOLOGY: DISCUSSION, EXPERIENCE SHARING, MINI-LECTURE

RESOURCES: SRHR MANUAL, EXPERT/MOTIVATIONAL SPEAKER

PROCEDURE:

Step 1: Tell the Participants that you will now discuss what to do if someone is addicted to Alcohol and other substances.

Step 2: Tell the Participants that if someone wants to stop an addiction, it is possible to do so.

Step 3: Ask the Participants: Tell us about people who have successfully stopped drinking.

Step 4: Invite the expert/motivational speaker to facilitate the session on what to do if someone is addicted to Alcohol or other substances.

Step 5: Tell Participants that the steps shared in the facilitator's notes can help one to stop drinking



FACILITATOR'S NOTES

How to quit drinking or using drugs

1. Don't be discouraged; millions of people have permanently quit drinking or using drugs.
2. Put it in writing. People who want to make a change often are more successful when they put their goal in writing. Write down all the reasons why you want to quit drinking, like the money you'll save. Keep that list where you can see it. Add new reasons as you think of them.
3. Get support. People are more likely to succeed at quitting when friends and family help. If you don't want to tell your family that you drink, ask friends or a trusted adult to help you quit.
4. Set a quit date. Pick a day that you'll stop drinking. Put it on your calendar and tell friends and family (if they know) that you'll quit on that day.
5. Throw away your Alcoholic drinks. People can't stop drinking with Alcohol around to tempt them.
6. Think about your triggers. You're probably aware of the times when you tend to drink, such as after meals, when you're at your best friend's house, while with certain friends. Any situation where it feels natural to have Alcohol is a trigger. Once you've figured out your triggers, break the link.
7. Substitute something else for Alcohol. Water is a good substitute.
8. Expect some physical symptoms. If your body is addicted to Alcohol, you may go through withdrawal when you quit. Physical feelings of withdrawal can include: headaches or stomachaches, irritability, jumpiness, or depression, lack of energy, dry mouth or sore throat, a desire to eat
9. The symptoms of Alcohol withdrawal will pass — so be patient. Try not to give in and sneak a drink because you'll just have to deal with the withdrawal longer.
10. Keep yourself busy. The more distracted you are, the less likely you'll be to crave Alcohol. Staying active is also a good distraction
11. Quit gradually. Some people find that gradually decreasing the number of Alcoholic drinks they take each day is an effective way to quit. But this strategy doesn't work for everyone. You may find it's better for you to stop drinking all at once.
12. If you drink Alcohol after trying to quit, don't give up! Major changes sometimes have false starts. If you're like many people, you may quit successfully for weeks or even months and then suddenly have a craving that's so strong you feel like you have to give in. Or maybe you accidentally find yourself in one of your trigger situations and give in to temptation.
13. Reward yourself. Quitting drinking isn't easy. Give yourself a well-deserved reward! Set aside the money you usually spend on Alcohol to give yourself a healthy treat.

Where to go if you have drug problems

Detoxification Programs - Intended to provide a safe environment for withdrawal from psychoactive chemicals. Usually take place in either a hospital chemical dependency unit or a detox facility primarily designed for chemical addiction. Duration of these programs vary for two days to 14 days depending on the drug used and the severity of the use.

Residential / Inpatient Treatment - Residential refers to programs that exist outside of medical settings e.g. Therapeutic communities, Inpatient programs, social model recovery homes. Mostly called rehabilitation centers.

Outpatient Programs - Treatment structures that allow patients to continue working, attend school, and manage their daily lives all while remaining at their own homes. Designed for patients who do not need intensive or structured care, but still require assistance with their addictions. The patient usually attends 1 to 2 one and half hours to three hours treatment sessions per week for 6 to 12 weeks. Treatment sessions usually include: Individual counselling, Group counselling and, Family counselling, Educational and vocational components, Intensive outpatient is usually followed by aftercare which includes AA or NA and outpatient counsel.

SESSION 6: MYTHS AND MISCONCEPTIONS ABOUT DRUGS AND ALCOHOL

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants will be able to describe the various myths and misconceptions about drugs and alcohol.



KEY MESSAGES:

- The myths and misconceptions lead to misinformed choices. Misinformed choices about drugs will have serious consequences in one's life such as addiction, risky sexual behavior and mental illnesses.

PROCEDURE:

Step 1: Label one corner myth and another fact

Step 2: Read out a myth or fact about alcohol and drugs

Step 3: Ask the participants to join the side they think the statement belongs to

Step 4: Then ask those who joined the respective corners to share why they did so

Step 5: Then explain to the group why a statement is a myth or a fact

Step 6: continue until you read all the statements

Step 7: Summarize the session by asking the participants what they learnt

**FACILITATOR'S NOTES**

Myths	Facts
There is no harm in trying just drugs once, because one can stop after that	Almost all drug addicts start by trying just once. Once the drug is taken, the user is always amenable to further drug intake, which becomes a part of his/her habit
Drugs increase creativity and make the user more imaginative	Drug addict loses clarity and becomes incoherent in action
Drugs sharpen thinking and lead to greater concentration	Drugs induce dullness and adversely affect normal functioning of body and mind. Drugs may remove inhibitions but temporarily
An addict can stop using anytime he or she wants	Addiction transforms into a disease which is complex and may require psychiatric and psychological treatment
Alcohol helps people forget their problems.	Alcohol only adds on other problems
Drug use makes one 'cool' and better accepted by peers	over a period of time, drug dependence makes one isolated and stigmatized

MODULE 9:

LIFESKILLS



Module Objective: By the end of the module, participants will have acquired the necessary life skills to enable them to make informed decisions about their life.

