

Session 13 Gender Stereotypes

Learning Objectives

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

Define gender stereotypes

Explain how stereotypes can affect behaviours of young people

Time 35 minutes

Background Notes

When Gender Roles Cause Harm

Every culture has expectations of how men and women should act and what their roles are in society. Fulfilling the roles expected by the community can be satisfying and can give women a sense of belonging. But these roles can also limit a woman's activities and choices, and make her feel less valued than a man. When this happens, everyone (the woman, her family, and her community) suffers.

In most communities, women are expected to be wives and mothers. Many women like this role because it can be very satisfying and it gives them status in the community. Some women would prefer to follow other interests, or they want to have only a few children, but their families and communities do not give them this choice. If she is expected to have many children, a woman may have less chance to learn new skills or go to school. Most of her time and energy will be spent taking care of others' needs. Or, if a woman is unable to have children, her community may value her less than other women.

Most communities value men's work more than woman's work. For example, if a woman has worked all day, and then cooks, cleans and cares for her children at night. But because her husband's work is considered more important, she is concerned about his rest and not her own. In this scenario, her children will grow up thinking men's work is more important, and value women's work and contributions less.

Women are often considered more emotional than men, and are free to express these emotions with others. Men, however, are often taught that showing emotions like sadness or tenderness is unmanly, so they hide their feelings. Or they express their feelings in angry or violent ways that are more acceptable to men. When men are unable to show their feelings, children may feel more distant from their fathers, and men are less able to get support from others for their problems.

Women are often discouraged from speaking at or forbidden to attend community meetings. This means the community only hears about what men think. Since women also have knowledge and experiences to share, the whole community suffers when they cannot discuss problems and offer suggestions.

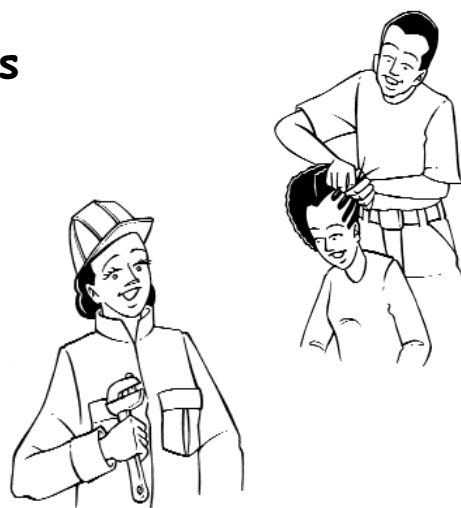
Gender Stereotypes

A stereotype is an oversimplified or biased description of a group. Stereotypes are often negative and harmful. Gender stereotypes are generally used to describe the abilities of men versus those of women in the community in an oversimplified way. Stereotypes are often recognized as being illogical even though many people still believe them.

Instructions

Gender Stereotypes (15 minutes)

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



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

2. Ask learners to think about whether or not these beliefs influence:

The way we feel about ourselves

How we behave

What we believe we can do

What goals we set for ourselves

Stereotypes and Behaviours (20 minutes)

1. Ask learners where we learn what is right or not right for boys and girls to do:

15-19

Home/family (the way we are brought up)

Media

School

Social groups, peers

2. Ask learners to list jobs that men hold and jobs that women hold in their community. Ask if there are jobs that both men and women hold.

3. Write the following two statements on the board. Ask learners to list as many responses as possible:

Boys may believe that to be masculine they should...

Girls may believe that to be feminine they should...

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

4. Discuss how these stereotypes affect relationships between boys and girls or men and women.

Violence when women refuse to be submissive or accept men's decisions

Resentment when a woman has a job and a man does not, or when a woman earns more than a man

Rape

Discrimination in the workplace

Harassment

5. Conclude the session by reminding learners of the first activity in the gender section of what boys and girls can really do. Emphasizing that apart from the reproductive functions, which are dictated by biology, women can do everything that men can do and men can do everything that women can do. Everyone – boys and girls – should strive to be the best they can be at whatever they choose. Emphasize that:

Stereotypes are a form of discrimination

Stereotypes are wrong

Essential ingredients should be human relations and respect for all human beings

Optional Activities

15-19

#1 Famous Men and Women

1. Remind the group that one of the most damaging results of stereotypes is the false belief that women and men should only have jobs in certain fields. In groups of threes, ask each group to brainstorm and develop a list of:

10 famous people worldwide

10 famous African men

10 famous African women

10 famous women in their community

10 famous men in their community

2. After a few minutes, ask volunteers to give you the names on their lists. Have one of the learners write these on a flip chart of the board. Ask the learners the following questions:

Was it difficult to name ten famous people worldwide?

Was it difficult to name ten famous African men? What about women?

Are any of these men or women are working in non-traditional careers?

Which list was the easiest to make? Which was the hardest? Why do you think this is so?

3. Divide the learners into two groups and ask each group to list non-traditional careers for men and non-traditional careers for women. Ask for volunteers from each group to write their lists on clip chart to be shared with the entire group.

4. Facilitate a discussion with the following questions:

What are the advantages/disadvantages of women/men working in a non-traditional career?

What is the greatest barrier to women/men working in non-traditional careers?

Are there jobs only men or women can or should do? Why or why not?

Are there clear-cut roles in your family as to who provides protection and nurturance? Why?

Is there any family role, which is decided by both males and females? Why?

#2 Gender Roles and Relationships

15-19

1. Explain that stereotypes about gender roles can affect our relationships this activity will explore situations where gender roles and stereotypes could affect goals, decisions and relationships for young people.

2. Divide learners into small groups and read the instructions for the activity:

Each small group will receive a case study involving issues of gender roles.

Work to resolve your case study, then prepare to present your solution. You will have 10 minutes.

When you present your solution, others can challenge it while you defend it. Be sure to have arguments to back up your solution.

Case Studies

1. Fatuma has been offered a place at the village polytechnic to study masonry. She is the only girl in the class and the boys are always teasing her about a girl trying to do a 'man's job.' When she scored higher than the boys in the exams, the boys stopped talking to her. She is feeling miserable because she has no friends in the class. What should she do?

2. Kamau wants to make a doll for his younger brother, but his friend Maina says "No way!" Kamau explains that dolls help teach little boys to take care of someone and be loving, but Maina argues that they just teach boys to be cowards. Kamau knows he is right but he's concerned about what Maina might say to their friends. What should Kamau do?

3. Nyambura and Njoroge, both in Form 3 finished school, have been writing to each other for four months. Njoroge has told Nyambura that he will show her how much he loves her in December. Nyambura has heard about the importance of safe sex. In December, she asks her friend Maria to accompany her to the chemist to buy some condoms. Maria says 'girls shouldn't buy condoms, that's the duty of boys.' What should Nyambura do?

4. Ali and Amina have been married for about one year. In the beginning, Ali would come home at all hours of the night and demand to be given food. Amina would wake up, quickly prepare it, and return to bed. Now when Ali comes home, he is usually drunk and when Amina wakes up to prepare his food, he often beats her and tells her she is not a good wife. She cannot tell him to stop the beatings and she dare not tell his family. What should she do?

3. When time is up, ask for a volunteer to present the case study and solution. Then invite any challenges. Arguments are okay as long as the group maintains ground rules. Allow the "debate" to go on for two or three minutes, assisting either side as appropriate, before moving on to a new group. Repeat the process until the group discusses and debates all case studies.

4. Facilitate a discussion with the following questions:

Is it easy or hard to look at male and female roles in a new and non-traditional way?

How do men or women accept the changes in gender roles? Why?

What are some of the ways changing gender roles have affected relationships between men and women in social settings? In families? In the workplace?

Would your parents reach the same or different solutions?

Which case study was the most difficult? Why?

If you could make one change in men's gender roles, what would it be? In women's gender roles?

Session 14 Sexuality and Behaviour

Learning Objectives

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

- Define sexuality and sex
- Explore messages about sexuality in society
- Explain how sexuality affects behaviour
- Explore their own feelings about sexuality
- Explain the difference between “feeling” and “behaviour”
- Describe the consequences of sexual behaviour for adolescents

Time 90 minutes

Background Notes

Sexuality

Sex and sexuality are often thought to refer to sexual intercourse and other sexual activities. However, sex is whether a person is male or female and is determined by which reproductive organs they have and how people express their gender. Sex is a part of sexuality.

Sexuality is an important part of who a person is and what she or he will become. It is much more than sexual feelings and sexual intercourse. Sexuality includes thinking of oneself as sexual; feeling attractive; and behaving, dressing, or communicating in a sexy way. It includes feeling, thinking or behaving as a male or female; being attractive; being in love; and being in relationships with sexual intimacy and sexual activities.

Sexuality influences social behaviour. Human sexuality can also be understood as part of the social life of humans, governed by implied rules of behaviour. Sexuality influences a person's sexual identity. Sexual identity can be shaped by the social environment one is exposed to. Human physiology makes sexuality possible, but it does not predict sexual behaviour.

Human sexual choices are influenced by society and culture. Some may choose to abstain from sex before marriage because of their religious beliefs. Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behaviour for men and women. For example, some cultural traditions recognize that women have sexual desires and urges whereas other cultures do not. In some cultures it is very important for girls to be virgins when they get married, whereas men are expected to be sexually active by the time they are married.

Aspects of Sexuality

There are many aspects that make up sexuality. Each of these aspects are connected to each other and make a person who he or she is. The following are aspects of sexuality:

- Body image: How we look and feel about ourselves, and how we appear to others.
- Gender roles: The way we express being either male or female, and the expectations people have for us based on our sex.
- Relationships: The ways we interact with others and express our feelings for others.
- Intimacy: Sharing thoughts or feelings in a close relationship, with or without physical closeness.
- Love: Feelings of affection and how we express those feelings for others.
- Sexual arousal: The different things that excite us sexually.
- Social roles: How we contribute to and fit into society.
- Genitals: The parts of our bodies that define our sex. They are part of sexual pleasure and reproduction.

Family Life Education

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

Sexually Healthy Adolescents

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

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

Sometimes it is hard for adolescents to remain sexually healthy. They are not taught in school or at home what this means. Most adolescents get their information from peers, older siblings, music and magazines, which can be misleading and confusing. Sex is portrayed as being romantic and problem free in these sources and looks like it just happens without talking about whether or not they should have sex. They rarely discuss whether or not they should use condoms, and if they do not use condoms they rarely seem to get into trouble with an unwanted pregnancy or STIs.

An important part of healthy sexuality is being able to tell the difference between sexual behaviours that are healthy and those that are harmful. Before adolescents act on their sexual feelings, they should be encouraged to think about the consequences of their actions. They can ask themselves:

Will I or anyone else be put at risk for unwanted pregnancy, HIV, or other STIs?

Will acting on my sexual feelings cause any other problems in our relationship?

Will it make me or my partner feel uncomfortable? Will anyone’s feelings get hurt?

Being sexually healthy means taking the time to think about the consequences before acting on sexual feelings.

Setting Limits

Some people think that sex is a powerful and uncontrollable force that just happens, like thunder or rain. But the truth is that sexual intercourse is a deliberate decision. When a person has sex it is not nature overcoming them. It is the person who made a decision. In fact, people make many decisions about sex: When? With whom? Why? Where? How often? With a condom? Without? Sex is a big decision. Adolescents can try to make sure it is their own decision and ignore people who say, “Everybody is having sex.” Everybody is not having sex, in fact most 15 to 19-year-olds have not had sex.

When young people are deciding whether or not to have sex, it is important that they think about whether they are ready for the demands of safer sex – correct and consistent condom use, HIV counselling and testing, and more. Most adolescents are not ready to handle all these responsibilities. If someone does not feel ready, they should say no and wait until they are older. Ideally, sex will take place when the young person cares for their partner and the partner cares for them in return. Caring takes time. Friendship and closeness do not develop overnight. If sexual partners are not true friends, they may find sex embarrassing. This is a sure sign that this is not the right person or the right time for them.

Instructions

Definition of Sexuality and Sex (20 minutes)

1. Ask learners to write down on a piece of paper what first comes to mind when they hear the word “sexuality.” Ask them to do the same for the word “sex.”
2. Draw two columns on the board labelling one “Sex” and the other “Sexuality.” Collect pieces of paper and write the responses on the board. A volunteer can read the responses as you write them.
3. Define sexuality. Explain that it is more than sex and sexual feelings; it exists throughout a person’s life and is the total expression of who we are as human beings, male or female. It is an important part of who a person is and what he or she will become. Sexuality is constantly evolving as we grow and develop. It is a part of us from birth to death. It includes all the feelings, thoughts, and behaviours of being a girl or boy, including being attractive, being in love, and being in relationships that include sexual intimacy and physical sexual activity.
4. Define Sex. Explain that sex has to do with biology, anatomy, and physiology, and refers to one’s reproductive system and behaviour as a girl or boy. Therefore, sex is part of one’s sexuality. Emphasize that sexual intercourse is an activity done by the body, whereas sexuality is in the mind and is about the whole person.

