



Project W

Health and Life Planning Skills Curriculum

With support from the Nike Foundation, Mercy Corps and PATH are working together with the Liangshan Yi For Empowerment (LYFE) Center on Project GLOW (Giving Leadership Opportunities to young Women) to equip and empower Yi adolescent girls with the life skills, health, and economic options necessary to cope and move beyond the challenges of urban migration and the growing HIV/AIDS epidemic. The project targets adolescent girls ages 14-18 with the following activities: (1) Education (language, life skills, and business literacy); (2) Economic Opportunity (economic group formation, agricultural/vocational skills, and job placement); and (3) Health (health education and peer-to-peer mentoring).

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Liangshan Yi for Empowerment Center

Nike Foundation

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Acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
HIV	Human immunodeficiency virus
STI	Sexually transmitted infection
TB	Tuberculosis
WHO	World Health Organization

Introduction for Facilitators

Adolescence is a time of incredible change. Young people experience new feelings, physical and emotional changes, excitement, questions, and difficult decisions. During this time, adolescents need information about their bodies and health, as well as skills to help them plan for a happy and healthy future. As they move through adolescence, young people begin to have different kinds of relationships with their peers, family members, and adults; well-defined values, strong communication skills, the ability to make good decisions, and other key life skills can help ensure that these relationships are satisfying and mutually respectful. These skills, together with a strong understanding of how their bodies work, can help young people manage new feelings in order to make responsible decisions about their health and future.

The *Project GLOW Health and Life Planning Skills Curriculum* provides step-by-step instructions for facilitating participatory and interactive discussions with young people on issues related to their health and future. This curriculum was designed for girls attending the Liangshan Yi For Empowerment Center, but could be used by anyone working with young people. The curriculum is designed to encourage discussion and reflection, as well as provide factual information and address common myths.

The objectives of this curriculum are to:

- Increase adolescents' knowledge of biology, development, disease, nutrition, and hygiene in order to make choices to ensure good health.
- Reinforce and promote attitudes and behaviors that will lead to a better quality of life for adolescents, by discussing and analyzing cultural values and norms.
- Equip participants with skills to overcome the challenges of growing up and to become responsible adults. These skills include communication, decision-making, assertiveness, setting goals, and resisting peer pressure.

How this curriculum is organized

The curriculum has 54 sessions, with content that has been designed to build on and refer back to each session. Sessions are organized into five topic areas, which are color coded.

Values and Communication (V)
Risk (R)
Biology and Development (B)
Disease (D)
Nutrition and Hygiene (N)

Each session title is preceded by a number that represents its place in the session order and is followed by a letter that identifies it as a member of a particular topic area (V, R, B, D, and N).

Each session outlines the objectives to be achieved, materials and preparation required, and step-by-step instructions for participatory learning activities to be conducted. Most of the sessions include games and activities, which some participants and facilitators might object to initially as childish. Sometimes facilitators who are unfamiliar with participatory techniques would prefer to give a lecture and may find facilitating a game or other interactive exercise a bit challenging. However, a lecture is rarely as productive as an analysis of a game or an exercise. Games and activities provide

participants with an opportunity to interact freely and generate more discussion that cannot be yielded by other methods.

At the end of each session, several key information points appear. These are NOT to be read or written out as a summary of the session. These key points are provided for the facilitator to review and keep in mind while preparing for and conducting the session. During a session, the facilitator should ensure that these key points are covered by way of asking questions of and stimulating thinking among participants—not by reading the points aloud.

Role of the Facilitator

A facilitator should:	A facilitator should not:
<ul style="list-style-type: none"> ✓ Be patient. ✓ Show that s/he is a learner too. ✓ Build on participants' experiences. ✓ Be sensitive to what is happening in the group. ✓ Deal with issues raised in the group. ✓ Encourage participation. ✓ Use simple language. ✓ Keep the group on topic. ✓ Be a good listener. ✓ Be aware of all the members of the group. ✓ Keep eye contact with group members. ✓ Be enthusiastic. ✓ Plan the activities in advance. ✓ Be empathetic. ✓ Have a sense of humor. ✓ Respect and appreciate the participants' situation. ✓ Be a role model. ✓ Give feedback. 	<ul style="list-style-type: none"> × Dominate the group. × Intimidate people. × Take sides. × Jump to conclusions. × Be prejudiced. × See her/himself as the expert. × Put participants on the spot. × Create a long dialogue with one participant. × Lose her/his temper with a participant. × Be biased. × Facilitate discussion if s/he is uncomfortable with the topic. × Criticize a participant's personal beliefs. × Allow participants to dominate discussions or intimidate each other. × Be judgmental.