-  **Session 1:** Introduction to Life skills
-  **Session 2:** Self-awareness and self-esteem
-  **Session 3:** Personal Goal setting
-  **Session 4:** Effective Decision-making
-  **Session 5:** Effective Communication Skills
-  **Session 6:** Stress Management
-  **Session 7:** Personal Grooming
-  **Session 8:** Moral Values
-  **Session 9:** Benefits of life skills

SESSION 1: INTRODUCTION TO LIFE SKILLS

DURATION:



SESSION OBJECTIVES:

By the end of the session, participants will be able to acquire life skills to enable them to transition smoothly to adulthood



KEY MESSAGES:

Life skills help us to make informed decisions. Life skills are also important as one gets into adulthood

METHODOLOGY: MINI-LECTURES, SIMULATION GAMES AND SCENARIOS

RESOURCES: FLIPCHARTS, MARKER PENS, FLASHCARDS, SIMULATION CARDS

PROCEDURE:

Step 1: Introduce the session by telling the participants that you will now discuss life skills for adolescents.

Step 2: Ask the Participants: What are life skills?

Step 3: Summarize the session by getting feedback from the participants on what they learnt.

Step 4: Summarize their responses by giving the information in the Facilitator's notes below.



FACILITATOR'S NOTES

The World Health Organization defines life skills as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”. UNICEF defines life skills as “a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills”. The UNICEF definition is based on research evidence that suggests that shifts in risk behaviour are unlikely if knowledge, attitudinal and skills based competency are not addressed. Life skills are capabilities that empower young people to take positive action, to protect themselves and have positive social relationships, thereby promoting both their mental well being and personal development as they are facing the realities of life.

With life skills, one is able to explore alternatives, consider pros and cons, and make rational decisions in solving problems or issues that arises. Life skills will also bring about productive interpersonal relationships with others, since effective communication in terms of being able to differentiate between hearing and listening, and the assurance that messages are transmitted accurately to avoid miscommunication and misinterpretations, the ability to negotiate, to say “no”, to be assertive but not aggressive and to make compromises that will bring about positive solutions. Life skills are abilities for adaptive and positive behavior that enable humans to deal effectively with the demands and challenges of life. Those skills that deal mainly with the mental functions and processes, such as the problem-solving skills. Examples of important life skills include, self awareness, goal setting, communication skills, decision making, personal grooming, moral values.

SESSION 2: SELF-AWARENESS AND SELF ESTEEM**DURATION:****SESSION OBJECTIVES:**

By the end of this session, participants will be able to develop self-awareness and positive self-esteem.

**KEY MESSAGES:**

- Self-awareness is the recognition of 'self' (who am I?), our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness requires self-reflection
- Self-esteem is a person's feelings of worth, which may be influenced by performance, abilities, appearance and the judgment of significant others. It is likely to change depending upon the situation or company in which young people find themselves
- High self-esteem describes personal feelings that are not easily influenced by setbacks, insults or negative views about abilities or appearance. It can contribute to self-confidence, which facilitates good decision-making
- Low self-esteem is associated with troubled adolescents with feelings of self-doubt, drug abuse

PROCEDURE:

Step 1: Ask the participants to write down the question WHO AM I?

Step 2: Ask the participants to reflect on the following issues:

- Talents: they have, wish to have
- Traits: their strengths, weaknesses, qualities they wish they had
- Values: What is important to them in life, do they spend time on what is important to them?
- Perception: How is the public you different from the private you, what do you want people to think and say about you, which people and places allow you to be yourself?
- Accomplishments: what are you most proud of in your life, what do you hope to achieve in life
- Reflection: what do you like about yourself, what don't you like about yourself, what would you like to change about yourself, which people do you admire and why?, what makes you happy?

Step 3: Let the participants reflect on the above issues and share with the group any aspects that they are comfortable sharing.

Step 4: Emphasize that self awareness is a continuous process that takes time

Step 5: Summarize the session by encouraging the participants to write down their responses to the items on the facilitator's notes



FACILITATOR'S NOTES

Self-awareness

Self-awareness is an individual's ability to appreciate the strengths and weaknesses of one's own character. Realising this will enable one to take actions, make choices and take decisions that are consistent with one's own abilities. It is about knowing your beliefs and principles. What you value and what is important to you and what motivates you. It is also about understanding your own emotions, thinking patterns and tendencies to react to certain situations.

A person who is self aware knows what he or she wants out of life.

Examples of self-awareness skills include the ability to:

- Recognise the weak and strong sides of one's own behaviour.
- Recognise the weak and strong sides of one's own abilities.
- Differentiate what one can do or cannot do by her/himself.
- Recognise things which cannot be changed, and accept them (example: height, size of breasts, etc.).
- Appreciate oneself - people are not alike, and diversity is a good thing.
- Recognise one's own unique talents.

Self-esteem

Self-esteem is the way an individual feels about her/himself and believes others to feel. It has been described as the 'awareness of one's own value as a unique and special person endowed with various attributes and great potential'. A person's self-esteem can be damaged or enhanced through relationships with others. High self-esteem tends to encourage and reinforce healthy behaviour. Low self-esteem tends to encourage unhealthy behaviour.

Examples of self-esteem include the ability to:

- Develop a positive self-image.
- Respect oneself and one's choices.
- Not be unnecessarily influenced by what others think

Finish the sentence (self awareness exercise)

- I do my best when...
- I struggle when...
- I am comfortable when...
- I feel stress when...
- I am courageous when...
- One of the most important things I learned was...
- I missed a great opportunity when...
- One of my favorite memories is...
- My toughest decisions involve...
- Being myself is hard because...
- I can be myself when...
- I wish I was more....
- I wish I could...
- I wish I would regularly....
- I wish I had...
- I wish I knew...
- I wish I felt...
- I wish I saw...
- I wish I thought...
- Life should be about...
- I am going to make my life about...

SESSION 3: PERSONAL GOAL SETTING

DURATION:



SESSION OBJECTIVES:

By the end of this session, participants will be able to set personal goals.



KEY MESSAGES:

- Adolescents can set personal goals and achieve them
- Life goals are important as they give adolescents a sense of purpose in life
- Setting life goals and achieving them helps adolescents to feel good about themselves
- Goal setting is a powerful process for thinking about the ideal future.
- Goal setting helps adolescents to turn their dreams into reality.