Aspects of Sexuality (20 minutes)

1. Explain that sexuality has many aspects. Divide participants into eight groups and assign one of the following words to each group. Ask each group to discuss what they understand their word to mean and how it relates to sexuality.

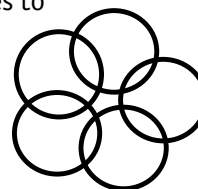
1. Body image
2. Gender roles
3. Relationships
4. Intimacy
5. Love/affection
6. Sexual arousal
7. Social roles
8. Genitals

2. After five minutes, bring the groups back together and facilitate a discussion. Ask a representative from each group to share what they discussed about their word. Allow other learners to add additional information.

15-19

Sexuality and Behaviour (25 minutes)

1. Refer to the “Circles of Sexuality,” and explain how each circle relates to sexuality. Draw the circles on the board to show how they intersect.



2. Facilitate a discussion with the following questions:

Are there any circles that they did not think of as being “sexual” before?

Which of the circles feel most familiar? Why?

Which circle is most important for friends your age to know about? Which is least important?

Which circle would you like to talk with your parents about? If none of them, why not?

Which circle would you like to talk with your friends or boyfriend/girlfriend about?

Feelings about Sexuality (20 minutes)

1. Ask learners to list some of the feelings young people have about sexuality (including fears and frustrations, uncertainty, embarrassment, confusion, shame, guilt, curiosity, satisfaction or pride).

2. Explain that as the body changes in adolescence, feelings are also changing. It is important to talk about these feelings with family, friends and other adults they trust because they affect their self-esteem, relationships and behaviour.

3. Divide learners into pairs. Read off the following statements about feelings. Have them copy them into their notebook, answer them and discuss them. Ask each pair to share their feelings about as many of the statements as they can. The feelings must be true for themselves.

When I think about my best friends or friends, I feel....

When I think about visiting someone I really like, I feel...

When I think about finding a girlfriend or boyfriend, I feel...

When I think about how things are between me and my parents/guardians, I feel....

Feelings and Behaviour (5 minutes)

1. Ask learners to discuss the difference between feelings and behaviour.

Feelings cannot be seen; they are carried within the individual

Behaviour can be observed and normally involves other people

2. Allow learners to discuss some sexual behaviours (kissing, sexual intercourse, oral sex). Ask learners to discuss the kinds of feelings that can sometimes lead to sexual behaviours. For example, feelings of intimacy and closeness can lead to kissing and sexual intercourse.

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

Consequences of Sexual Behaviours (5 minutes)

1. Ask learners to discuss possible consequences of sexual behaviour. The following should be mentioned:

Unplanned pregnancy

Sexually transmitted infections including HIV

Dropping out of school

Not reaching goals and losing opportunities for the future

Loss of self-esteem due to guilt and loss of reputation

Feeling badly or sad

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

Circles of Sexuality

Sensuality

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

Intimacy

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

Sexual Identity

A person's understanding of who she or he is sexually involves four things:

Gender identity – Am I male or female?

Gender role – What can a man or woman do (or not do) because of gender?

Sexual orientation – Who am I attracted to sexually?

Sexual preferences – What are my sexual limits? How many partners will I have?

Reproduction Sexual Health

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

Sexualization

Sexualization is a negative aspect of sexuality. It includes using sex or sexuality to influence, manipulate, or control other people. Behaviours include offering or accepting money for sex, giving grades to students in exchange for sexual favours (sexually transmitted grades), sexual harassment, sexual abuse or rape or withholding sex from a partner to punish or to get something you want.

Optional Activity

15-19

#1 Questions on Sex

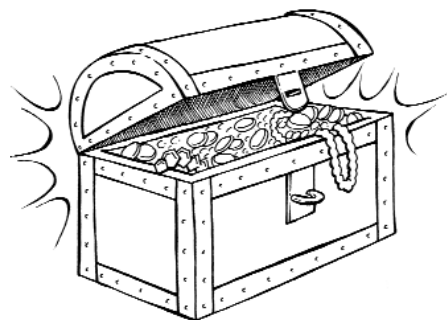
1. Ask learners what questions they would like answered about sex, sexuality, or sexual activity. Tell them to write their questions on a piece of paper and pass it in anonymously (or to place them in a special box or basket or in a special place in the room). Answer all of these questions during another session.

Session 15 Self Esteem

Learning Objectives

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

- Define self-esteem
- List qualities they like about themselves
- Explain ways to improve their own self-esteem



Materials Required

- Chalkboard, chalk
- Learner notebooks, pencils

Time 105 minutes

Background Notes

Self-Esteem

Self-esteem describes how people feel about themselves. How people feel about themselves influences their actions towards others and what they can accomplish in life. People with high self-esteem may have a high regard for themselves. They know that they are worthy of love and respect. They respect themselves. When people feel worthy of love and respect, they expect it from others.

Having self-esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on. If another person tries to convince or persuade him or her to do something they really do not want to do, people who feel good about themselves will be less likely to fall under another person's pressure. They will feel more confident that their own decision is the right one and will make their own choices based on their own desires, and not the desires and values of others.

The opposite is also true. People with low self-esteem may be more likely to fall under the influence of others, not trusting their own values or decisions.

Self-esteem is important because how people feel about themselves influences what they accomplish in life. If people believe in themselves and in their own ability, then they are able to work hard, reach their goals and accomplish what they set out to do. High self-esteem allows us to:

- Accept new challenges and try new activities.
- Be more comfortable with others, and develop closer and healthier relationships.
- Believe we can succeed.
- Gain self confidence.
- Be the person we want to be.
- Be assertive and refuse to be pressured into what we do not believe in.

People are not born with self-esteem. It is learned as children realize that they are loved and valued. As children hear positive remarks including praise, encouragement, and reassurance, about themselves and the things they do, their self-esteem is strengthened over time. Parents and family play a crucial role in building or damaging a young person's self-esteem and helping a child to grow up believing that he or she is both lovable and capable.

High self-esteem is different from pride or being conceited. People with high self-esteem like themselves, but that does not mean that they think they are perfect or better than other people. Self-esteem is something deep inside you. You can work on your self-esteem every day by:

Not comparing yourself with others. Set your own goals, and don't judge yourself according to someone else's achievements. Life is a long race. Sometimes you will be ahead, sometimes you will be behind.

Recognizing your special talents and appreciating yourself the way you are. Make a list of the things you do well. Are you an artist, athlete, singer, storyteller, footballer or dancer? In what subjects do you excel in school? What things do you do well at home?

Thinking about the kind of person you are and making a list of your best qualities. What do you like about yourself? Are you generous? Do you have a good sense of humour?

Being aware of the things you would like to improve about yourself, but not being overly self-critical.

Being realistic. Set achievable goals so that you can be satisfied when you accomplish them.

Believing in yourself. Tell yourself: "I can do it!"

Spending time with people who care for you, make you feel good about yourself and boost your self-esteem.

Staying away from people who damage your self-esteem, particularly if they do it on purpose. Of course, working on your self-esteem does not mean that you will never feel badly, but it will help you get through difficult times. Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts: "This is wrong. I do not want to be treated like this!"

Instructions

Definition of Self-Esteem (20 minutes)

1. Ask learners to stand up and form two circles, one inside the other, with about half of the learners in an outside circle and the other half in a smaller circle inside the larger circle. Ask the learners in the smaller circle to close their eyes, put their arms around each other, and lower their heads. Ask the learner in the big circle to walk around those in the smaller circle and while they are going around in circles, read the following instructions:

Give a pat on the back to someone who makes his or her own decisions and sticks to them.

Touch the head of someone who is friendly and understanding.

Give a pat on the arm to someone who works well with others.

Touch the shoulder of someone who is recognized and respected in his or her community.

Touch the shoulder of someone who makes us feel confident.

2. After a few minutes, change places and the members of the big circle switch to the small circle and vice versa. Continue the activity until everyone has been touched in some way by someone else. At the end, ask how they felt when the other classmates touched them? How did you feel when someone patted you on the back? (happy, good, proud, confident).

3. Write learners responses on the board. Review the information with them by saying:

In this activity, our friends identified our strengths. We should also recognize that we have strengths and values that we should be proud of.

It is also good to recognize that we have some weaknesses that we can improve upon.

Explain that knowing ourselves and valuing ourselves is called self-esteem. Self-esteem can influence our actions towards each other and what we accomplish in life.

4. Ask learners to discuss why self-esteem is important and how we learn self-esteem. Explain that if people believe in themselves and their ability, then they are able to work hard, reach set goals and accomplish what they set out to do. Ask learners to brainstorm what feeling good or having high self-esteem about ourselves helps us to do. Some of the responses should include:

Accept new challenges and try new activities

Be more comfortable with others, and develop closer and healthier relationships

Believe we can succeed

Gain self confidence

Be the person we want to be

Be assertive and refuse to be pressured into what we do not believe in

Self-Esteem (55 minutes)

1. Explain that we are born with an imaginary empty treasure chest. As people love us, compliment us, appreciate us, spend time with us, and learn with us, we build up our treasure. As people criticize us, shout at us, and put us down, we lose our treasure. Explain that as the put-downs build up, the treasure chest can lock and that prevents us from feeling good about ourselves and others.

2. Read the following statements aloud one at a time. Ask learners to write a response to each statement.

What do you think is your greatest personal achievement to date?

What do you like most about your family?

What do you value most in life?

What are the three things you are good at?

What is one thing you would like to improve about yourself?

If you died today, what would you most like to be remembered for?

What do your friends like most about you?

What do members of the opposite sex like most about you? (for ages 15-19)

3. Divide learners into groups of three or four and share two or three of their responses. Ask the learners to discuss in their groups how they can give themselves and other people self-esteem treasure.

4. Ask learners to name different aspects of self-esteem. Write their suggestions on the board as they list them. When they have finished, discuss the following with them:

Know Ourselves: It is important for us to know who we are; our values, goals, dreams, and priorities.

Respect Ourselves: Some people can do certain things better than others. Our friends may play football better, work better, or learn faster. They are not better, just different. Never compare yourself to others.

Love Ourselves: We must love ourselves before we can love others. When we have a good relationship with ourselves, our relationship with others will improve.

Affirm Ourselves: Instead of hating ourselves for what we are not or have not done, we should give ourselves credit for what we are and what we have done.

Trust Ourselves: Trusting ourselves means knowing that we can be our own teacher, our own guide, and our own decision maker for matters relating to us.

Accept Ourselves: Accept ourselves as we are. We are doing the best we can, now. Tomorrow we will do better. Treat ourselves lovingly and gently.

Show Ourselves: Let people know who we really are. A healthy personality is based on being honest about who we are.

Stretch Ourselves: When we were little, by age 6 or 7, we had developed a mental picture of ourselves, called a “self-image.” Our self-image is not easy to change, but it can be changed. Little by little, by doing things well, taking risks, acting differently and trying new things, our mental picture of who we are can be expanded, enlarged and embellished.

Self Discipline: Staying focused and having control over actions helps to achieve our goals.

Nourish Ourselves: Nourish ourselves with good friends, food, books, and experiences. Take care of our mind, body, and feelings, and take charge of our life.

Be Ourselves: The world tells us who we should be almost from the moment we are born. Sometimes it feels as though what we want is not important. It is important to be ourselves and be proud of who we are.

Share Ourselves: Once we feel good about ourselves, our time spent with others will be more satisfying and fulfilling. Sharing our life with others will help us to feel better about ourselves.

Factors that Lower Self-Esteem (30 minutes)

1. Explain that there are reasons why many young people have low self-esteem. Very often, the “negative” things about people are highlighted while the “positive” things are not spoken about.
2. Ask the learners to explain the meaning of the word “put-down,” and write it in large letters on the board.

Put-down: a word, phrase, expression, statement, gesture, or situation that results in a person feeling not good enough, not important, not capable, or less valued or significant than before.

3. Ask learners to give examples of put-downs and write them on the board. Examples include:

“That’s a silly idea.”

“I suppose that’s the best you can do.”

“What idiot would do that?”

“That’s typical of you.”

If working with older adolescents, ask them to discuss put-downs such as gestures, or even more subtle put-downs such as talking to one person in a way that excludes or ignores another.

4. Put the responses on the board. Then ask the learners to discuss whether it is only other people who put us down, or whether we also do it to ourselves, and how. Some ways we might put ourselves down include:

Not accepting compliments. “Oh, I’m not really that good, I was just lucky.”