Before facilitating a session

You should familiarize yourself with the entire curriculum before starting to use it to facilitate discussions. Being familiar with the entire curriculum will be helpful, as the sessions are related to each other because they both build on and refer back to each other.

Before facilitating a session, prepare all the required materials and activities for the session. Think about how you will perform each step, and review the key information points to have in mind as you facilitate the session.

Talking about sensitive topics

Young people may be embarrassed to talk about anything to do with sex, reproduction, or other taboo topics. Do not let this discourage you or make you feel uncomfortable. Young people need accurate information on these subjects to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment pass and then focus on the information and skills they need.

Tips for talking about difficult subjects

- Clarify your own values before you facilitate the sessions. Think about how you feel about an issue before you discuss it with participants.

- Be prepared and plan ahead. Know what you want to achieve before the session. Find out as much information beforehand so that you feel confident in facilitating the session.
- You do not have to know everything. Sometimes a facilitator may not know the answer to a question. Be honest with participants. There is no shame in saying, “I don’t know.” Turn it into an investigative project and ask participants to help you find the answer.
- Do not dismiss or judge what participants know. Participants have been exposed to a variety of information and experiences. Try to make them feel that their experiences have value and are important. Remember that you do not know everything about the participant’s lives.
- Set your own limits. Participants will be excited because you are prepared to talk about topics that interest them. Few people provide guidance or give them this knowledge, and they may ask questions that make you feel embarrassed. It is important to be as open and honest as you can. Explain when you feel uncomfortable answering a particular question.
- You have the right to express an opinion. Share your wisdom and values with participants. However, emphasize that the opinions are your own. Share your feelings honestly and in a caring way.
- Use a guest speaker if you are not comfortable facilitating a certain session or feel that participants would benefit from talking with an expert.
- Get advice and help if you need it. Teaching life skills and reproductive health is not always easy. If you had a difficult session, find another facilitator or someone you trust to talk with afterward. However, respect participants’ privacy; do not share information that participants shared with you during the session.

Additional training sessions

Two sessions are included in this introduction: one could be used when training new facilitators; the other could be used with any training group, and cover numerous topics to provoke critical thinking and discussion.

A. Introduction to Exploratory Learning

Many facilitators are accustomed to presenting new information through lecture. The learning activities in this curriculum encourage a more participatory and interactive approach. Participants are involved in their own learning. To illustrate this point with new facilitators, Session A can be used. This is not a session to be used with young people, but rather it is a way to demonstrate the benefits of exploratory learning and facilitation.

B. Figureheads

Figureheads is a facilitation tool that can be used to encourage discussion and reflection around key decisions young people face. Session B is a sample figureheads session, which can be adapted for use around any common dilemma for young people. Rounds 1–3 can be followed repeatedly, changing only the dilemma.

A. Introduction to Exploratory Learning

Objective

- To create an understanding of different styles of learning and facilitation: didactic-prescriptive, guided-exploratory, and unaided-exploratory.

Materials and preparation

- Review session steps and key information points.
- A folded paper boat.
- Adequate supply of plain A4 sheets of white paper for everyone in the room.

Method

1. Fold a sheet of paper to create a paper boat.
2. Show participants the paper boat and ask if anyone in the room already knows how to construct a similar one. All those who do should be asked to step to one side, away from the group.
3. Divide the remaining participants into three equal groups, numbered 1, 2, and 3, and share the following instructions with them:
 - Group 1 will create a paper boat by mimicking the facilitator's actions as he sits with them and constructs a new paper boat.
 - Group 2 will create a paper boat by unfolding the facilitator's paper boat model and figuring out how he did it.
 - Group 3 will only receive sheets of paper. They will have to figure out how to make a paper boat similar to the facilitator's with no outside help.
 - Group 4, consisting of the people who already know how to make a paper boat, will be asked to make a paper bird.