METHODOLOGY: MINI-LECTURES, SIMULATION GAMES AND SCENARIOS**RESOURCES: SRHR MANUAL****PROCEDURE:**

- Step 1:** Introduce the session by telling that you will now discuss personal goal setting for younger people
- Step 2:** Show the participants the picture code in appendix 4. After they have seen the picture code, ask them the following questions
1. What do you see happening in this picture code?
 2. How does it happen? (share real life experience)
 3. Why does it happen this way?
 4. When one does not work hard towards their life goals, what challenges does this present?
 5. How can these challenges be addressed?
- Step 3:** Ask the Participants to think of two examples of life goals that they have. Ask them to write them down on a piece of paper
- Step 4:** Ask some participants to share these examples of life goals that they have written on the piece of paper. Congratulate the participants for writing down their life goals and encourage them to pursue their goals.
- Step 5:** Summarize their responses by giving the information in the Facilitator's notes below



FACILITATOR'S NOTES

The following are examples of great life goals for adolescents

- Learning: Read one book per month
- Health and fitness. Example: Aim to walk for 30 minutes, everyday of the week
- Doing something for the community: Example: volunteer at the church once a week.
- Creativity. Examples: Learn a new skill or hobby to keep one busy

How to go about setting and achieving a goal

Focus on one goal at a time and decide why this goal is important to you. For example, exercising every day for 30 minutes will help you to maintain a healthy weight, generate energy, and keep the heart and other body systems strong. Make sure your goals are realistic. For instance, it is more realistic to volunteer in church once or twice a week, rather than every day, because this would be exhausting. Break your goal into small manageable goals. Achieving the smaller goals motivates us to achieve the bigger goals. For instance, you may decide to read one book per month. You may decide to read five pages per day to reach your goal. Get a friend or relative to encourage you towards your goal. You could get a reading buddy, to help you achieve your goal of reading. You can also document your progress in a diary if possible. Establish the resources you will need to accomplish your goals. For instance, if you want to support from family members

Steps to Goal Setting

- Get a specific goal.
- Decide on a specific time in which to achieve your goal.
- Write down your goal
- Develop a plan to achieve your goal. Your plan needs to be Simple, measurable, achievable and be Time-bound.
- You must decide the price you are willing to pay.
- Think of your goal everyday

SESSION 4: EFFECTIVE DECISION-MAKING**DURATION:****SESSION OBJECTIVES:****By the end of the session, participants will be able to:**

- Step 1: List some steps in making a decision.
- Step 2: Describe some of the important factors to consider in decision-making.

**KEY MESSAGES:**

- Decision making is an important aspect of one's life
- The ability to make decisions effectively enables one to make healthy and informed decisions

METHODOLOGY: MINI-LECTURES, SIMULATION GAMES AND SCENARIOS**RESOURCES: SRHR MANUAL, FLIP CHARTS OR BOARD MARKERS OR CHALK****HANDOUT: DECISION-MAKING SCENARIO CARDS (EACH NUMBERED STATEMENT IS A SEPARATE CARD)****PROCEDURE:****Step 1:** Divide the participants into small groups.**Step 2:** Give each group one card with one decision-making scenario on it.

The groups should do the following:

1. Discuss the situation.
2. In trying to make the decision, what should the people in the scenarios do first?
3. List the steps that the people should take in trying to reach their decision.
4. Finally, as a group, discuss the situation and make a decision for the scenario on the card.
5. On the flip chart or part of the board, write the steps to making a decision, what decision the group would make for the scenario, and the reasons for the final decision.

Decision making scenarios**scenario 1**

You are a 15-year-old girl living in a small town. You are taking care of four younger siblings, and you cannot find money for food. You have a friend near the market who has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a restaurant. What will you do?

scenario 2

You are a 20-year-old boy just entering the form four secondary school. Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. Because there is no money for school, you are considering trying to find some work for a few years and returning to school later.

Step 3: After the participants have made their presentations discuss the steps they followed in making the decisions.

Step 4: Emphasize the aspect of accepting responsibility for your actions. Young people should learn early that each of their actions comes with a consequence; and that, after being given the opportunity to make a decision and choose, they must accept responsibility for the choices they make. This is the very essence of what it means to be an adult.



FACILITATOR'S NOTES

Decision-making is the ability to utilise all available information to assess a situation, analyse the advantages and disadvantages, and make an informed and personal choice. As a person grows up he/she is frequently confronted with serious choices that require his/her attention.

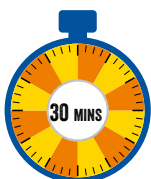
These situations may present conflicting demands that cannot possibly be met at that same time. ("I want to have sex but I am afraid of STIs and I don't know my partner's status"). One must prioritise and make choices, but at the same time be fully aware of the possible consequences of those choices. One must learn to understand the consequences before making a decision.

Examples of abilities in decision-making:

- "No, I don't want to have sex" or "Yes, I do want to have sex", and understand the consequences of both decisions.
- To decide on the appropriate contraceptive (condom, the pill) to use if you do have sex.
- To decide to remain faithful to one partner.
- To decide to avoid high risk activities, such as drug and alcohol use.
- To decide to visit a health clinic to be tested for STIs and HIV.

Suggestions for decision making process

- Stop.
- Take some “time out.”
- Define the problem
- Think about the situation.
- Seek advice from others.
- Listen to the advice given.
- Pray.
- Consider family values and personal values.
- Consider cultural practices and religious beliefs.
- Consider all of the options or alternatives available.
- Imagine the consequences and possible outcomes of each option.
- Consider the impact of actions on other people.
- Choose the best alternatives.
- Make the decision.
- Act on the decision.
- Accept responsibility for your actions

SESSION 5: EFFECTIVE COMMUNICATION SKILLS**DURATION:****SESSION OBJECTIVES:**

By the end of this session, participants will be able to acquire skills on how to communicate effectively with adults and peers.