Giving credit to others when it rightfully belongs to us. “You did all the work, I just helped a little.”

“I couldn’t do anything without him.”

Giving others opinions before our own. “Our teacher always says...” “My friend thinks...” “I really don’t know but my mother says...”

By responding when someone says, “Hey, stupid!”

By accepting nicknames like shorty, fatty or thick-head.

5. Divide the learners into groups and have them discuss:

How do put-downs affect us?

How are we likely to feel about ourselves if we believe put-downs?

If someone is continually put down, how are they likely to behave towards themselves and others?

6. Emphasize that people who are used to being put down:

Find it difficult to interact with others or meet new people because they are afraid of rejection

Are easily influenced or do things they do not want to do in order to be accepted

Cannot stand up for their rights

Are shy

Lack confidence

Find it difficult to make decisions



Optional Activity

#1 Promoting Self-Esteem (30 minutes)

1. Ask learners to fix a large piece of paper to each other's backs. Have everyone walk around the room looking at people and then write on the sheets on their back any positive thing or feeling they have about them. There are two rules: it must be positive and it must be genuine.
2. Have learners take turns reading out three statements that have been written about them, beginning the sentence with "I am..."
3. Discuss how it can be difficult to accept praise. Ask each learner to add one positive characteristic or strength about his/herself to the list. Discuss. Ask learners if it was easy or difficult to recognize their own strengths?
4. Facilitate a discussion with the following questions:
 - How did this activity make you feel?
 - Were you afraid people would not have anything good to say about you?
 - What does it say about people who cannot write positive qualities about others?
 - Are we positive enough in the way we look at others?
 - How would it feel not to get praise?

Session 16 Being Assertive

Learning Objectives

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

- Distinguish between assertiveness and aggression
- Demonstrate effective assertiveness skills

Time 40 minutes

Background Notes

Assertiveness is an important skill for getting along with others. Being assertive means standing up for yourself and being straightforward and honest with yourself and others about what you need and want. Being assertive can help you protect yourself from dangerous situations and can help you resist peer pressure to do things that you are uncomfortable doing.

People who are not assertive are often submissive. Even if they are being treated poorly, they do not stand up for themselves. People who are not assertive often lack the confidence and self esteem to stand up for their own needs and to protect their feelings or body from being hurt.

Assertiveness is very different from being aggressive. People who are aggressive are rude and unkind. They do not care about other people's feelings. Being too aggressive is not very good for your emotional health because, deep down, you will feel bad about being unkind.

How to Be Assertive

Decide what you feel or want and say it. Don't be afraid to be honest about your feelings. Being confident about your own feelings will encourage others to respect them as well. Someone who truly loves you will not want to do things that make you feel unhappy.

Look people in the eye. Eye contact is an important part of being assertive. It tells the other person that you are serious about what you are saying and that you are paying close attention to whether or not they are listening to you.

Do not make excuses. Your feelings are the best reasons. For example, if you do not feel ready for sex, but your girlfriend or boyfriend is pressuring you, avoid using other people as excuses. Say what you really feel.

Do not seek approval from others. If you do not want to do something, say so clearly and do not ask if it is alright. Show other people that you know your own mind and are not looking for their approval.

Do not get confused by the other person's argument. Keep repeating what you want or do not want. Stand your ground and do not give in.

You have a right to change your mind. Perhaps you and your boyfriend talked about sex a few days ago and you told him that you would have sex with him. But you thought about it and now you feel sure that the time is not right – that you are not ready and that the relationship is not ready. He says: "But you agreed that we could have sex." Tell him: "I've changed my mind. I've decided I don't feel ready." If he truly loves you, he will respect your right to change your mind, and he will wait until you feel ready.

Instructions

Assertiveness and Aggression (30 minutes)

1. Ask the learners to discuss what they understand by the terms assertiveness and aggression. Make sure their definitions are similar to the ones below. Ask them to list differences between being assertive and aggressive:

Assertiveness: expressing thoughts, feelings and beliefs in a direct, honest and appropriate way.

Aggression: a feeling of hostility that may lead to attacks or an unprovoked violent action.

2. Make sure learners understand the two terms by explaining:

Being **assertive** is standing up for what you believe in and what you want. Young people are often tempted to give in to someone else's desires, whether because of peer pressure or something idealized in the media. However, if we say what we want or feel and explain why we have chosen a certain decision or action, then we can do what we really want without hurting another person. Assertiveness is part of effective communication. When you are assertive you can say no without feeling guilty, can ask for help when it is needed, avoid arguing, disagree without becoming angry, and feel better about yourself.

Being **aggressive** involves putting other people down, blaming, or criticizing them.

3. Read the following scenario aloud to the learners:

Mary was so glad that the school day was over. She had had two exams that day and was looking forward to meeting her friends at the nearby kiosk for some snacks. She had just enough money to buy a soda and some crisps. She bought them and went to sit with her friends. Just as she was about to start eating, John came up behind her and took one. "Good crisps," he said, "Can I have another?" Before Mary could answer, her friend Jane said, "Can I have one too? I'm still so hungry" and took some. Then another friend said, "If you sit here you have to share your food with us," and he proceeded to take more of Mary's crisps.

4. Ask the learners to think about the scenario and what they would do if they were in Mary's position. Then ask the learners to share their thoughts with the group. Divide learners into four groups, based on what they think Mary should do:

Group 1: Apologize to your friends for not sharing your crisps and let them eat all of them.

Group 2: Grab the crisps and say you are going to eat all of them yourself.

Group 3: Silently let the friends eat the crisps, then ignore them so they will know you are angry.

Group 4: Explain to your friends that you have been looking forward to having the crisps all week and that you'd share some with them as long as they leave enough for you.

5. Write the following terms on the board: passive, indirectly aggressive, directly aggressive, and assertive. Ask each of the four groups if they are able to match their responses to the terms.

6. Explain the following:

Passive: Group 1. Your friends told you what they wanted but you did not tell them what you wanted. Passive people may believe that others are always telling them what to do and they play the role of victim. They allow others to violate their rights. A passive response is not always in your best interest. However, there are some situations when a passive response is the most appropriate. Ask the learners to give some examples.

Directly Aggressive: Group 2. You say what you want in a threatening manner that offends others. This response is generally not in your best interest and often leads to conflict.

Indirectly Aggressive: Group 3. You pretend everything is fine, but then act with hostility towards your friends. Because you did not express your feelings, your friends are left to guess what they have done wrong. It leaves your friends and yourself frustrated.

Assertive: Group 4. You knew what you wanted and expressed it in a straightforward manner. You were sensitive to the feelings of your friends, which made you feel good about yourself, and your friends know where they stand with you. It is a solution that leaves everyone satisfied.

7. Ask learners to imagine that aggressiveness, assertiveness, and passiveness are like a seesaw. The aggressive person is at the top, looking down on everyone else. The assertive person is perfectly balanced in the middle and quite comfortable with him/herself and others. The passive person is at the bottom, looking down at the ground and feeling bad. Ask the learners to think of different words to describe a person who is passive, a person who is assertive, and a person who is aggressive. Write down their suggestions on the board. Use the following as a guide:

Passiveness	Assertiveness	Aggressiveness
Giving in to the will of others	Telling someone exactly what you want in a way that does not seem rude or threatening	Expressing your feelings or desires in a way that threatens or punishes others
Hoping to get what you want without having to say it	Standing up for your rights without endangering the rights of others.	Insisting on your rights while denying their rights.
Leaving it to others to decide for you.	Knowing what you need and want	Dominating, shouting, demanding, not listening to others.
Being submissive	Expressing yourself with "I" statements say "I feel" not "You..."	Looking down on people.
Talking quietly, giggling, looking down or away, sagging shoulders, hiding the face with hands	Looking people in the eye	Saying others are wrong.
Avoiding disagreement	Standing your ground	Blaming, threatening, or fighting with others.

Assertiveness Assessment (10 minutes)

1. Explain that this exercise is designed to help them discover how assertive they already are. Ask each learner to take out a sheet of paper. For each of the following statements, ask them to write an M for most of the time, S for some of the time, and N for almost never.

I can express my feelings honestly.

When I say how I feel, it is not to hurt someone else.

I express my view on important things, even if others disagree.

I offer solutions to problems instead of just complaining.

I respect others' rights while standing up for my own.

I ask my friends for a favour when I need one.

I take responsibility for my own feelings instead of blaming others.

If I disagree with someone, I don't use verbal or physical abuse.

I can admit when I'm angry.

I can say "no" without guilt or an apology.

I do not do risky things with my friends.

I ask for help when I am hurt or confused.

2. Ask learners to count how many times they each scored M. They can compare their scores as follows:

0 – 4: Need to work hard at being assertive.

5 – 9 : Somewhat assertive, but could improve.

10 – 12: Good and keep practicing.

3. Facilitate a discussion with the learners using the following questions:

Why is it sometimes difficult to be assertive?

How can being assertive help in a relationship? In a family?

Optional Activity

15-19

#1 Assertiveness Role-plays

1. Tell the learners they will now have a chance to role-play assertive ways to ask for what they want or need. Point out this can be done by either asking for what you want and refusing what you do not want.
2. Assign one of the following role-plays to a pair of learners who volunteer to present it to the group. Away from the other learners review the role-play with the volunteers. Ask the pair to act out the situation using the information they learned in the session. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give learners a couple of minutes to prepare for the role-play. Present the role-play to the group. After the pair presents the role-play have the other learners clap for the presentation.

Role-play scenarios

1. You are attending a meeting to plan for an upcoming symposium. Every time you start to say something, an older boy interrupts you. Role-play the dialogue at the meeting.
 2. You are boarding a crowded matatu and the tout shouts at you to hurry up and get in. You prefer to wait until someone moves and makes some space for you. Role-play your conversation with the tout and his responses.
 3. You are in a school building and someone lights a cigarette. Smoking is not allowed in the school and the smoke is making you sick. Role-play your conversation with the smoker and the defence of his actions.
 4. Your friend is having a sexual relationship with an older man who gives her dresses, perfumes, and pocket money. She wants you to go out with his friend, but you do not want to get into a relationship where money is exchanged for sex. Role-play the conversation with your friend.
 5. You are a secondary school girl whose boyfriend is a 25- year- old businessman. He has been giving you gifts and taking you to the discos and cinemas. You are now worried about possible HIV infection and you want to ask him to use condoms. Role-play your conversation, how you would initiate it, and what happens.
3. Ask the group the following discussion questions, one at a time, and write the responses on the board:
 - What happened?
 - Does this happen here in our community (school, home)?
 - What problems does it cause?
 - What can we do when this happens? What can we do to avoid these problems or this situation?
 - What else could she/he have said to give more information?
 2. Ask two more volunteers to act out the next role-play. Use the same discussion questions above on the subsequent role-plays as time allows.

Session 17 Decision Making

Learning Objectives

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

Explain the Three Cs decision-making process

Time 120 minutes



Background Notes

A decision is a choice that we make between two or more possible options. We all make decisions every day. We will need to make more and more decisions as we go through life and some of these decisions will affect us the rest of our lives.

One of the most important parts of decision making is looking ahead to see what might happen if you do something. This is called predicting outcomes or understanding consequences. The better you are at predicting outcomes, the better you will be at making decisions that result in the outcomes or consequences you want.

Key steps for good decision-making include:

Describe the problem, situation, or issue that needs a decision.

Get more information if you have questions about the situation.

Think about the possible consequences or outcomes of each course of action.

Think about your personal and family values, and which courses of action are consistent with these values.

Think about the ways in which your decision may affect other people.

Choose the decision that seems most appropriate based on your knowledge, values, morals, religious upbringing, and present and future goals.

Re-think the decision and how you feel about it. Be sure you carefully considered all the alternatives and feel comfortable with the choice you made.

Instructions

Two Types of Decisions (30 minutes)

1. Ask learners for examples of decisions they have made during the week. Write them on the board.

2. Discuss with the learners what kinds of decisions adolescents have to make as they grow up. Some examples are whom to choose as friends, whom to choose as a boyfriend/girlfriend, whether to have sex, which career or profession to choose, whether and when to marry, whether and when to have children and how many children to have. Record some of the decisions on the board.

3. Explain that there are two types of decisions:

Active decisions involve thinking about options and making a choice based on the careful consideration of the consequences of each alternative.

Passive decisions are made by allowing time, chance or someone else to decide for you.

4. Look at the list of decisions that the learners created in steps 1 and 2 and help the learners identify which ones were made actively and which were made passively.

Three C's for Decision Making (90 minutes)

1. Explain that making decisions and knowing the consequences are important skills young people need. Explain that there are three steps for active decision making. Sometimes this is done very carefully, other times very quickly. Some decisions can take a few days, others can take years, while others are made instantly.