Tell participants that they have 15 to 20 minutes for this activity.

4. After the allowed time, ask each group if they were able to make a paper boat. If any group has not yet succeeded but feels they could with a little more time, give them five more minutes.
5. Use the following questions to conduct a discussion with the four groups in plenary:
 - What did the experience feel like for members of each group? Which group thinks they enjoyed themselves the most? Why?
 - Which group felt the greatest sense of achievement? Why?
 - Which group felt that their participation in the process was the lowest? Why?

- Which group felt the greatest ownership of the final product, the paper boat?
6. Now introduce the terms “learning through exploring” and “learning through being told.” Introduce a third term, “learning through exploration but with a little guidance.” Ask the groups which of these terms they would apply to the way they learned to make a boat.
 7. Mention different skills and ask participants to discuss which of these methods applies to the way that skill is learned.
 - Learning to walk
 - Learning to ride a cycle
 - Learning a new language
 - Learning to eat food
 - Learning geometry
 8. Explain that one of the most sustainable methods of learning and facilitating is *learning through exploration but with a little guidance*. This allows people to learn at their own pace, make mistakes without being judged, and guide each other through consultation and exploration.

Key information points

- In didactic-prescriptive learning, the facilitator has all the information and imparts it to the participants through a process of instruction.
- In guided-exploratory learning, participants learn on their own through exploration, questions, discussions, analysis, and experimentation. The facilitator provides structure for the exploration.
- In unaided-exploratory learning, participants learn by themselves with minimal guidance from the facilitator.

B. Figureheads

Objective

- To explore the social and familial pressures behind important decisions young people face; in this case, the choice of marital partner.

Materials and preparation

- Review session steps and key information points.
- Dilemma cards (to be completed once the group decides who will sit on the panel).
- At least two hours before the session, select a participant to play the part of the Dilemma Holder and share the dilemma with him/her. The Dilemma Holder should give himself/herself a name. Example of a dilemma:

I am an 18-year-old called Anza. I am in love with a boy, but my parents have arranged my marriage to a sick boy from our same caste. I cannot tell my family about the boy I love because they will become angry and punish me. But if I do not tell my family, then I will have to marry the sick boy. What should I do?

When called upon, the Dilemma Holder should share her story with the group, using her own words but without adding extra details. Place six or seven chairs in front of the group to form a panel of Figureheads. The other participants should all face the panel. Ask the Dilemma Holder to stand between the panel and the participants, so everyone can hear.

Method

Introduction

5–10 minutes

To be conducted only the first time you conduct Figureheads with a group.

1. Discuss with participants what they understand by the word “Figurehead.” Explain that in this session, a Figurehead refers to a member of the community or family who plays a responsible and well understood role in the community. Examples: Teacher, judge, chief, doctor, parent, police.
2. Ask participants to suggest some Figureheads for this session. Select six or seven, and write each Figurehead’s name on an A4-sized placard.
3. Ask for volunteers to role play the Figureheads. Ask the volunteers to sit in chairs in front of the group, holding up their placards.

Round 1

15–20 minutes

1. Call the Dilemma Holder before the group (see diagram), and ask him/her to share the dilemma with the panel of Figureheads.
2. Ask the Dilemma Holder to select a Figurehead from whom he/she would like a solution for the dilemma. Let the selected Figurehead offer advice to the Dilemma Holder.
3. Now ask any other Figurehead to improve on the advice heard so far.
4. Repeat step 3 until all the Figureheads have given advice to the Dilemma Holder.

Round 2

25–45 minutes

5. Summarize the different suggestions made by the Figureheads.
6. Ask the Dilemma Holder if he/she feels that the problem was addressed, and if he/she now has different useful or interesting options to think about.
7. Now ask the remaining participants if they can improve on the suggestions that have come from the Figureheads. Ask questions, challenge, and provoke as other participants offer advice.

Round 3

20–30 minutes

8. Invite all the players, including those who played Figurehead roles, to share their own real-life experiences and reactions to particular dilemmas. Typical guiding questions are:
 - Has anyone you know had an experience like this?
 - How was the experience different from the dilemma we just examined?
 - How did you/they react to it?
 - How did you/they solve it?
 - Is it a common dilemma?
 - Why does this dilemma occur in a person's life?
9. End the session when about six to eight individuals have shared their experiences.