**KEY MESSAGES:**

- Effective Communication is the ability of expressing oneself clearly and effectively during interactions with other people in any given circumstances. It is a basic skill and forms the basis of all relationships.
- The quality of communication often determines the quality of a relationship.
- We communicate to give information, express our feelings, solve problems/arguments/ conflicts, to show that we care, etc. Adolescents who need to learn to communicate effectively with adults and peers

METHODOLOGY: MINI-LECTURES, SIMULATION GAMES AND SCENARIOS**RESOURCES: SRHR MANUAL****PROCEDURE:**

Step 1: Ask participants to brainstorm what disagreements they have had with their parent or friends in the past six months.

Step 2: Divide the group into pairs. Assign each pair of participants a disagreement from the brainstorm. If you need additional ideas you can use the following:

- Your parent/guardian told you not to spend time with a certain boy. Your older sister saw you with the boy and reported it to your parent/guardian.
- Your mother wants you to wake up early in the morning to help with the household chores but you want to sleep in.
- Your father/guardian saw you drinking alcohol.

Step 3: In each pair, one person is the adolescent and the other is the adult or peer.

Ask each pair to role-play the disagreement in their role for 2 minutes.

Step 4: After each role-play, ask the group:

- What helped the adult understand the adolescent? What didn't help?
- How could the situation be improved? What could the adolescent and the adult or peer do to understand each other better?

Step 5: Next, switch roles and have another disagreement for two minutes.

Step 6: Ask three groups to perform their argument for the rest of the participants.

Step 7: Summarize the session while referring to the facilitators notes on



FACILITATOR'S NOTES

Effective Communication involves:

Verbal Communication: One person talks and others listen and react. The conversation can be informative, in the form of questions, a negotiation, statements, or open ended questions, instructions, etc. and the situation can be formal or informal. In relationships communication is usually informal. A speaker, to clear up misunderstandings of what is said, may ask questions to gain information and may repeat in a different way (paraphrase) what was said. Speech problems, too long sentences, mumbling, speaking too softly, hearing problems, listeners interrupting the speaker, loud external noises, etc. may all hamper proper communication.

Listening: The listener must listen and give attention to all that is said, without interrupting the speaker and afterwards to react relevantly. Many people may listen, but not know what the full message is. Some people react to only half of what is said. There are people who listen “selectively”, who miss much of the message and only focus on points relevant to him or her.

Non-verbal language is that which gives meaning to what is said and includes such things as tone of voice, using silence, frowning, smiling, grimacing, gesturing, body posture, touch, distance between persons, etc. Body language can be easy to read, but at the same time easy to misinterpret.

“Convincing” skills: Be Prepared. Know what you are asking for and think through the consequences of your request. Ensure you pick the right time—when the situation at home is relaxed. Also, be calm. Present your topic calmly and with facts. Ensure Listen to what your parents or guardians have to say and consider their point of view and whether they might be right. Remember that parents generally have your best interest at heart. After you still believe in what you want—be persistent. You may have to communicate with your parents about this topic a number of time.

Passive, aggressive and assertive ways of communicating

Passive means to communicate in a “weak” way. You are unclear and you are afraid to address the issue or problem. You are not strong with your opinion and you do not want to upset or disappoint the other person. You have confused body language that shows you are weak, timid, undecided, and have a low self-esteem. Passive examples: talking quietly - giggling nervously - looking down or away - sagging shoulders - avoiding disagreement - hiding face with hand, etc.

Aggressive means to communicate in a way that threatens to punish the other person if your feelings, opinions or desires are not accepted. You try to “dominate” the other person, and insisting on your rights while denying their rights. Only your ideas, words, opinions, thoughts are correct. You have threatening and forceful body language. Aggressive examples: shouting - demanding - saying others are wrong - leaning forward - looking down on others - wagging finger or pointing at others - threatening (for role play).

Assertive means to communicate in a way that does not seem rude or threatening to the other person(s). Assertiveness refers to the ability or competence to express one’s feelings, needs or desires openly and directly but in a respectful manner or without hurting ones feelings. You are standing up for your opinions, ideas, feelings, or rights without endangering the rights of others. You are telling someone exactly what you want in a way that makes it clear that these are your ideas, words, opinions and thoughts and you believe them to be correct for you. You have strong and steady but non-threatening body language. Assertive examples: know what you want to say, say “I feel...”, be specific, use “I” statements, look the person in the eye, don’t whine or be sarcastic, use your body language too, i.e. stand your ground.

Negotiation Skills

Negotiation is something that we do all the time, not only for business purposes. For example we use negotiation skills in our social lives, perhaps for deciding on a time to meet, or where to go on a rainy day. Sometimes though it does involve being able to cope with potentially threatening or risky situations. Negotiation is an important skill in interpersonal relationships and is usually considered as a compromise to settle an argument or issue that will best benefit everyone’s needs. It involves an ability to listen to and respect other people’s views, while at the same time trying to convince them instead to follow yours (this happens through meaningful bargaining).

Ultimately, the outcome of the discussion will be one of the following:

Win-Win: both parties achieve their goals and are satisfied with the outcome.

Win-Lose: one party achieves the goal at the expense of the other party.

Lose-Lose: both parties are dissatisfied with the terms of the negotiated contract.

Negotiation as a skill can never stand alone, but will always be in the company of self esteem, interpersonal relationships, assertiveness, non-violent conflict resolution, and problem solving.

It can also play a role in context-driven situations, e.g. peer pressure.

Empathy skills

Empathy is the ability to understand, consider and appreciate other peoples' circumstances, problems and feelings (step in ones shoes). Empathy also enables a person to give support to another in order to enable him/her to still make a good decision despite of the circumstances.

Peer resistance

Peer resistance is the ability to consciously resist the desire "to go along with the crowd". It means not taking part in undesirable/unsafe activities without feeling obliged to make explanations to peers who may have conflicting ideas and threaten you with exclusion from the group for not participating. If the group is engaging in negative influences and habits, peer resistance is a very important skill for young people. It makes a person stand up for his/her values and beliefs in the face of conflicting ideas or practices from peers.