Present the Three C's for making decisions.

Describe the **CHALLENGE** (or decision) you are facing

List three **CHOICES** you have

Consider the positive and negative **CONSEQUENCES** of each choice

2. Ask learners to take out a piece of paper and write down a serious decision that they or their friends are currently facing. The decision can be about anything – school, a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential and they do not need to write their names.

3. Collect the papers in a basket or box. Read them quickly and choose five or six that are difficult decisions, and write them on the board. If what is written can be used to identify the writer, change it accordingly to maintain confidentiality.

4. Explain to the group that these are the kind of challenges many young people face, especially as they become older and more independent. Young people must make decisions and learn to live with the consequences of their choices.

5. Ask learners to choose one of the challenges listed. Ask the group to list several options that a person making this decision has and write them on the board. List those beside the word choices on the board and add any others that you can think of. Be sure there are at least three choices.

6. Remind learners that there are consequences to their decisions. Ask them to think of possible negative and positive consequences for each choice. Add any obvious consequences the group may leave out, especially negative ones.

7. Ask learners to look at the choices and consequences and make a choice together. Encourage learners to reach agreement or take a vote to determine the outcome. Explain that decisions are usually made alone, but people may seek other people's opinions before making a decision.

8. Divide learners into groups of four. Assign each group one of the other challenges from the list on the board. Have them follow the Three C's and make a decision. Once each group has made a decision, allow a representative from each group to share their decision and how they made it with the whole group.

9. Facilitate a discussion with the following questions:

Do certain choices warn you right away to choose something else? If so, what are they? (Possible answers: A risk to your health, a risk of going to jail, a risk of losing your integrity)

What negative consequences relate to a person's feelings or values? (Possible answers: guilt about choosing against your values; feeling bad for doing something your parents, religion, traditions or culture, or friends would disapprove of; or feeling used or exploited)

When you have to make a difficult choice and are unsure of the decision to make, who could you ask for help? (Possible answers: friend who has gone through a similar decision, teacher, school counsellor, religious leader, parent or other trusted adult)

How can you explore all the possible consequences of a particular choice?

Are you facing a personal decision now? Can you use this decision making process to help you?

#1: Choices and Consequences Role-plays

1. Divide the group into three teams and describe a role-play scenario to each group. Tell the learners that they are now going to have a chance to practice using the Three C's model so they will be able to make major decisions themselves in the future.

Role-play scenarios

1. You have decided that a condom is your best protection against HIV, other STIs and unwanted pregnancy. You want to use a condom during sex, but your partner does not want to use a condom and will try to persuade you not to use it. She insists that using the herbs she got from the traditional healer will be more effective. Use all the arguments you believe are relevant to support your decision to use condoms during sex.

2. You are away from home for a few months. Before you left, you and your boyfriend/girlfriend decided that neither of you would have sex with anyone else. You are out one night and meet a person at the disco who you find very attractive. The person looks very nicely dressed and smells clean. There is no way for your partner at home to find out whether or not you had sex with this person. Use all the arguments you believe are relevant to support your decision to remain "faithful."

3. Nanjala is one of the last to leave a party in Kakamega with friends. Baraza, her friend's older brother, is supposed to walk her home late at night through a sugar plantation, but he's been drinking and smoking bhang. He's not really drunk, but Nanjala's mother told her never to be alone and far away from people with someone whom she does not know that well and who has been drinking. Walking home alone at night through those isolated areas is very dangerous. What should she do?

2. Ask each group to identify the challenges from their role-play. For each challenge, they should spend 10 minutes discussing all the possible choices and consequences for each. Teams should make a decision and spend a few minutes preparing a role-play based on their decision. Ask each team to present their role-play. After the role-plays have been presented, take a few minutes to share any thoughts about these decisions with the group.

3. Facilitate a discussion with the following questions:

Is it hard to make good decisions? What makes it hard? (Possible answers: the effects of drugs or alcohol, pressure from peers or a partner, or not realizing a decision has to be made)

What would make making good decisions easier? (Possible answers: knowing how to resist pressure, being sure about your values and goals)

In reality, how are most decisions made? (Possible answers: they are not made consciously, and events or things just happen)

In the past, have you made a decision that affected other people? What happened?

Session 18 Setting Goals

Learning Objectives

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

- Explain the purpose of goal setting
- Describe the process of setting and achieving goals
- Set clear goals



Time 60 minutes

Background Notes

A goal is something that you want to achieve or accomplish. It can be something to do, someplace to go or something to have. Goals give us something to look forward to and can motivate us and give us energy. To set a goal, we must gather information and make decisions and choices. We must learn about what we want to achieve. Goals should be specific, practical and have a deadline. Something realistic and easy to manage makes achieving it easier and creates confidence to make other, greater goals. Thinking about the expected benefits can be motivating. To help reach a goal, it is helpful to have a plan with steps to achieve it, and also think about possible difficulties and how they can be overcome.

Instructions

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

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

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

3. Ask for someone to give an example of a goal. Ask the following questions to explain goal setting.

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

4. Encourage learners to continue thinking about goals with the following questions:

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

5. Emphasize the following:

To achieve something, we need to work hard, have faith, security, determination, and hope.

A negative way to look at a problem is to see it as an obstacle.

A positive way to look at problem is to think about it as a challenge and plan how to overcome it.

We cannot manage and plan our future if we see our lives as a random set of events that we do not have control over.

6. Ask each learner to write the ending to each statement in his or her notebook. Read each statement one at a time and allow time for learners to answer.

I would like to finish....

By the end of the year, I want to....

By next month, I'd like to....

I'd like to have enough money to...

What I want to change most about myself is...

Some place I'd like to see is...

One of my good qualities I'd like to develop further is...

7. Ask learners to spend a little more time answering these questions on a piece of paper. What do you want to be when you grow up? What are you doing now to achieve it? Have a couple of volunteers read their responses to the rest of the group.

Optional Activities

#1 Timeline

1. Draw a timeline on the blackboard starting with "0" with tick marks every 5 years up to 30 years. Ask the learners to copy the same timeline on a piece of paper.

2. Tell the learners to think about their life up to this point and create a time line beginning with their birth and ending at 30 years of age. In the early years of the time line, ask them to write in special dates or events in their lives that have already happened, such as:

First day of school

Other family events (births, deaths, marriage)

Special relationships (friends, romantic partners)

Sad events experienced

Special awards or prizes

3. Ask them to write in at least three future events they hope will happen by age 20 or 25. These may include:

Finishing secondary school or university

Getting a job

Getting married

Having a child

4. Finally, ask learners to write at least three future events they hope will happen after age 25. Mark where on the time line they want the events to occur. They may want to include:

Starting a business

Buying a shamba

Buying a car

Getting a better paying job

5. Ask learners to share their time line with the entire group.

6. Facilitate a discussion with the following questions:

Do we have much to say about what happens in our lives before age 10? Why or why not? What happened to you that was out of your control?

Many adults think they control what happens to you during your teen years. Is it really true? Who is actually in control of your life at this point? Who decides what goals you want to achieve?

When it comes to life plans, is it more difficult to plan for ages 10 to 20 or those after age 20?

Which points on your future time line would change if you became a parent this year? Describe how they would change and why.

#2 Short and Long Term Goals

1. Ask learners to think of an example of one of their goals. Give everyone an opportunity to answer. Without explaining why, ask each person to name a goal. Direct her or him to one side of the room or the other, depending on your determination of whether the goal is short-term or long-term. When everyone has named a goal, ask a volunteer to answer the following questions:

Why are you standing in two different groups?

What is the difference between the two groups?

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

3. Facilitate a discussion with the following questions:

What are some long-term goals that adults you live with have in mind for you?

How are goals related to personal and family values?

15-19

#3 Making a Contract *Session 1*

1. Tell the group they will practice setting goals with the help of a partner, who will support them and help them work toward achieving their goal. Working with others on setting goals helps to achieve them. It is the way many businesses operate.

2. Ask for a definition of “contract,” like the contracts used in business. A contract is a signed agreement between two parties that describes what each party has promised to do.

3. Explain that when people work toward a goal, they often write a “contract” that describes what they plan to accomplish and what they get in return once they accomplish their goal. Go over your example, and explain each section of the contract:

Description of short-term goal

Target date, or the date by which the goal will be

Three or more steps to take to accomplish the goal

Rewards expected if the goal is achieved

4. Ask each learner to choose a partner. Explain that they will help one another write and accomplish their goals over the next few weeks. Read the following instructions:

Choose a short-term goal and write a contract with your partner on a piece of paper, describe what you hope to accomplish, by when and the steps to get there. Your partner must choose a reward for you, for accomplishing your goal.

Complete your contract and then work with your partner's contract.

Bring your finished contracts to me and I will "witness" them by signing them.

5. Move around the group and offer help where needed.

6. After 10-15 minutes, let pairs know time is almost up. Suggest they complete the steps outlined in their contracts before the next session (if necessary). Collect and "witness" all completed contracts.

Contract
Name:
Goal:
Steps to achieve it:
1)
2)
3)
Target date:
Reward:
Witness:

Session 2

1. Distribute contracts to learners and ask them to find their partners to discuss whether or not they achieved their goals. Ask each learner to report on her or his progress.

2. Facilitate a discussion with the following questions:

There is a saying, "You can eat an elephant if you take it one bite at a time." What do you think that saying means? (Answer: If achieving a goal seems too big a task to ever accomplish, break it down into smaller, manageable steps) Is it easier to accomplish something if you take it one step at a time?

How did your partner help you achieve your goal? What other help could you have used?

What makes it difficult to accomplish short-term goals at your age? (Answers include: competing priorities; peer pressure; lack of money and other resources; goals do not seem important at this stage in life.)

Is it common for people to fail to meet their goals? (Answer: Very common. People set goals all the time and then do not achieve them. Some people give up if they fail to achieve a goal, but most people set another goal – maybe a more realistic one – and then try again.)

Can you give an example of a young person or an adult you know who failed to meet a personal goal? How did she or he handle it?

Can you give an example of a young person or an adult you know who reached a personal goal? How did he or she accomplish it?

Session 19 Abstinence

Learning Objectives

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

- Understand risk and rewards of certain behaviours
- Explore risk as it relates to different activities and events
- Understand how each act of abstinence reduces risk to zero



Materials Required

- Board and chalk
- Scissors

Time 60 minutes

Background Notes

Saying no to sex can be difficult for many young people. There may be pressure from peers who claim everyone is having sex, or pressure from partners who argue that sex is the best way to prove love and affection, or pressure from older friends and relatives who say having sex is a way to show that you are an adult. Adolescents may not feel they have many choices, but you can explain to young people that they can say no to sex. You can help them develop refusal skills by counselling them about abstinence or delaying sexual activity. One way to do this is to help them imagine situations in which they might find themselves and help them practice saying no.

Abstinence is a voluntary, conscious, deliberate decision not to do something. In the context of sexual intercourse, HIV, and unplanned pregnancies, abstinence is understood as not having sexual intercourse until marriage. Abstinence is the best and only certain way to prevent HIV transmission and unplanned pregnancy. Each time a young person performs an act of abstinence; he or she successfully postpones sexual intercourse. Even people who have already had sexual intercourse can decide to abstain from now on. This is called secondary abstinence.

Telling youth to abstain or say no to sex is not enough; young people should be guided on ways to achieve abstinence and must see the benefits of abstaining in their lives. Young people need support and skills to successfully abstain. Gaining self-esteem and having self-control in all matters, including sex, are best developed early in life.

Instructions

Forbidden Activities (30 minutes)

1. Ask learners to share some of the naughty or forbidden activities they did when they were young boys or girls under 10 years old. List these activities on the board as they are shared. Guide the discussion by saying you are interested in activities that teachers or parents did not allow or that were dangerous in some way. For example, wandering away from home, stealing sugar, talking with strangers, insulting peers and playmates, or eating at the neighbours are some common forbidden activities for children.

2. Choose one of the forbidden activities that have a clear risk or danger and ask:

- Why was this activity forbidden?
- Was there any danger in it for you?
- Why did you still choose to do it?
- What made it enjoyable for you even though it was forbidden or dangerous?

3. Ask learners to share some of the forbidden or dangerous activities that their friends do. Write activities on the board. Examples: smoking, going to the disco, having sex, using drugs or alcohol.

4. For each activity listed, ask learners to identify the risk or danger it posed to their friend, and then why they still found it a risk worth taking. What did your friends do to reduce the risk of these activities that they listed?

5. Ask learners whether there are any activities in daily life that are completely free of risk? Use the following questions to provoke a discussion:

Is there any risk in eating sweets? Travelling by boda boda? Crossing a road? A busy highway?