1. Introduction: What is Healthy?

Objectives

- To help participants understand the concept of health.
- To increase participants' awareness of the different aspects of health.
- To familiarize participants with the main objectives, contents, and methods of this health curriculum.

Materials and preparation

- Flipchart paper and markers (have available for every session).
- If you choose to have participants read, prepare slips of paper on which the stories are written or typed.

Method

1. Tell participants that we will begin our health class by talking about what we mean by “health” and what role health plays in our lives.
2. Read the following story (or ask a participant to read the following):

Zier is a tall and handsome youth in his twenties. He likes sports, particularly jogging and basketball. He is always the winner in wrestling matches. He has many friends and earns their respect.

3. Ask: Do you think Zier is healthy? (Note to facilitator: Participants are very likely to say Zier is healthy. Do not make comments at this time.)
4. Continue reading the story (or have a participant read the following):

Zier likes to participate in clan affairs. He cares for his friends very much. When friends are bullied, he fights and uses force to seek fairness for his friends.

5. Ask: Do you still think Zier is healthy? (Note to facilitator: Participants may have different opinions. Encourage participants to speak their minds and still make no comments yourself.)
6. Continue with the story:

Zier believes that fidelity is vital for friendship and he likes chatting, smoking, drinking alcohol, and gambling with his friends. When together, they are chain smokers and always end up completely drunk. He has begun to learn to use heroin from one of his friends.

7. Ask participants whether they still think Zier is healthy. (Note to facilitator: Participants are very likely to have different judgments. Lead the discussion and encourage participants to think independently and share their thoughts.)

8. Continue with a second story in a similar way to the first one. Read:

Awu is an 18-year-old girl. She has been disabled since her early childhood when she had polio. She has difficulties walking around.

9. Ask: Do you think Awu is a healthy person? (Note: Participants are very likely to say Awu is unhealthy because she is handicapped. Don't make comments at this time.)

10. Continue with the story:

Awu is a wise and skillful girl. She joined the Yi Center's handicraft-making group and works hard to learn new things. Her products are among the best in the group. Awu has a pleasant personality and is popular among her friends. She is also willing to help other girls in her group, often offering her assistance.

11. Ask: Do you think Awu is healthy or not? (Encourage different opinions, but withhold your own opinions.)

12. Continue the story:

Awu has an optimistic attitude toward her disability. She loves life and wants to make contributions to society and lower rates of poverty in her community through hard work. She participates in community activities and tries to persuade her father and brother to stop smoking heavily. She hopes to run a handicraft workshop after completing her Center studies.

13. Ask participants whether they think Awu is healthy or not. Encourage sharing of opinions.

14. Write the names of Zier and Awu on the flipchart. Ask participants which aspects about Zier and Awu they believe are healthy and record the list on the flipchart.

15. Generate discussion around this list—why are these aspects healthy? Continue the discussion by asking, what does it mean to be healthy? Does health only involve being physically fit or aspects of our physical bodies? Continue to add to the flipchart list as participants brainstorm.

16. Summarize the points raised, including that health is not only physical, but includes other aspects as well. (Note: the World Health Organization (WHO) defines "health" as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." WHO recently modified the statement to include the ability to lead a "socially and economically productive life.")

17. Share an overview of the contents of the health curriculum, and write down the names of the five components of the course: Values and Communication, Risk, Biology and Development, Disease, and Nutrition and Hygiene. Share example topics and titles as you describe the overview of the curriculum as follows:

Because health includes mental and social well-being, one set of sessions will focus on values, communication, self-esteem, and decision-making.

Participants will learn about risks to health and how to avoid things that may harm their health.

The Biology and Development, Disease, and Nutrition and Hygiene sessions will teach participants more about their bodies and how to remain healthy. Participants will have the opportunity to learn about and practice new skills related to these topics.

Throughout all the sessions, we will use participatory and active learning methods and encourage everyone to participate fully by sharing ideas and being active in the sessions. Sessions will involve both small and large group work, drawing, telling stories, playing roles in skits, singing, etc.