SESSION 6: STRESS MANAGEMENT**DURATION:****SESSION OBJECTIVES:**

By the end of this session, participants will be able to acquire identify sources of stress and how to manage it.

**KEY MESSAGES:**

- Stress is the body's reaction to life's demands and challenges. Acute Stress – This is an immediate, automatic coping response to an event. Similar in all mammals, a survival mechanism kicks in and causes nearly instantaneous changes to every body system. In many ways acute stress can be very useful.
- Acute stress can be a positive force and often provides the impetus to deal with situations, to prove ourselves capable and up to the challenge. This type of stress is short in duration. Chronic Stress – This is the long-term effect of on-going stress in our lives. It may be the result of a particular event or multiple events.
- When the pressures of home or work offer no reprieve and we have poor coping skills, the symptoms of chronic stress appear. With chronic stress, often we are not aware that we are manifesting symptoms. The body reacts to stress when the brain tells the body to prepare for an emergency. Emotions play an important role in how our bodies experience stress.

- How we think about a stressful situation and what we choose to do about it affects how it makes us feel. When it is not managed, it can make you uncomfortable and interfere with your ability to think through the problem.
- The ability to manage or deal effectively with an emotional situation or problem. Emotions such as fear, passion, anger, jealousy etc. are subjective responses to a situation. They can result in behaviour which one might later regret. Coping with emotions means to be able to recognise them as such and deal with them to make a positive decision nonetheless.

RESOURCES: SRHR MANUAL, FLIP CHARTS

PROCEDURE:

- Step 1:** Ask the participants to share what they know about stress
- Step 2:** Share with participants the definition of stress
- Step 3:** Divide the participants into two groups
- Step 4:** Group one to identify the sources of stress among adolescents
- Step 5:** Group two to identify ways of managing the stress
- Step 6:** Let each group present to the larger group
- Step 7:** Summarize the session by emphasizing the key points referring to the facilitators notes



FACILITATOR'S NOTES

Stress is the uncomfortable feeling you get when you are worried, scared, angry, frustrated, or overwhelmed. It is caused by emotions, but it also affects your mood and body.

Causes of stress

Stress is a condition of increased activity in the body, which can overwhelm the individual beyond his/her capacity. Stress can be caused by physical, emotional or psychological factors. Family problems, broken relationships, examination pressure, the death of a

friend or a relative are examples for situations that can cause stress. As stress is an inevitable part of life, it is important that to recognise stress, its causes and effects and know how to deal with it.

Some of the common causes of stress include:

Stress can be from your parents because of the expectations they have. It can be from your friends because of peer pressure. It Can also emanate from yourself. "I need to lose weight, build my muscles, wear the right clothes, get better grades, score more goals, and show my parents I'm not a kid anymore." Watching parents argue, figuring how to be independent, feeling pressure to get good grades and thinking about the future can also cause stress. Being pressured to do something you know is bad for you, like smoking or not being good enough at sports may cause stress to some young people. Stress can also be caused by constant worrying about how your body's changing and dealing with sexual feelings. Some world problems such as crime and ones safety can also cause stress.

Negative ways of dealing with stress

Some people may cope negatively with stress. Some young people may resort to using drugs, smoking cigarettes, drinking alcohol and bullying others. Having sex, skipping school, isolating oneself and joining gangs are negative ways of coping with stress. harming oneself or committing suicide and fighting other is also not appropriate way of coping with stress.

Positive ways of coping with stress

To cope with stress, avoid unnecessary stress e.g people who upset you. You can also alter the situation e.g. express your feelings, be assertive. One can adapt to the stressor if it cannot be changed e.g. look at the big picture, adjust your expectations. Some situations demand that we accept the things you can't change e.g. learn to forgive, don't try to control the uncontrollable Also make time for fun and relaxation do something you enjoy, connect with friends ,adopt a healthy lifestyle e.g. exercise, eat healthy diet, avoid drugs.

SESSION 7: PERSONAL GROOMING**DURATION:****SESSION OBJECTIVES:**

By the end of the session the participants should be able to appreciate the personal grooming.

**KEY MESSAGES:**

Personal grooming requires the cleaning of all parts of the body (face, hair, body, legs and hands). The exercise of proper personal grooming is one of the essential parts of our daily life.

METHODOLOGY: MINI-LECTURES, DISCUSSION**RESOURCES: SRHR MANUAL****PROCEDURE:**

Step 1. Introduce the session by telling that you will now discuss personal grooming

Step 2: Ask the participants to share the body parts that should be cleaned regularly

Step 3: Allow them to give Responses.

Step 4: Summarize their responses by giving the information in the Facilitator's notes

**FACILITATOR'S NOTES**

Components of personal grooming

- Body hygiene (skin care)
- Oral hygiene (oral care)
- Handwashing (hand care)
- Face hygiene
- Fingernail and toenail hygiene (nail care)
- Ear hygiene
- Hair hygiene (hair care)
- Foot hygiene (foot care)
- Armpit and bottom hygiene
- Clothes hygiene
- Menstrual hygiene (Personal hygiene for women)

SESSION 8: MORAL VALUES**DURATION:****SESSION OBJECTIVES:**

By the end of the session the participants should be able to articulate their moral values.

**KEY MESSAGES:**

- Values are the principles, morals and ethics that guide a person in deciding what is right or wrong. Moral values are important in guiding ones behavior.
- Lack of moral values lead to unethical behavior among adolescents

METHODOLOGY: MINI-LECTURE, DISCUSSION**RESOURCES: SRHR MANUAL****PROCEDURE:**

- Step 1:** Introduce the session by telling that you will now discuss moral values
- Step 2:** Tell the participants to imagine that they wake up at night and their house is on fire.
- Step 3:** Ask each participants to write down one thing they would try to save before running out.
- Step 4:** Give them a few minutes to write down their answers.
- Step 5:** Ask the participants to form a circle and ask a volunteer to read out what he/she would save. Ask all the other participants who wrote down the same thing, to move to where the volunteer is. Ask someone who did not move, to say what he/she would have saved.
- Step 6:** Ask the participants who wrote down the same thing to move. Have at least three more participants to do the same. 6. Have the participants sit back down in the circle and discuss:
- Step 7:** Discussion and feedback:
1. Ask the group why they think girls and boys were saving different things?
 2. Ask the group why some saved “things” rather than “people”?
 3. Summarize their responses by giving the information in the Facilitator’s notes

ACTIVITY TWO

Break the group into two mixed groups.