Does the person who smokes just one cigarette in his whole life have any risk? 20 cigarettes? Five cigarettes a day? 50 cigarettes a day? Who among these is the greatest risk? Do the others also carry some risk?

Is there any risk in drinking water? In eating food? What do people do to reduce the risk of drinking water or eating food?

6. Ask learners what they understand by the word risk. After a few have shared their definitions, explain that risk refers to the possibility of harm or danger in an action. For example, when a person smokes, there is a risk of getting cancer.

7. Explain that almost all activities carry some risk. Each person decides how much risk is acceptable. Ask learners to share what sort of risks they have knowingly taken and what have they done to reduce the risk.

Abstinence (30 minutes)

1. Ask learners to share a time when they abstained from doing something. List experiences on the board. Ask learners which experiences are the best examples of abstaining. Provoke the discussion with questions like:

If a person fasts during a period of religious feast or festival, is this an example of abstinence?

What about a person who stops smoking? A person who never smoked?

Is abstinence a choice or required?

2. Explain that abstinence is a voluntary, conscious, deliberate choice made by an individual to not do something. Read the definitions below and make sure the learners understand each word:

Voluntary – Decision made by your own free will; no one forced you to make the decision.

Conscious – Realizing and recognizing that the choice is yours.

Deliberate – A choice that is thought about carefully and decided on.

3. Ask learners for what period of time a person needs to abstain from sexual intercourse in order for it to be called abstinence. Ask if choosing not to have sex for one day is an example of abstinence. Ask about a week or a month. Ask how many believe that abstinence means never ever having sex.

4. Explain that abstaining from sex is the only certain way to prevent HIV transmission or unplanned pregnancy. Explain that abstinence for a young unmarried person is defined as not having sexual intercourse until marriage.

5. Facilitate a discussion with the following questions:

Do you think that most young people are abstaining?

Is abstinence a practical choice for young people?

Can a person who has had sex before choose to abstain now?

What skills are needed to abstain?

Can you share examples of young people who have been able to abstain from sex until marriage?

Optional Activities

15-19

#1 Sexual Decision-making (60 minutes)

1. Explain that one of the most difficult decisions young people have to make is whether to have sexual intercourse before they marry. The failure to make a decision about sex that is right for themselves is one reason so many adolescents have unplanned pregnancies and become infected with sexually transmitted infections, including HIV. Explain that young people have a right to understand how the body responds when sexually aroused, that feelings of sexual arousal are natural and that just because one feels aroused, it is not necessary for him or her to act upon those feelings. If a young person does decide to act on his or her feelings, they must be aware of the consequences.

2. Divide the learners into two groups. Ask one group to brainstorm all the reasons and arguments why a young person would say no to sex now. Ask the other group to brainstorm all the reasons and arguments why a young person would say yes to sex now. Ask them to put their reasons on the board. Allow about 15 minutes.

3. Ask each group to share their lists. The following points may come out.

Reasons Young People Say No to Sex	Reasons Young People Say Yes to Sex
To follow personal, family, religious or cultural beliefs and values	To stop pressure from friends or partners
To keep a romantic relationship from changing	To show loving feelings in a relationship
To avoid unplanned pregnancy and infection with STIs, including HIV	To avoid loneliness and get affection
To avoid hurting parents and feeling guilty	To get or receive presents or gifts
To avoid hurting your reputation	To feel independent
To reach future education and career goals	To hold keep a boyfriend or girlfriend
To find the right partner	To prove one is an adult
To wait for marriage	To become a parent
	To satisfy curiosity

4. Ask them if they agree that some of the reasons (on both sides) seem better or stronger than others. Have them rank the reasons using a mark from 1 to 3 (1: a reason, but not a very good one, 2: a fairly good reason and 3: an extremely good reason). Let them talk among themselves. Tell them to make sure they are ranking the items to how they personally feel about the reason not how others may feel. Ask which reasons did you rank a three? Why? What about only a one? Why?

5. Facilitate a discussion using the following questions:

What influences decisions about whether or not to have sex before marriage? (Possible answers: sexual feelings, partners, media messages, pressure, parent teachings, religious beliefs, drug use).

Can people who decided to wait to have sex change their mind? Can someone who has had sex decide to abstain from now on?

What is the worst thing that can happen to a young person who decides to abstain? One who decides not to abstain?

What does a young person need to know or be prepared to do if she or he is going to say no to sexual intercourse? (Possible answers: feeling good about themselves, being assertive, communicating clearly, making decisions, resisting peer and partner pressure or their future goals).

What does a young person need to know if she or he is going to say yes to sexual intercourse?

(possible answers: risks of pregnancy and STIs, including HIV; how to talk with a partner about using condoms and contraception; which forms of contraception prevent pregnancy and/or infection most effectively; where to get condoms and other contraceptives; how to communicate with a partner; how to feel good about themselves; how to say no; how to be assertive.)

*Note: This activity is also included in the decision-making session.

#2 Group Exercise: Reasons to Abstain

15-19

Introduce this exercise by mentioning that there are many good reasons for waiting to have sexual intercourse. Everyone has different reasons. Having sexual intercourse is a serious decision that one should consider carefully.

1. Read aloud to the group the following scenario:

Imagine that you have a younger sister who is 13 years old. She tells you she wants to have sex with her boyfriend who is 15 years old. You don't think she should have sex yet.

2. Next, read aloud each of the following statements, asking learners how they would respond to their younger sister for each one:

He really wants me to have sex, and we love each other. (What would you say?)

I'm going to do this someday, anyway. What's wrong with now? (What would you say?)

If I lose him, I'll just die. (What would you say?)

3. Then ask the learners to think about a new scenario:

Imagine that your friend, age 17, tells you that his girlfriend has been putting pressure on him to have sex.

4. Read aloud the following statements and ask learners how they would respond to their friend for each one:

She really wants to have sex, and she says she loves me. (What would you say?)

I'm afraid I'll lose her if I don't have sex. (What would you say?)

She said we could use a condom. (What would you say?)

Everyone else my age is doing it. What's the big deal? (What would you say?)

5. Point out any differences in their responses to their younger sister and their responses to the older friend.

Session 20 Resisting Peer Pressure

Learning Objectives

By the end of the session, learners will be able to:

- List different situations in which peer pressure occurs
- Demonstrate effective skills to resist peer pressure

Time 70 minutes

Background Notes

Even though young people often report that they learn more from friends when they reach adolescence, studies have found that these same adolescents would prefer to learn about a variety of important topics from their parents or other caring adults. Peer influence does increase during adolescence, but the influence of caring adults can remain strong if you've established a strong relationship during the earlier years. Most peer pressure for young people is just as subtle as it is for most adults.

This is why practicing saying no peer pressure is important. Finding creative ways to refuse alcohol, tobacco, drugs, and sex requires humour and lots of practice. Each young person can help develop his or her own ways of saying no, but it's your job to help them practice these so that they are prepared if the offer is more subtle or more direct than what was expected. A lot of this will depend on the age and attitude of the child, and the most important thing is to make sure the child is comfortable with what he or she wants to say. Your job is to coach them to use language and phrases that they come up with themselves to resist peers pressuring them to use drugs, have sex, or drink alcohol.

The younger the child, the more practice he or she will need. This cannot be a one-time session. You might find, that a 10-year-old has no trouble saying no to a suggestion that he drink alcohol at a neighbour's house. However, three years later when the 17-year-old next door asks him if he wants a beer, he may hesitate because he is not as sure of himself and his convictions at 13 as he was at the age of 10.

Instructions

Resisting Peer Pressure (30 minutes)

1. Ask learners to discuss reasons why adolescents begin to use drugs or have sex:

- Peer pressure
- Believing certain myths about drugs or sex that are not true
- Being tricked into trying drugs or having sex
- Curiosity

2. Explain that very often, people find it difficult to make choices that are different from what their friends are doing. This is often the case between boys and girls or men and women and even between close friends. Often people feel that by saying "no" they are hurting the other person or that they are being aggressive.

3. Discuss how young people get tricked into taking drugs without their knowledge or have sex when they wanted to abstain. Ask the learners to share some ways that young people could be tricked into doing something that they did not want to do.

Practicing Resisting Peer Pressure (40 minutes)

1. Remind learners of the Three C's model, the challenge, the choices, and the consequences (from Session 17 Decision Making). Point out that they can use the Three C's for decisions that could have a major impact on a person's health or future.



2. Divide the group into four teams and assign a role-play scenario to each team. Tell the learners that this activity will give them a chance to practice using the Three C's model so they will be able to use it to make major decisions and resist peer pressure. Present the following instructions for this activity:

Each group will begin with the decisions from the role play and use the Three C's model to write out the challenges, choices and consequences for each decision on the board or on the handout. Spend 5-10 minutes on this.

Then, each team should spend 5-10 minutes preparing a role-play based on their scenario plus the choices they have made, and another 5 minutes to present it to the entire group.

After all the role-plays have been presented take 3-5 minutes to share your decisions with the entire group.

Role-play scenarios

1. You do not want to smoke. Your friend is trying to persuade you to have a cigarette. Use all your arguments to support your decision not to smoke.

2. You have decided that you want to abstain from sexual intercourse until you are married. Your boyfriend of one year says that he really loves you and wants to have sex so you can show how much you love each other. Use all your arguments to support your decision to abstain.

3. You have seen how your father's life has been damaged from drinking too much alcohol and have decided never to drink. Your new friend took a bottle of alcohol from his parents and wants to try it after school. He is trying to convince you to come with him and drink it. Use all your arguments to support your decision not to drink.

4. You just finished an exam and even though you studied you are sure you did not do well. Some of your classmates have offered you some marijuana (bhang) to smoke and tell you that it will make you feel better and will help you to not think about it for a while. You do not want to try drugs. Use all your arguments to support your decision to not use drugs.

For 15-19-year-olds

5. You have decided that a condom is your best protection against HIV, other STIs and pregnancy. You want to use a condom during sex, but your partner does not want to use one and will try to persuade you not to use it. Use all the arguments to support your decision.

6. You are away from home and you want to remain faithful to your partner. You really like the person you have just met and he/she wants you to have sex with him/her and will try to persuade you to do so. Use all the arguments you believe are relevant to support your decision.

3. Make sure the learners understand each role-play and the decisions made. Facilitate a discussion with the following questions:

Is it difficult to make good decisions? What makes it difficult? (Possible answers: the influence of alcohol, pressure from peers or a partner or not realizing a decision has to be made.)

What makes it easier? (Possible answers: knowing how to resist pressure, being sure about your values and goals.)

In reality, how are most decisions made? (Possible answers: they are not made consciously, and events or things just happen).

In the past, have you made a decision that affected other people? What happened? Have you ever drifted into a decision or let someone lead you into a decision? What were the consequences?

Can you use the three Cs to help you make important decisions?

Optional Activity

15-19

#1 Saying No to What You Don't Want

1. Remind learners that there are two ways to get what you want or need: 1) by asking for what you want and 2) refusing what you do not want. Explain that in this session, learners will practice refusal skills.
2. Ask learners to think about the following scenario:

Alice and Mary are walking home after school. Alice wants to meet her boyfriend at the market and asks Mary to go with her. Mary's mother will be very upset if she is not home right after school. Alice tells Mary that she can just tell her mother that they had a health club meeting. Mary does not want to lie to her mother and she does not think that it is a good idea to go see Alice's boyfriend because he is older and does not seem like a very nice man. Alice promises Mary that they will not stay too long and also that her boyfriend's friend likes Mary and wants to talk with her.
3. Ask if anyone can describe what Mary is probably feeling in this situation. Write the feelings on the board. They should include emotions like pressured, confused, frustrated, nervous, or angry. Explain that it is also normal to feel angry if a friend pressures you to do something he or she knows is not in your best interest.
4. Explain that Mary has rights in this situation, like anyone does, when asked to do something. Go over the list of Alice rights:
 - The right to say how she feels in this situation.
 - The right to say no without feeling guilty.
 - The right to behave in a way that is best for her.
 - The right to change her mind (even if she had agreed to do what was asked).
5. Ask learners to discuss what advice they would give to Mary. Then mention that sometimes parents, teachers, employers or other adults in authority make requests of young people. The request may not please the young person and may not feel like it is in her or his best interest. Ask how a young person's rights are similar or different with a parent than a friend. Explain that some adults, such as teachers, parents and family members, do have the right to make requests of young people. Unless the adult is asking for something that is illegal, harmful or seriously disrespectful of the young person, it is often not appropriate for a young person to refuse the request. Young people do, however, have the right to say how they feel.
6. Ask the group to brainstorm the behaviours Mary needs to use to be assertive. Write their responses on the board or newsprint and be sure the list includes the following behaviours:
 - Say no with her words.
 - Say no with her body. Use strong language, make eye contact, stand back from Mary, who is pressuring her.
 - Keep repeating no without giving any excuses or reasons.
 - Turn the conversation around and tell Mary how she feels about being pressured into doing something that is not good for her.
 - Offer a compromise. Find a solution that does not require Mary to do something she does not want to do.
 - Leave the situation and refuse to discuss the matter anymore and walk away if necessary.