Key information points

- Health is more than the absence of disease; it also includes psychological and social aspects.
- Staying healthy is a constant process. It not only requires knowledge and awareness, but also skills and actions.



2. Values (V1)

Objectives

- To introduce the values basis for individual action.
- To create skills in evaluating specific actions through applying three filters (what is important for you in your own view, what is important for you in the view of others, and what are actions that you are bound to take because of rules).

Materials and preparation

- Flipchart paper and markers.

Method

1. Select a male and a female participant, and give them the following situation for role play (roles are underlined below). The participants should be given no more than two minutes to prepare, and the role play should last at least three minutes. Tell the other participants that they have to watch the role play and identify something that the factory worker considers personally important.

A factory worker is spending his salary on expensive watches, clothes, and cosmetics so that he can look good and dress smart. His wife wants him to put more money toward feeding the family.

2. Ask participants what the factory worker considers personally important. (Answer: He considers it important to dress well and look rich.)
3. Write the words “What is important to you” on a flipchart sheet. Explain that it means something that you personally consider to be important. It could be a thing or a way of behaving. (Examples: It is important to help my friends when they are in trouble; honesty is important; it is important for me to educate myself and get a good job in Beijing.)
4. Negotiate with participants to identify a word in the Yi language they can use to represent this (English word: value).
5. Ask participants to share examples of what is important to them. Write them on the flipchart sheet.
6. Select five participants to play the actors in the next role play (roles are underlined below). Give them the following situation for role play. The participants should be given no more than two minutes to prepare, and the role play should last at least three minutes.

7. Tell the other participants that they have to watch the role play and identify how the teacher believes young people should behave.

Two young people are talking rudely to an old man. A teacher passing by begins to scold the youths for being unmannered and uncivil. His wife tells him that it is none of their business to discipline other people's children.

8. Ask participants how the teacher believes young people should behave.
9. Write the words "What you believe is appropriate" on a flipchart sheet. Explain that it means something that you consider to be appropriate or acceptable for society, your family, for people. It could be a thing, a way of behaving, or a way of thinking. (Examples: Young people should listen to their elders; at least one child in the family should smoke; parents should choose the mates for their sons and daughters.)
10. Negotiate with participants to identify a word in the Yi language they can use to represent this (English word: principle).
11. Ask participants to share examples of what their parents and elders believe are appropriate for young Yis.
12. Select five participants to play the actors in the next role play (roles are underlined below). Give them the following situation for role play. The participants should be given no more than two minutes to prepare, and the role play should last at least three minutes.
13. Tell the other participants to identify the rule of behavior the teacher tells the students.

A young girl walks into class with her hair dyed blonde. The other students admire her. The teacher walks in and tells the girl the school does not allow girls to color their hair. The girl argues with him.

14. Ask participants what rule they think the teacher was telling the students. (Answer: Students are not permitted to dye their hair.)
15. Write the words "Things you must do whether you agree or not" on a flipchart sheet. Explain that this refers to rules that you have to follow in your family, school, or community, regardless of whether you agree with them.
16. Negotiate with participants to identify a word in the Yi language they can use to represent this (English word: rule).
17. Ask participants to share examples of any rules that they have to follow in their families, schools, or society.
18. Ask: If your father makes a rule that you should be home by 8 pm, is he following a principle? What principle is he following? Is it appropriate for someone to force someone else to follow his/her principle?
19. Ask: Do people always follow the principles they say to believe in? Give examples of people who don't practice the principles they preach. (Example: A man who tells his children they should not smoke, although he himself is a heavy smoker.)
20. Ask: What kinds of people have the authority to make a rule and force others to follow it? (Examples: Parents, lawmakers, teachers, some elders, policemen.)

21. Ask: Is it better to follow a principle than a rule? Why? Under what circumstances is a rule more effective than a principle?
22. Ask: What happens when you break a personal principle?
23. Ask: What happens when you break a rule?
24. Ask: If breaking a rule does not have any result, then is it an effective rule? (Example: When a motorist gets away with running a red light.)