1. Give each group a flip chart and pen. Ask each group to discuss what they think their values are, and then write their values down on the paper.
2. Ask the groups to select from their list the four most important values and identify them by marking a star beside them.
3. After five minutes, the groups should come together. Each small group should put up their flip chart side by side, on one wall. The participants should review what the other groups have written.



FACILITATOR'S NOTES

Each society has values and norms that prescribe how members of the society should behave. Attitudes are ideas people form which are based on their values and they express verbally or through their behaviour. Personal values are based on beliefs, morals and religion and can change over time. People's values differ and people should learn to tolerate and show respect of other people's values.

Some examples of values include:

- Helping my family
- Finishing secondary school
- Preparing for my future
- Respecting my parents
- Getting married
- Living by my religion
- Being artistic or creative
- Making money
- Being popular with my friends
- Getting a good job
- Being good in sports
- Having children
- Making new friends - Having my own car
- Staying healthy and alive
- Remaining a virgin until I get married

SESSION 9: BENEFITS OF LIFE SKILLS**DURATION:****SESSION OBJECTIVES:**

To learn about the importance of life skills in our lives.

METHODOLOGY: DISCUSSIONS AND WRITING**RESOURCES: FLIP CHARTS, MARKERS****PROCEDURE:**

- Step 1:** Ask the participants to divide in groups of three.
- Step 2:** Distribute flipcharts and markers.
- Step 3:** Ask the groups to write down the benefits of having life skills and problems one would face without them.
- Step 4:** Invite the groups to display their work and make presentations.
- Step 5:** Encourage discussion and cross questioning in the groups.
- Step 6:** Discuss and list the benefits that have been noted by each group.
- Step 7:** Discuss and list the problems one would face without them.
- Step 8:** Summarise and close the exercise by emphasising

**FACILITATOR'S NOTES**

The Importance of life skills Life skills promote healthy behaviours that may reduce early sexual involvement, early pregnancy and the risk of STIs including HIV transmission. They are designed to empower young people to act positively and effectively when confronted with difficult situations. Furthermore, life skills enable young people to protect their own sexual health as well as that of others. Life skills also help young people make informed SRHR decisions.

APPENDICES



APPENDIX 1: PICTURE CODE



APPENDIX 2:



APPENDIX 3:



APPENDIX 4:



APPENDIX 5:

Pre-test/post-test

1. Define the following terms

a) Sexual Reproductive Health

b) Sexual Health

2. Name five barriers that prevent adolescents and young people from accessing sexual reproductive health and rights services

3. Name two parts of the female reproductive organs and two parts of the male reproductive organ and their respective functions

4. Name four body fluids through which HIV is transmitted

5. List four ways in which one can avoid unintended pregnancies

6. Name four types of reproductive health cancers in men and women

7. List six characteristics of a healthy relationship with friends

8. Name three symptoms of STI infection in men and three symptoms of STI infection in women

9. List five negative consequences of sexual abuse

10. List three harmful cultural practices and for each name two negative consequences

11. List five Sexual Reproductive Health Rights for adolescents and young people

12. What are four negative consequences of alcohol and drug abuse?

13. List five healthy ways of dealing with stress

APPENDIX 8:**SRHR PEER EDUCATOR SELECTION CRITERIA FOR YOUNG PEOPLE**

The template below has 5 functional columns. The first column has identified the criteria. The next three recognize the level of judgment as high, medium or low. It has focused on the positive statements, which therefore means that the persons with higher rates of “High” should be more eligible and prominence of “Low” should suggest ineligibility.

Name of student/pupil	Sex	Age	District and School	
Criteria	High	Medium	Low	Remarks/Reason
Responsible				
Able & trusted to keep confidentiality				
Has developed networks with the Participants/active personality				
Can get parental permission (Where it applies)				
Maintains above average academic standards (where applicable)				
Can read and write well				
Shows leadership abilities				
Shares the same context with the Participants (class, school, setting, language, religious faith, community, ambitions, challenges)				
Sensitive/ considerate to the needs of others				
Demonstrates a strong desire to help other people/ volunteerism				
Open to expanding own self-awareness				
Willing to sign agreement for the program				
Does not use drugs and Does not take Alcohol				
Has good interpersonal communication skills				
The Peer Education selection process				

The peer education selection process for in school youth will be a participatory process where students will be asked to volunteer or nominate other students as Peer Educators. This process will be guided by teachers using the set selection criteria for Peer Educators. An equal mix of Male and female Peer Educators will be selected. Mix of young people from different school clubs, sports teams.

APPENDIX 9:

FINAL SRHR TRAINING EVALUATION FORM

TEM	EXCELLENT	V.GOOD	AVERAGE	POOR
Facilitation techniques				
Training Objectives				
Training content				
Organization of training				
Venue of the training				
Quality of facilitation				
Relevance of training				

1. Which topic was the most interesting and Why. Explain?

2. Which topic was least interesting and Why. Explain?

3. Was the Venue conducive for learning?

4. Explain how this training has benefited you?

5. What topics should be included in the next training?

6. Any other comments?

APPENDIX 11

ENERGIZERS AND ICE BREAKERS

1. “Prrr” and “pukutu”

This classroom game is more suited for the little kids. Ask everyone to imagine two birds. One named “prrr” and the other named “Pukutu”. If you call out “prrr”, the Participants need to stand on their toes and move their elbows out sideways. When you call out “Pukutu”, the Participants have to stay still and may not move. If a Participant moves, he is disqualified. These Participants may distract the other Participants.