7. Ask for a volunteer to role-play Mary, while you play Alice. Tell the rest of the group to coach the volunteer so she can remain assertive while being pressured.

8. Re-read the scenario. Then role-play with the volunteer using lines like the following to pressure her or him:

“Come on, you’re supposed to be my best friend. I really want to see him and his friend really likes you.”

“Your mother won’t even know. We will only go for a little while.”

“What’s the matter, are you afraid? Irene would come with me if she were here.”

Continue for a few minutes, encouraging the audience to coach Mary.

9. After the role-play, ask learners to identify the behaviours “Mary” used to be assertive. If there is time, have another volunteer try the role-play.

10. Facilitate a discussion with the following questions:

When could you use a coach when faced with real pressure from a friend or a romantic partner?

Which is most difficult, speaking up for your wants or refusing what you do not want? Why?

Think of a recent situation in which you wanted to refuse a request but were not able to.

Which refusal skills could you have used?

Do you have a situation now where someone is pressuring you to do something that is not in your best interest? What could you do to be more assertive in that situation?

Session 21 Drug Use

Learning Objectives

By the end of the session, learners will be able to:

- Define and name the most commonly abused drugs among adolescents
- Describe situations that can lead adolescents into drug abuse
- Explain the effects and risks of commonly abused drugs

Time 50 minutes

Materials Required

- Board, chalk
- Index cards containing information about drug effects and risks

Background Notes

Drug abuse is a public health problem that increases adolescents' risk of risky sexual practices, poor academic performance, juvenile delinquency, developmental problems and accidents. Drug use can be defined as the use of any chemical substance that causes physical, mental, emotional, or social harm to an individual or to the people close to him or her. Drug addiction is the use of drugs despite the social, emotional, or physical harm they may cause the individual. The addictive nature of drugs varies from substance to substance, and from individual to individual. Some drugs are more addictive than others, and some people are more likely to become addicted than others. Some legal substances, such as medicines, caffeine, cigarettes and alcohol may be abused.

Drug addiction has two parts: physical dependency and psychological dependency. Physical dependency occurs when a drug has been used habitually and the body has become accustomed to its effects. The addict must then continue to use the drug in order to feel normal, or its absence will trigger the symptoms of withdrawal. Psychological dependency occurs when a drug has been habitually used and the mind has become dependent on the effects and does not feel capable of functioning without it. Its absence produces intense cravings, which are often brought on or magnified by stress. A dependent person may have physical dependency, psychological dependency, or both.

Drug and Alcohol Abuse

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

Some predictors of drug and alcohol experimentation use and abuse include:

Family factors: Adolescents who observe their parents using or abusing drugs, alcohol, and other addictive substances are more likely to use or abuse them. Other family risk factors include parental absence, inconsistent discipline, poor or lack of communication, conflict between parents and adolescents, death of parents due to HIV and AIDS, and family breakup. However, family disruption may not directly lead to drug use, rather, family problems may lead to disenchantment with traditional values and the development of deviant attitudes, which may lead to drug use.

Early antisocial behaviour: Adolescents who show early antisocial behaviour may be more likely to use or abuse drugs. Drug use may occur as part of many other self-destructive behaviours.

School factors: A range of school problems, such as poor performance, frequent absences, early drop out or little interest in school, may result in use or abuse of drugs by adolescents. However, it may be more likely that social factors that are linked to poor performance in school are independently linked to drug use.

Peer factors: Spending time with peers who use drugs is perhaps the strongest predictor of adolescent substance use. Peers who are already involved with drugs may encourage others to use drugs through peer pressure, by providing drugs, and by showing others how to use them.

Attitudes, beliefs, and personality traits: Some attitudes, beliefs, and personality traits may make adolescents more likely to use or abuse drugs. Some characteristics include poor relationship with parents, low interest in education, and feelings of being different from others.

Response to stress: Substance and drug use in adolescents may be the result of feeling out of control, a sense of meaninglessness, or a lack of direction in life. Adolescents may use drugs to feel better about life events, which they see as being out of their control.

Consequences of Adolescent Substance Abuse

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

School-related problems: Adolescent substance abuse is associated with declining grades, absenteeism from school, and dropping out of school.

Risky sexual practices: Adolescents who use drugs and alcohol are more likely than non-using teenagers to have sex, initiate sex at a younger age, and have multiple sex partners. This places them at greater risk for unplanned pregnancies, HIV and other sexually transmitted infections.

Delinquent behaviour and juvenile crime: Drug use can lead to selling drugs, stealing and violence.

Developmental problems: Substance abuse may negatively impact an adolescent's mental and physical development.

Physical and mental consequences: Doing drugs can have negative effects on the user's mind and body. The effects can be short-term, such as memory loss, or long-term, such as cancer, infertility, or HIV-infection from unclean needles.

Future use disorders: The younger a person is when he or she first drinks alcohol, the more likely that person is to develop a problem with alcohol abuse later in life.

Signs and Symptoms of Substance Abuse

People who interact with adolescents in the home or community need to be alert to changes in an adolescent's behaviour and appearance that may signal substance abuse. By recognizing the signs and symptoms of substance use, you may be able to get help for a young person in need of treatment. The following behaviour changes, when extreme or lasting for more than a few days, may indicate alcohol-related or drug-related problems and the need for further screening by a professional.

Sudden changes in personality without another known cause

Loss of interest in favourite hobbies, sports, or other activities

Sudden decline in performance or attendance at school or work

Changes in friends and reluctance to talk about new friends

Deterioration of personal grooming habits

Difficulty paying attention or forgetfulness

Sudden aggressive behaviour, anger, nervousness or giddiness

Increased secretiveness, heightened sensitivity to being asked questions

Alcohol, Drugs, and HIV

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

Instructions

Commonly Abused Drugs (15 minutes)

1. Ask learners to define “drug” and “drug abuse.” Write all the responses on the board without making any comments. Tell the learners that drug abuse is the non-medical use of drugs that interferes with a healthy and productive life.
2. Ask them to name the different types of drugs that people use (adolescents in particular) in their communities. Add to their list what they may have missed from the following list. They should also include street names of drugs.

Medical drugs (pain relievers, cold medicines, sleeping pills)

Alcohol, spirits

Miraa (gomba)

Marijuana (bhang, kaya, ganja)

Inhalants (glue, nail polish remover, lighter fluid, petrol, etc.)

Chang’aa (puya, kumi kumi)

Tobacco (fegi, mozos)

Kuber

Busaa

Cocaine (Mataptap)

Caffeine

Heroin

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

Myths and Facts about Drugs (35 minutes)

1. Point out that some substances, such as vitamins and medications, have a positive effect on health when used as prescribed, but can be harmful if abused or taken in excess.
2. Explain that this activity will test learners’ knowledge about drugs and their effects on health. Read the directions below out loud:

Two teams will compete to see which knows more about drugs. Teams get a point for each correct answer.

Individual team members will listen to a statement about drug use. Some of the statements are true and others are myths.

After reading a statement, the team member should talk with the entire team to decide on the best answer. There is a time limit to answer (30-60 seconds).

3. Ask learners to give their team a name and move to opposite sides of the room. After teams are named, have the first person move forward and read them a statement from the Myths and Facts on Drugs sheet on the following pages. Ask him or her to talk with team members to decide on the best answer. If the answer is correct, give the team a point. If the team member can provide additional information about why the statement is a myth or a fact, his or her team will win an additional point.

4. When teams do not know the correct answer, provide additional information from the list of myths and facts.

5. Ask members of the other team to have someone step forward and repeat the process. Read the next statement on the list and continue alternating teams until every participant has had a turn. Keep the activity moving; do not allow much time for answers (30-60 seconds). Do encourage discussion about the statements.

6. Discuss the following points with learners:

What drugs or substances do your friends talk about?

Which myths do your friends still believe?

Which myths are the most harmful? Why?

How can you help friends who do not have accurate information about drugs and drug use?

15-19

Optional Activity

#1 Making Decisions about Drugs

1. Explain to learners that knowing information about drugs and their dangers is not enough to help them when people start pressuring them. Write the word 'skills' on the board and ask what skills young people need in order to resist pressure to use drugs. List their responses, which should include decision making, communication and assertiveness.

2. Ask learners to describe different scenarios when someone could be pressured to try drugs. Once you have four scenarios, divide the class into four groups and assign one scenario to each group. Review the Three C's to Good Decision Making. Either write it on the board or make copies of the handout. Go over the instructions to this activity:

Working in four groups, use the decision-making model to make a difficult decision, based on the pressure scenario assigned to your group. Decide what choices young people have and what might be the positive and negative consequences of these choices.

Come to agreement about the best decisions for your scenario and be prepared to share it and your reasons with the entire group.

Take about 10 minutes to make your decision.

3. Ask each group to describe their scenarios and ask them to describe the decision making process. Repeat this for each group. Allow 5 minutes for discussion after each scenario.

4. Facilitate a discussion with the following questions:

How difficult or easy was it to make these decisions? Which one was the toughest?

What parts of the decision-making model seem to be the most useful in these kinds of situations?

What were the negative consequences for each of the situations?

Can anyone share a difficult decision that you have made in the last three years?

Do you know someone facing a drug issue right now? What are his or her options?

Myths and Facts on Drugs

Alcohol is an addictive substance, not a drug.

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

More adolescents use alcohol than bhang.

Fact. Alcohol is the most frequently used drug among adolescents because it is readily available.

Coffee, tea, and many sodas contain drugs.

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

It is rare for a young person to be an alcoholic.

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

Cigarette smoking can be addictive.

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

Many adults addicted to drugs feel like smoking bhang was the first step to their addiction.

Fact. Bhang is viewed as a drug that opens the gate to the use of other drugs, by addicts and researchers alike.

Alcoholism is a disease.

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

Drugs help people handle their problems better.

Myth. Drugs help people forget about their problems or reduce the pain caused by problems. The problems do not go away and often get worse with drug use.

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

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

A cup of coffee and a cold shower will sober a drunkard.

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

Alcohol affects some people more than others.

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

Alcohol is a sexual stimulant.

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

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

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

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

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

Drinking only beer will prevent problems with alcohol.

Myth. Ethyl alcohol affects anyone who drinks it, and ethyl alcohol is present in beer, as well as in wine and liquor. Drinking beer can cause the same problems as wine or liquor.

Smoking cigarettes every now and then is not harmful.

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

Bhang is not harmful.

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

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

Myth. Drugs interrupt normal growth and development for young people, cause problems with school and in relationships, and often result in unplanned pregnancies or STIs, including HIV, because their use can lead to risk-taking behaviour.

Alcohol becomes a problem only after years of use.

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

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

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

Three C's for Decision Making

Describe the CHALLENGE (or decision) you are facing

List three CHOICES you have and the consequence of each choice:

1)

Consequences

2)

Consequences

3)

Consequences

Session 22 Sexual Violence and Rape

Learning Objectives

By the end of the session, learners will be able to:

- Define sexual exploitation, rape, date rape, and incest
- Differentiate between a “good touch,” “bad touch,” and “confusing touch”
- Describe at least three ways to get out of an uncomfortable sexual situation
- Describe ways to prevent and deal with sexual abuse and rape

Materials Required

- Handout 22.1 Sexual Abuse and Family Violence Scenarios
- Handout 22.2 Preventing Date Rape

Time 75 minutes

Background Notes

For many young people, sex is not a choice. Rape is defined by the Kenyan law as having sex with a woman or girl without her consent or with consent obtained under threat, force, intimidation, fear of bodily harm or misrepresentation. Defilement happens when sex occurs with a person that the law defines as too young to legally consent (in Kenya, girls below 16 and boys below 14) even with his or her permission. Date or acquaintance rape refers to rape that occurs between individuals who are dating or who know each other. Sexual violence includes the use of sexual contact by one person to another against his or her will. It can result in serious physical injuries, profound psychological trauma, unwanted pregnancy and infection with STI including HIV.

Some adolescents are forced to have sexual relations, feel pressured to have sex in exchange for good grades or pocket money, are assaulted if they refuse to have sex or sell sex in order to survive. Every adolescent should know that his or her sexual organs are private and personal property. Nobody should touch them without permission. Some victims of sexual abuse are assaulted by family members or acquaintances. Often young children are the victims of incest (a young person may be forced to touch, kiss or feel the sex organs, or have actual sexual intercourse with a relative). Because of the older person's position in the family, he or she may be able to pressure the child into doing sexual things without actually having to use force. These crimes, including rape, are the fault of the perpetrator or older person and not the fault of the victim or child.