Key information points

- People take certain actions because they are personally important to them.
- People take certain actions because other people believe that it is important or appropriate for them to do so. They may not personally believe those actions are important, but they carry them out since someone important or in authority, like a parent or a teacher, wants them to.
- People do certain things because a social, institutional, or cultural rule requires them to do so. Not doing these things may be an offense and punishable.



3. Microorganisms (D1)

Objectives

- To create a culturally relevant conceptual framework for building an understanding of microorganisms among the Yi.
- To build upon existing Yi understanding of invisible but harmful entities.
- To build an appreciation of microorganisms that can do good or harm.

Materials and preparation

- Microscope (if available).
- Flipchart paper and markers.

Method

PART 1

1. Ask: Name some things that you can see and that are good for Yis. Allow a few examples to emerge.
2. Ask: Name some things that you cannot see and that are good for Yis. Allow a few examples to emerge.
3. Ask: Name some things that you can see and that can do harm to Yis. Allow a few examples to emerge.
4. Ask: Name some things that you cannot see and that can do harm to Yis. Allow a few examples to emerge. Examples for this category may include ghosts, spirits, and so on.
5. Ask: What do Yi people do to make sure that these invisible things do not harm them? Allow a few examples to emerge.
6. Ask: What is the smallest living thing that you can see with your eyes? Participants name living creatures that are visible to the naked eye. Allow a list of 10 to 12 names to emerge.
7. Wait for someone to mention chicken lice. This is generally named as the smallest visible living creature.
8. Ask: What is even smaller than a chicken louse? (Correct answer: The eggs of a chicken louse.)
9. Ask: What is even smaller than the eggs of a chicken louse? (Correct answer: Baby chicken lice within the eggs.)

10. Tell participants that there is a universe of tiny living beings. Negotiate with participants to agree on a Yi word they can use to describe such tiny living creatures that cannot be seen with the naked eye (English word: microorganisms). Explain that these creatures can only be seen with the help of powerful instruments called microscopes.
11. Introduce participants to the microscope (if available), and explain what it does. Allow participants to look through the microscope and see some very small organisms.

PART 2

1. Ask: What is the human body made of? Let participants offer their suggestions while you note them on a flipchart sheet. Answers may include bones, muscles, teeth, hair, organs, and so on.
2. Ask participants what bones, muscles, teeth, hair, organs, and so on are made of. Note their answers on a flipchart sheet.
3. Explain that the body is made of a certain kind of living organism known as a cell. If necessary, negotiate a Yi word the participants would like to use to describe a cell. Explain that the human body is made of hundreds of different kinds of cells and that they vary widely in size, shape, and function. Blood cells are different from hair cells, which are different from muscle cells, which are different from skin cells. Even the skin cells of the feet are different from the skin cells of the face.
4. Explain that cells control each and every activity in our bodies. Saliva cells in the mouth produce saliva, which helps to digest food. Repair cells help to heal wounds. When a man and a woman have sex, a male cell from his body may join a female cell from her body; together, they create a new Yi baby.
5. Ask participants to guess how many cells are in each of their bodies. Tell them that an average adult human being has about 75 trillion cells (75,000,000,000,000) in his or her body. There are more cells on the surface of a person's hand than there are people on the earth.

PART 3

1. Ask: Which different microorganisms can you name? Allow participants to name different microorganisms, and write them down on a flipchart sheet. The list may include:

- Bacteria
- Bacilli
- Amoebas
- Fungi
- Viruses

2. Discuss some of the microorganisms in more detail using the following information:

Bacteria: Many bacteria are useful, such as those that ferment beer or turn milk into yogurt. However, many also cause disease in humans. Some diseases caused by bacteria include gonorrhea, syphilis, meningitis, diphtheria, diarrhea, pneumonia, and leprosy.

Fungi: Examples of fungi include mushrooms, molds that grow on bread, and yeast. Diseases caused by fungi include ringworm and athlete's foot. One yeast-like fungus that

lives in the mouth or vaginal tract is called candida and is usually harmless but can cause disease in some situations—turning into an oral infection called thrush or inflammation of the vagina.

Viruses: Viruses are the smallest pathogens known. In order to multiply, viruses must find a home inside a living organism, such as a human cell. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, the common cold, and AIDS.