2. Body letters

Split your class into small groups (4-5 Participants per group). Each group has to think of an acronym about what they have learned so far. The acronym can't be longer than the number of people in the group. If there are 4 people in a group, the acronym will only have 4 letters.

When they found an acronym the groups have to use their bodies to spell the letters. Other groups have to discuss what the letters stand for.

Afterwards, you write the words on a paper. You pass them around the classroom and refer to them in the rest of your lesson. With this energizer, you can see what your Participants remembered and give your Participants a tool to fall back on.

3. Pink toe

The Peer Educator calls out a colour and a body part. Participants must find an object in the room that has that colour and then touch the object with the selected body part. For example, if the Peer Educator calls out “red nose”, Participants need to find an object that is red and touch it with their nose. The Peer Educator continues calling colours and body parts.

To spice things up, you can add an element of competition to this game. Participants that are too slow in completing the task can be asked to sit down. The last remaining Participant is the winner.

4. Get on that chair

For this classroom game, Participants need to be flexible and balanced. For every Participant, the Peer Educator places a chair. All the chairs should be lined up in a single line. Every Participant has to stand on a chair. Then, the Peer Educator asks them to go stand in a certain order. For example: “I want you to organize yourselves from young to old.” The Participants now have to change places without touching the ground.

With this energizer, the Participants get to know each other better in an interactive way. The Peer Educator can give other orders like: “from tall to small.” or “from A to Z.” Every time the Participants have to change their positions without pushing someone off the chairs. If you want to make it more challenging, you can set a time limit.

5. Likeable Lucie

Participants think of an adjective to describe themselves. The adjective must suit the Participants and must also start with the first letter of their name.

The Participants have to memorize every name. The first Participant just says his name, but the second and the rest of the Participants have to name the previous names before saying their name. The last Participants will have to do the hard work.

For example: 1. Likeable Lucie - 2. Likeable Lucie and Precious Petra - 3. Likeable Lucie, Precious Petra and Tiny Tom

6. Do What I Said, Not What I Say

The Actions

Peer Educator (or Participants) stands facing fellow Participants. This leader calls out a command. Participants must follow the previously given command, not the immediate one.

Leader says: "Stand on one foot!"

Participants do nothing.

Leader says: "Hop on one foot!"

Participants stand on one foot.

Leader says: "Flap your arms!"

Participants hop on one foot.

Leader says: "Pat your head!"

Participants flap their arms.

Leader says: "Sit down!"

Participants pat their heads.

Leader says: "Fold your hands on your desks!"

Participants sit down.

Leader says: "Fold your hands on your desks!"

Participants fold their hands on their desks and are ready for the next lesson or activity of the day.

7. Mirror Dancing

One Peer will perform a dance move while facing another Peer. The other Peer will try to copy. Try mirroring funny faces too!

8. Make them Laugh

Divide the Participants into two teams. Teams line up and face a person on the other team. A member from each team walks down the opposing team line.

The opposing team members try and make the volunteer smile or laugh. The members in line are not allowed to touch or talk as the volunteer passes by.

If the volunteer smiles or laugh they join the opposing team.

9. Zoom

Zoom is a classic classroom cooperative game that never seems to go out of style. Simply form Participants into a circle and give each a unique picture of an object, animal or whatever else suits your fancy. You begin a story that incorporates whatever happens to be on your assigned photo. The next Participant continues the story, incorporating their photo, and so on.

Skills: Communication; creative collaboration

10. Game of Possibilities

Time: 5-6 minutes

Number of Participants: One or multiple small groups

Tools Needed: Any random objects

Rules: This is a great 5-minute team building game. Give an object to one person in each group. One at a time, someone has to go up in front of the group and demonstrate a use for that object. The rest of the team must guess what the player is demonstrating. The demonstrator cannot speak, and demonstrations must be original, possibly wacky, ideas.

Objective: This team building exercise inspires creativity and individual innovation.

11. Mute Organization

Simply announce that you want everyone lined up across the room by birth-date. Only catch: no talking. Once they are all lined up, ask certain people their birthdays just to be sure.

You can have them do the same thing, but by shoe size, height, month of birthday, etc.

Variation: Give everyone a number. They have to arrange themselves in numerical order by communicating with each other without speaking or holding up fingers. They make up their own sub-language or sign-language.

12. Shoe Shuffle

Get the group to take off their right shoe. Then throw all the shoes in a big pile in the middle of the room. Tell everyone from the group to grab a random shoe from the pile and put it on their spare foot.

Now the aim of the game is to create some sort of line with all the shoes matching up. So I must find the player wearing the other shoe of my original pair and stand next to them, with my left foot flushed to their right foot. And so on, until the whole group is sorted!

13. Fruit Salad Love

Have Participants get in to a circle and everyone has to pick the name of a different fruit and share it with the group. Someone starts by saying: “ ____ (their own fruit) loves ____ (name of another fruit that was mentioned). For example “Banana loves Apple.” Then, the person who has apple as their fruit continues by saying “Apple loves ____ (names another fruit).” One person is in the middle and tries to tag anyone who pauses. Those who pause step out of the circle. The final two are the winners.

14. “Luke I am your father.”

One Participant is blindfolded and goes to the front of the group. Other Participants take turns trying to disguise their voice and say a predetermined phrase like “Luke, I am your father” or “Hey there, what’s my name?” The blindfolded Participantstry to guess who it is. If they are successful at guessing who is talking, they get to keep going. If they fail, then the Participants who disguised their voice take their place. Play until you have a voice recognition champ!

15. Penguins

Musical chairs goes to the North Pole. Have enough sheets of paper for everyone in your group (these are the blocks of ice) and spread them around on the floor of your room. Have everyone get on a block of ice, one per block. When you start music or blow a whistle, penguins jump off their block and waddle around like penguins (arms stuck to sides) till the music stops and they must get back on a block of ice. While music is playing, remove a block of ice. Remember to tell kids they must not hover around any certain ice block or they are out. Last penguin standing wins!