For girls and women, the short-and long-term consequences of sexual violence can be physically and emotionally damaging. Because of the sexual nature of rape crimes, victims often suffer from serious mental issues. If someone is raped and reports it to you, you should encourage them to go to a hospital or health centre. At the hospital they will have a medical evaluation and attention to any injuries, counselling support for the survivor and her family, and treatment to prevent infection with HIV, pregnancy and other sexually transmitted infections. Referrals to other services may be required.

Note: If a young person has been raped, it is important that he or she receives medical attention as soon as possible. Emergency Contraceptives (EC) can prevent pregnancy within 120 hours (5 days) and Post Exposure Prophylaxis (PEP) can prevent HIV infection. PEP is the administration of one or a combination of anti-retroviral drugs for 28 days after exposure HIV.

Instructions

Quiz on Sexual Violence (30 minutes)

1. Read the following questions from and ask learners to write true or false on a piece of paper.

1. Being drunk and “out of control” is not an excuse for rape.
2. If a person gives in to sexual intercourse out of fear, it is considered consent and is not rape.
3. Men are not ever really raped.
4. Physical force is used in most rapes.
5. Most victims of rape are adolescents and young adult women.
6. Women are most likely to be raped when out alone in a dangerous place, especially at night.
7. Having sexual intercourse with a woman after pressuring her to get high or drunk is not rape.

2. Ask learners to share their answers and facilitate a discussion around each of the questions.

1. True - Being drunk and “out of control” makes it harder for people to communicate effectively. However, it is not an excuse to force a person to into sexual intercourse.
2. False - Consent is based on choice, when two people have equal power. If a powerless person gives in out of fear, that is not consent.
3. False- Some rapes are committed against boys and men but few ever acknowledge it.
4. True - There is often some form of physical force or verbal threat of force. Sometimes a victim is pressured to give in to the sexual act.
5. True - Young women between the ages of 16 and 24 are three times as likely to be raped as other women. However, children as young as a few months or adults as old as 98 years have been raped.
6. False - Rape can occur anywhere. Over half of all rapes occur inside a residence, most often the victim’s home or compound.
7. False - As long as a woman has not given consent, it is rape.

Define Sexual Exploitation (5 minutes)

1. Ask learners to define sexual exploitation. Their definition should be similar to the following:

Sexual Exploitation is when someone uses another person to make him/herself feel good or to get something from the other person without concern about how that person feels. Sometimes, people trick or pressure others into “bad touches”. This is another type of sexual exploitation. People also force others into sex, which they did not want to be engaged in. That is called “sexual abuse” or “rape.”

Good, Confusing, and Bad Touches (20 minutes)

1. Ask learners to explain whether there are different kinds of touches.

2. Draw three columns on the board and have learners provide examples of good touches, confusing touches, and bad touches.

Some of these types of touches could be good touches or bad touches depending on the intention of the person touching. If a kiss is started by an older man with a child, it could be a bad touch. If a back rub is intended to lead to sexual activities it could be a bad touch.

Good touches	Confusing touches	Bad touches
Hugging	Tickling	Hitting, slapping or punching
Holding hands	Touching private parts	Kicking
Hair brushing	Handshake with a pinch	Biting
Kissing	Back rubs	Pinching
A pat of the back	A long hug	Forced sex
A doctor's examination		

3. Explain that exploitation:

Usually happens gradually. Starts with a good touch, then a confusing touch and into a bad touch.

Usually involves tricks, threats, or treats.

Usually involves a person known to the exploited, even though it also happens with strangers.

Often involves secrecy.

Can involve boys and girls.

Ways to Get out of an Exploitative Situation (20 minutes)

1. Read the following scenario on prevention and reporting sexual exploitation.

Jomo and Emily were sent by their mother to get some sugar from their neighbour. They have been sent there many times before. When they arrive, the neighbour (an elderly man) invites them for some fruit in the house. While they are eating the fruit, he starts rubbing Emily's leg.

Ask learners to describe how they think Emily and Jomo felt?

2. Continue with the scenario. Just before Emily and Jomo left, the neighbour offered to give them some money if Emily would remove her clothes. Ask learners what they would have done if they were Emily? Jomo? Discuss their responses.

3. Continue with the scenario. After Emily refused, the neighbour left them alone but then gave them the money he had offered so that they would not tell anyone about the incident. Ask learners what they would do if they were Emily and Jomo.

4. Make sure the group decides the incident should be reported, for two reasons: 1) to protect themselves from another incident with the neighbour, and 2) to protect other children from him.

5. Facilitate a discussion with the following questions:

Who would they report it to?

Where do they report it?

Why could it be difficult for them to decide who to report it to?

How can the difficulties be resolved?

Remind learners that there are other people, like teachers, religious leaders, community members, who can help them resolve the problem. Emphasize the need to seek help.

6. Summarize this section by emphasizing that:

Not all touches are good and it is important for adolescents to know the difference between good and bad touches.

It is important to report bad touches to a parent, guardian, teacher, or trusted relative as soon as possible because these touches normally lead to more and can develop into actions such as forced sex.

Talking with a trusted adult about confusing touches can help young people decide what to do about them.

Reporting helps to protect themselves and others.

Rape and Gender Violence (45 minutes)

1. Explain that rape is sexual intercourse on an unwilling male or female by the use of force, coercion, intimidation, or any kind of threat. Rape happens to a person when they do not give consent to have sex. Facilitate a discussion with the following questions: Can men or boys be raped? Can a husband rape his wife?

2. Explain that gender violence is any act done on a woman with the aim of hurting her because she is a woman. This may be physical, or psychological harm including threats and intimidation in public or private.

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

4. Emphasize that as long as one person is unwilling to have sexual intercourse, it is rape regardless if it is a husband, boy, girl, wife, acquaintance, relative, neighbour or stranger committing the act. Ask the learners to identify the crime that occurs when a romantic partner forces another to have sex. If no one answers correctly, write “date rape” on the board. Make the following clear: Acquaintance rape, also known as date rape, is forced oral, anal or vaginal sexual intercourse by someone the person knows and may even have a romantic relationship with.

5. Emphasize the following:

Rape is an act of aggression that uses sex to show the victim that the rapist has power.

Rape is a crime punishable by law.

Many girls in Kenya are forced or tricked into their first sexual experience.

Nothing a woman does, including using drugs or alcohol, going to “risky” places, wearing certain clothes, kissing and sexually touching or even having previously had sex with a man, gives a man the right to force her to have intercourse against her will.

Alcohol and drugs are often involved when date rape occurs. Being drunk or high makes women less able to set clear boundaries and men less inclined to listen to those boundaries.

Books and movies often suggest that women are excited by the power and force of rape and may even fall in love with the rapist, but a victim of rape never experiences the act in a positive way, even in a date situation in which the beginning of the sexual encounter was pleasant.

Ways to Prevent and Deal with Sexual Abuse (25 minutes)

1. Distribute the handout on “Preventing Date Rape.” Let the learners take it home to read if copies are available. If no copies are available, read over the handout with the learners.

2. Ask participants to discuss why they think most rape cases are not reported:

Fear of being blamed

Fear of consequences

A false sense of obligation to protect a relative or acquaintance

Fear that no one will believe them

Fear that everyone will know about it

Fear that no one will care or listen

3. Divide the group into small groups and assign one “Sexual Abuse and Family Violence” case to each group. Ask each group to discuss the options and decide what they would do, considering the positive and negative consequences. Ask each group to present their case and their decision.

4. Facilitate a discussion with the following questions:

What if you do all the right things and are unable to stop your date from raping or assaulting you? Does that mean you did not try hard enough? What should you do? (Answer: Whenever rape occurs, regardless of what was or was not said or done to prevent it, it is never the victim’s fault. If you are raped, get help immediately and do not feel guilty.)

What are some of the things that we have discussed that have changed the way you think about rapists? How has your opinion of rape victims changed?

What are some of the things you have heard people say about girls or women who have been raped and how do you feel about the things these people say?

What precautions can girls and women take against stranger rape? (Answer: Be alert to the surroundings; avoid dark, lonely places at night; keep doors and windows locked; walk in groups; scream for help if cornered; take a self defence class; or keep a loud whistle on a key ring.)

What are some things that girls and women can do to help prevent date rape? (Answers may include: communicate with your date, state expectations clearly, listen carefully, ask questions if things get confusing, avoid using alcohol and other drugs that cloud your judgment, and let the man know your intentions – “I like dancing with you, but I don’t want to have sex with you.”)

Remind learners that:

No matter what the circumstances, they have the right to choose when, with whom, and how they want to be sexual.

When first getting to know someone, go out with other people or groups rather than alone.

Trust your feelings – if you begin to feel nervous or uncomfortable about the way things are going, do something about it right away. Let your date know how you feel and get away from the situation to a place where you feel more comfortable.

5. Ask learners to list what they think someone should do if he or she is assaulted or harmed. Allow several volunteers to share the steps that they should follow. Then review the following information with the learners.

What to Do if Assaulted or Harmed

Talk to a parent or trusted adult and go to the nearest hospital or health facility for a medical exam and treatment. A doctor should confirm the assault.

Take the medical report to the police station and collect a P3 form. If severely hurt, the police should be asked to visit the health facility with a P3 form to record the crime

Have a P3 form filled and take it to the police doctor to record the assault. (If up country, go to the District Government Hospital.)

Take back the P3 form to the police station for the arrest of the perpetrator (and keep a copy of the form for yourself if possible).

Identify the accused for arrest.

Attend court when the accused is charged.

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

What to Do if Raped

Do not shower. Do not wash any clothes, including underwear.

Talk to a parent or trusted adult.

Go to the nearest hospital or health facility for a medical exam and treatment. A doctor should provide treatment, confirm the rape, and obtain evidence. A PRC1 (Post Rape Care) form should be completed in duplicate at this time. A PRC1 form allows the P3 form to be completed effectively because it contains all clinical notes. You should be given the original PRC1.

Take the PRC1 to the police station where a report is entered into the Occurrence Book. You will be issued a P3 form, which should be free of charge. An OB number should be given to you. Bring the clothes worn at the time wrapped in newspaper (not nylon or plastic). If severely hurt, the police should be asked to visit the health facility with a P3 form to record the crime.

The police should record your statement and that of any witnesses. Only sign it when you are satisfied with what is written.

Take the P3 form to be completed by an authorized health worker based on the PRC1 form. (If up country, go to the District Government Hospital.). The P3 form does not have to be completed immediately. This can be done at a later date after the medical evaluation is completed.

Identify the accused for arrest and attend court when the accused is charged.

7. Remind students that rape crimes need to be reported early so that EC and PEP treatment can begin, investigations can start, and culprits can be arrested if known.

**NOTE:* Be aware that one or more of your students may have been raped or molested. If a student becomes upset during this discussion, you may want to speak quietly to that person and make plans to talk privately at a later time. You may want to find local resources (maendeleo ya wanawake, FIDA, police, or spiritual leaders) for rape victims (location and phone numbers) before presenting this topic.

Handout 22.1 Preventing Date Rape

Date rape is one of the most common types of sexual assault. It occurs when someone you know forces you into unwanted sexual activity of any kind. This includes unwanted sexual touch or oral, vaginal, or anal penetration, or forcing you to touch him/her in a sexual way. The rapist could be a teacher, a friend, boyfriend or girlfriend, a neighbour, a spouse, a co-worker, or a relative. Rape happens because of a need for power and control over someone else. It is never the victim's fault.

How Can I Protect Myself?

Trusting your instincts is your best protection. If you feel uncomfortable with a situation or threatened by someone, get to a safe place as soon as possible. Some other things you can do are:

Avoid being alone with a new boyfriend or girlfriend before you are ready. It is a good idea to go out in groups with friends, especially when dating someone new. Avoid secluded places including someone's home when parents or adults are not there, secluded areas or empty buildings.

Always make sure that someone (parents, siblings, friends, guardian) knows where you are going, who you will be with, and when you expect to be back. Carry a friend's phone number with you to call if you need help.

Think about your sexual limits. Before going out on a date, think about what you want to do and do not want to do. A decision to be sexual in any way should be made together and never forced.

Be clear about your sexual limits. Give the message that no means no, not try harder for a yes.

Trust your instincts. If you feel pressured or threatened in any way, do not hesitate to say what you feel or to leave if necessary.

Do not worry about being polite. Use strong nonverbal techniques to reinforce what you are saying such as pushing away, not smiling and using a firm voice.

Danger Signs

The following are some actions and attitudes to watch out for. If your partner or acquaintance engages in any of these behaviours, it may be a warning sign that the partner is potentially abusive.

Threats. Verbal or physical threats to force you into sexual activity you do not want. Threats such as "If you don't have sex with me I'll break up with you."

Jealousy. Constant demands to know where you are and who you will be with. Watch out for someone who gets very jealous easily.

Criticism. Disapproval about your actions, your clothing or your friends.

Controlling. Does not acknowledge your needs and wants, or not letting go when you try to pull away.

Anger or violence. Frequent and noticeable anger or violent acts, including small disagreements possibly with threats to hurt you or people you know. She or he may later apologize for the behaviour, but it is still abusive.

Verbal abuse. Jokes about your physical appearance, your gender or constant criticism.

Manipulation. There are many ways in which people can be manipulative in an abusive way. For example, she or he could intentionally try to upset you by flirting with other people.

Handout 22.1 Sexual Abuse and Family Violence Scenarios

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

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

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

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

Facilitator Notes - Sexual Abuse and Family Violence Scenarios

Suggested Actions and Responses

1. Nekesa and her stepfather

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

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

2. Ayesha and her father

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

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

3. Charity and Boniface

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

4. Mulamba and his mother

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

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

Session 23 Teenage Pregnancy

Learning Objectives

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

- Explain how pregnancy occurs by explaining the terms fertilization and implantation
- Explain why adolescent girls have unintended pregnancy
- List five physical risks associated with teenage pregnancy

Time 75 minutes

Background Notes

Ten thousand girls drop out of school every year in Kenya because of pregnancy. Several factors contribute to this problem: parents do not generally talk to their sons and daughters about sex, children lack information about their changing bodies, and adolescents may not understand how to control the sexual urges that come up naturally at puberty. The issue of teenage pregnancy can be addressed by teaching young people skills that will help them make appropriate decisions, be assertive, and resist early sexual activity.

Several studies have shown that the outcomes for adolescents who receive good antenatal care are no different from those of older women. However, antenatal care may not be available, and even if it is available, adolescents are more likely to seek care later in their pregnancies or to not seek antenatal care at all. They may not recognize the signs of pregnancy, may want to hide a pregnancy, may not realize care is available or may not be able to afford the fees charged. There are several medical and social reasons to delay childbearing.

Medical reasons to delay childbirth include:

A young woman under age 16 has not reached physical maturity. A small pelvis can lead to a difficult delivery, as well as lead to health problems or death of the mother or the infant.

Young women, especially those under age 15, are more likely than women age 20 and older to experience premature labour, spontaneous abortion (miscarriage), and stillbirths.

First births are typically more risky than subsequent births. Women giving birth for the first time have a higher probability of developing health problems.

Infant death rates are typically higher for adolescent mothers than for older women.

Some social reasons to delay childbearing include:

Delaying childbearing can give young women the opportunity to pursue formal education, work outside the home, and achieve their future goals.

Men can pursue education and jobs without the pressure of providing for a family.

Delayed pregnancy can mean smaller families and can offer economic benefits.

Pregnant girls may be expelled from or drop out of school and few girls return to school later.

The responsibility for caring for a child, as well as limited education, reduce a young woman's access to jobs and income-earning opportunities.

Some young women find themselves rejected by the father of the child or by their own families.

Instructions

Fertilization and Implantation (20 minutes)

1. Ask learners how a female becomes pregnant. Ask for a volunteer to explain how fertilization occurs. Ask another volunteer to explain how implantation occurs. After learners have explained both terms, read the definitions below aloud to the group.

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

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

Teenage Pregnancy (35 minutes)

1. Ask if they know of any girls who have gotten pregnant. Follow up with the questions below:

What happened to the girls after they became pregnant?

Is unplanned pregnancy a common problem for adolescent girls in their community?

What circumstances caused them to get pregnant?

2. Ask learners to discuss why adolescent girls have sex. The following may be mentioned:

In some communities girls get married while they are still teenagers.

Many girls are forced, or coerced, into having sex.

Teenage girls experiment with sex.

Sometimes teenage girls are unable to set or communicate their limits and have sexual intercourse even though they did not plan to.

3. Ask learners to list major physical and emotional risks of teenage pregnancy and delivery.

Myths about Sex and Conception (20 minutes)

1. Read the myths and facts below out loud one at a time. Ask learners whether each one is a myth or a fact. Have them explain why they think it is a myth or a fact then read the explanation given.

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

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

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

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

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

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

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

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

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

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

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

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

7. A girl cannot get pregnant the first time she has sex.

Myth - It is possible to become pregnant anytime you have unprotected sex, even the first time.

Session 24 Parenthood

Learning Objectives

By the end of the session, learners will be able to:

- List responsibilities associated with being a parent
- Describe ways in which parenthood can affect a person's life
- Describe qualities of a good father and good mother

Time 80 minutes

Instructions

Introduction to Parenthood (30 minutes)

1. Explain that some of the most important life decisions they will make are: (1) whether or not to become parents, (2) who to become a parent with, (3) when to have a child or children, and (4) how many children to have. Explain that the next few activities will help them think about parenting.
2. Write "To be a good parent means to be...." on the board. Ask volunteers to complete the sentence.
3. Read the following statements out loud and ask learners to vote after each statement. Ask learners to use thumbs up to agree, thumbs down to disagree, and folded arms to show that they are not sure. After each statement, ask two or three volunteers to share the reasons for their votes. There are no right or wrong answers. The purpose of this activity is to hear different opinions about parenting and to think about what you believe.

Raising children is the responsibility of the woman.

There are some people who should never be allowed to be parents.

Parenting takes up your time, energy and money.

Every man needs a son to carry on his name.

Parenting is the biggest responsibility a person can have.

People who decide not to have children are selfish.

Without children, a woman will never feel fulfilled, satisfied, or content.

4. Facilitate a discussion with the following questions:

What did you learn from this activity?

What did you learn about parenting from your family? Was it positive, negative, or both?

Give an example of a parenting belief or practice that is important in your home or community.

Parenting Challenges (15 minutes)

1. Explain that parenting is a choice we make and it has many challenges. Young people may become parents without ever thinking about it by having unprotected sex. They may have limited experience with child-care and unrealistic ideas about the costs associated with being a parent.
2. Ask learners to take out a piece of paper and write down the answers to the following questions. Explain that they should explain the reasons for each answer and not just write a yes or no.

Do you like children?

Do you have the patience to raise a child?

Would you beat your child if he or she misbehaved or if you lost your temper?

Are you financially able to support a child?

Would having a child interfere with your future goals or plans?

Would you expect your child to take care of you in your old age?

Can you find happiness in teaching and guiding a child, a teenager, a young adult?

Would you be willing to devote a large part of 18 years of your life to being a devoted parent?

Could you accept and love a child who was physically or mentally disabled?

3. Ask volunteers to share some of their answers with the group. Ask learners to discuss whether they think most people make the decision to become parents or it happens unexpectedly.

Qualities of a Good Father or Mother (35 minutes)

1. Ask learners to brainstorm the specific characteristics of a good father and list their responses on the board. Add any others that you feel are appropriate from this list:

He takes responsibility for the children.

He cares about the children and tries to provide them with a better life than he has.

He spends time with the children and helps them to develop knowledge and skills.

He knows the importance of showing love and affection.

He financially supports the children.

He tries to maintain a good relationship with the children's mother.

He makes decisions based on what is good for the children.

He knows how to care for children or is willing to learn.

He is willing to give up things to be a good father.

He wants to keep his family healthy by not exposing himself or their mother to diseases like HIV.

He plays with his children, reads to them, and engages in youth-centred activities.

2. Divide the learners into groups and read them the three case studies below. Tell them to choose the candidate who would make the best father and to make a list of the qualities that make him the choice. Ask each group to share their findings. List the qualities on the board.

Candidate 1: Kefa is 19 and unemployed. His girlfriend Wangechi just had his child. At first, he denied it was his child, but later came to accept it. He is looking for work, but has no qualifications. He wants to support the child, but he has to help his brothers who are still in school.

Candidate 2: Mutuma is a Form Four student. His girlfriend Stella is in Form Three. During the holidays when they met she told him that she was pregnant and would not be returning to school. Mutuma wants to finish his exams and then look for a job so that he can marry Stella and look after his family. Mutuma said his grandmother would be willing to look after the child, but Stella wants the child to stay with her mother.

Candidate 3: Joseph is a clerk in a government office in town. His mother and father stay on a farm. He visits them once a month and sends money whenever he can. His girlfriend, Mary, is pregnant. He says he will marry her, but Mary knows that he spends a lot of money on alcohol and she is afraid that she will not have enough money to support the child.

3. Ask learners to brainstorm the specific characteristics of a good mother and list their responses on the board. Add any others that you feel are appropriate from this list:

She cares about the children and tries to provide them with a better life than she has.

She spends time with the children and helps them to develop knowledge and skills.

She knows the importance of showing love and affection.

She tries to maintain a good relationship with the children's father.

She makes decisions based on what is good for the children.

She knows how to care for children or is willing to learn.

She is willing to give up things to be a good mother.

She wants to keep her family healthy by not exposing herself or their father to diseases like HIV.

She plays with her children, reads to them and engages in youth-centred activities.

4. Facilitate a discussion with the following questions:

What were some of the qualities of the best mothers? Fathers?

How would you describe an ideal mother? Father?

How can potential parents be prepared for parenting roles?

Optional Activity

15-19

#1 Rock Babies

Learners will simulate parenthood in this activity. Let school staff know this activity is taking place. Young people will be carrying a rock baby with them at all times. Ask each learner to bring a rock to this session.

Session 1

1. Explain this activity will simulate being a parent. Review the instructions for the activity:

Your rock will represent a baby. The babies can be decorated and dressed as you wish. You can choose whether your baby is a boy or a girl.

Keep the baby warm, dry, and protected from harm at all times. Never leave it alone. If you must leave your baby, you must find someone to care for him or her.

Every four hours spend 15 minutes feeding the baby. During this time do not do anything else.

2. Tell learners how many days they will be responsible for their rock babies (3 to 5 days), then, before ending the session, allow them about 15 minutes to decorate.

Session 2

1. After the time is over, bring the group back together and ask the following questions.

What was it like to care for a baby all the time? How would it be different with a real baby?

How was your normal routine changed by this parenting experience?

With a real baby, would you give up some of your social activities? Would you have a choice?

What things would you have needed to buy for a real baby? Would you have the money?

How would your life have been different if your "baby" had been born with a disability?

How would a baby affect your family? A relationship with a partner? Your friendships?

How would a baby affect your future plans? Would you be able to continue in school or hold a job?

Do you plan to have a baby one day? If so, at what age would you like to become a parent?

Session 25 Unsafe Abortion

Learning Objectives

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

- Define abortion

- Describe five complications of unsafe abortion

Time 30 minutes

Background Notes

The term abortion in its common usage refers to the deliberate early termination of a pregnancy. Abortion is currently legal in many countries around the world and is practiced safely by trained health care providers. Abortion is legally very restrictive in Kenya (only to save the life of the mother) and is often practiced under unsafe and unhygienic conditions. Some unsafe methods of abortion that have been tried by girls include:

- Chemical abortions

- Overdose of quinine (malaria medication)

- Herbal medications

- Mechanical methods including piercing the uterus using sharp objects

- Taking concentrated solutions such as quencher, millet chuff and tea leaves

Many women have died from unsafe abortions or have developed health problems. Some immediate health complications include severe bleeding or infection, which can lead to death. Some women suffer from long-term problems that mean that the woman may never get pregnant again or that she may live in constant pain.

A girl or woman who has recently had an abortion needs to consider contraception options to avoid unplanned pregnancy in the future. She should make a plan for getting contraception immediately after the procedure. If the abortion was not carried out by a skilled provider, the woman may not have access to contraceptives. An adult who is aware of this situation can assist the girl in seeking medical care and contraceptive counselling.

Whatever the circumstances of the pregnancy, having an abortion is a serious decision that requires careful consideration of one's values, beliefs, and life situation. A girl or woman faced with an unwanted pregnancy should seek counselling to learn about all the safe and legal options that are available to her.

Instructions

Define Abortion (30 minutes)

1. Ask learners to define and describe abortion.

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

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

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

4. Ask learners to discuss each method. For each method ask if it is safe and what happens to girls who have used this method.

5. Ask learners if they know any young women who have had an abortion and to share what happened to them?

6. Ask learners to list the risks of unsafe abortion. Some answers are:

Bleeding to death from cuts on the uterus or cervix

Anaemia – iron deficiency

Pelvic abscess from using unclean materials

Tetanus from unclean materials

Infertility

7. Facilitate a discussion about unsafe abortion using the following questions:

How can unwanted pregnancies be prevented?

Where can adolescents find more information about ways to prevent pregnancy?