16. Destination Imagination

Each Participant thinks of a city or country they would like to visit or have visited. Then they decide upon three clues to help the other members to be able to accurately guess their destination. The trick to this game however, is that they cannot say their clues out loud - they have to act them out. For instance, if their chosen place is Hawaii, they could do a hula dance. The person at the end of the game, who has guessed the most destinations, wins!

17. Clumps

Divide into pairs. Ask each pair to sit on the floor with their partner, backs together, arms linked. Their task is to stand up together. Once everyone has done this, two pairs join together and the group of four tries to repeat the task. After they succeed, add another two and try again. Keep adding pairs until your whole group is trying to stand together.

18. Frown King/Frown Queen

Participants pair up and stand back-to-back. On the count of three, everyone faces their partner, looks each other in the eyes and tries to frown, no speaking. The first to smile or laugh must sit down. All who remain standing take a new partner and the activity continues until two people remain. If you have two who are excellent at keeping a straight face, you can divide into teams and the opposite team can heckle to break down the opposing team’s player. The last one standing is crowned Frown King or Frown Queen. (Crown is optional!)

19. Take the Treasure

Invite the Participants to sit in a large circle. Place a chair in the middle. On the chair place the treasure. A set of keys works really well. Ask for a volunteer to guard the treasure from thieves and give them a rolled up newspaper. Unfortunately, they have to do this while being blindfolded!

Once the guard is in place beside the chair, a thief is quietly chosen from the circle. They must attempt to sneak up to the chair and without alerting the guard, snatch the treasure.

Meanwhile, the guard listens for the thief and tries to swat him with the newspaper baton. If the thief is swatted, he must return to the circle. If he succeeds in stealing the treasure and returning to the circle, his prize is to become the new guard.

20. Fact or fiction?

Ask everyone to write on a piece of paper THREE things about themselves which may not be known to the others in the group. Two are true and one is not. Taking turns they read out the three 'facts' about themselves and the rest of the group votes which are true and false. There are always surprises. This simple activity is always fun, and helps the group and leaders get to know more about each other.

21. Around the world

The leader begins by saying the name of any country, town, city, river, ocean or mountain that can be found in an atlas. The young person next to him must then say another name that begins with the last letter of the word just given. Each person has a definite time limit (e.g. three seconds) and no names can be repeated. For example -First person: London, Second Person: Niagara Falls, Third Person: Switzerland

22. Desert Island

Tell your group that they are going to be whisked off to a desert island in just 5 minutes. Each person is allowed to take three things with them. They need to write these three things onto a post-it note and be prepared to place it on a flip chart (or wall) opposite their name.

After 5 minutes ask for a group member to come forward and place their post-it onto the flip chart and explain to the rest of the group what they have chosen and why. You continue this until everyone has done described their three items.

By asking individuals to explain their reasoning behind the selected items, you and the rest of the group will gain a better understanding as to how that person thinks and what type personality they are.

The desert island ice breaker is designed to be used at the start of a training workshop or team meeting. It will hopefully break down some barriers and help your learners relax before the day ahead.

23. Dots

Great for organizing smaller groups and works well with both adults and children. Fix a coloured dot onto the forehead of each participant. Ask the participants to stand up and move around the room in silence. Participants must find out what colour their dot is without talking. Once they know what colour their dot is, they find others with the same colour and that will be their group. This is a great game for encouraging non-verbal communication. Don't forget to give some thought to how you want to mix the groups.

24. Word link

This is a word association game. Ask the group to sit in a circle. The first person starts with any word they wish i.e. red. The next person repeats the first word and adds another word which links to the first i.e. tomato. The next person repeats the previous word and add another word link i.e. soup, and so on. To keep this moving, only allow five seconds for each word link.

25. Vocabulary

You begin by thinking of a word and then give the first letter. The next player thinks of a word beginning with this letter and gives the second letter. The third player thinks of a word that begins with the first two letters and adds a third. The object of the game is to avoid completing a word. When a player has completed three words or failed to add a letter they can rest their brain for the remainder of the game! You might need a dictionary handy to adjudicate on some words.

26. Pass the orange

Ask the young people to form a circle. Give the first young person a large orange and explain they need to pass this around the circle. No problem. BUT, it has to be passed around the circle using only chin and neck. If the orange is dropped, it must be returned to the previous player in the circle and the game restarts. A camera is a must for this game!

27. The human chair

Invite everyone to stand in a circle shoulder to shoulder. Each person then turns to the right to face the back of the person in front of them. Ask them to place their hands on the shoulder of the person in front. On the count of three they slowly begin to sit down on the lap of the person behind. As long as everyone is helping the person in front of him or her to sit, then everyone should be supporting the weight of everyone else. Of course, should someone slip, the game becomes 'human dominoes.' It might take a couple of attempts to complete the challenge.

28. Foot Signing

Give each young person a felt tip marker and tell them they have two minutes to get as many signatures on one (bare) foot as possible. When the time is up, go around and count them, to find the winner. Remember not to emphasis the winning but the fun. Laughs are guaranteed!

29. Duck and Cow

This is a great way to divide a large group into two smaller groups.

Players close their eyes while one person goes around tapping them on the shoulders designating them either a cat or a cow.

On a given signal, players keep their eyes closed and must find other members of their cat or cow team by "mooring" like a cow or "meowing." Like a cat

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS FOR **ADOLESCENTS AND YOUNG PEOPLE**

Plan International is an independent global child rights organisation committed to supporting vulnerable and marginalised children and their communities to be free from poverty. By actively connecting committed people with powerful ideas, we work together to make positive, deep-rooted and lasting changes in children and young people's lives. We place a specific focus on girls and women, who are most often left behind.

For over 80 years, we have supported girls and boys and their communities around the world to gain the skills, knowledge and confidence they need to claim their rights, free themselves from poverty and live positive fulfilling lives.

Plan International has been operating in Kenya since 1982 and works in nine (9) counties: Nairobi, Machakos, Kajjado, Tharaka Nithi, Siaya, Kilifi, Kwale, Homa Bay, and Kisumu.



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