Key information points

- Some of the things that can harm human health are not visible to the human eye.
- Some of these invisible but harmful things may be seen through a device called a microscope.
- The human body is made up of small living creatures called cells.
- There are different kinds of cells for different parts of the body, such as bones, muscles, hair, teeth, and blood.
- Cells perform thousands of functions that keep us alive. Some cells defend the body against illness.
- An average adult human has about 75 trillion cells (75,000,000,000,000) in his or her body.
- There are different kinds of microorganisms, such as bacteria, bacilli, amoebas, plasmodium, fungi, and viruses. They cause different kinds of diseases.



4. Understanding Microorganisms (D2)

Objectives

- To create an understanding of the functions of different microorganisms.
- To create an understanding of microorganisms within and on the body, and those outside it.

Materials and preparation

- Flipchart paper and markers.

Method

PART 1

1. Ask: Where are microorganisms found? List locations suggested by participants in two columns on a flipchart sheet. Do not name the columns yet.

In the left column, write locations that belong to the human body, such as skin, stomach, nails, hair, eyes, and intestines. In the right column, write locations that are outside the human body, such as plants, soil, garbage, and air.

2. When about 10 to 15 locations have been named, explain that some microorganisms are part of the body. Write the word “Insiders” above the left column. Explain that some microorganisms live outside the body. Write “Outsiders” above the right column.
3. Explain: Microorganisms are found everywhere—within our bodies, on the skin, on plants, in garbage, in rivers, in homes, and in food. Some can only live in freezing temperatures, such as in Mongolia or Siberia. Some need the extreme heat of places like the Gobi Desert to survive. Some, like the one that causes tetanus, need an environment where there is no oxygen.
4. Ask: Are microorganisms in stools (feces) Insiders or Outsiders? (Answer: They are Insiders that become Outsiders.)
5. Explain: When Outsider microorganisms enter the body, they become Insiders, and can make you sick.
6. Introduce the word “germ.” Explain that microorganisms that cause infection and disease are called pathogens. Explain that we will be using the more colloquial word “germs” to refer to pathogens.
7. Give the example of the cold, which is caused when an Outsider germ (the cold virus) enters the body and becomes an Insider germ. When you sneeze, those Insiders come out and become Outsiders again. Now they can infect others.

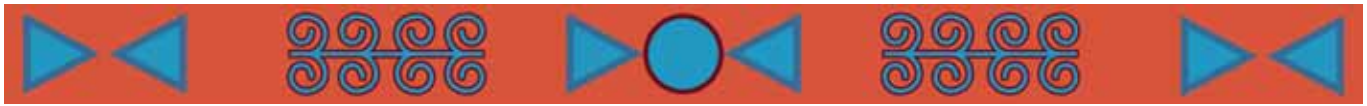
8. Ask participants if microorganisms on the skin are Insiders or Outsiders. (Answer: A microorganism on the skin is as much a part of the body as one that is inside.)

PART 2

1. Ask: What do microorganisms do? Let participants make suggestions, and note their replies in two columns on a flipchart sheet. In the left column, write down useful functions of microorganisms, and in the right column, write down harmful functions of microorganisms.
2. Examples of some *useful* functions are:
 - Fermentation (to make beer, yogurt)
 - Baking (yeast is used to make buns soft)
 - Decomposition (used to convert dead organisms to soil)
 - Digestion
3. The main example of *harmful* functions of microorganisms is causing disease in human beings.
4. Write the words “Useful” and “Harmful” above the columns.

Key information points

- Microorganisms exist everywhere—inside and on the body (Insiders), as well as outside the body (Outsiders).
- Microorganisms survive in a wide range of conditions from freezing cold to extreme heat, some without oxygen.
- Insider microorganisms can become Outsiders when they leave the body through stools, urine, breath, or saliva. Outsider microorganisms can become Insiders when they enter the body.
- Some Outsider microorganisms can make you sick when they enter your body.
- Microorganisms that can make you sick are often called germs.
- Microorganisms perform various functions. Some are useful and some are harmful.



5. Foods We Eat (N1)

Objectives

- To explore community understanding and knowledge of food, digestion, nutrition, and cuisine.
- To introduce nutrition food groups.

Materials and preparation

- Each participant is asked on the previous day to bring along a single item of food of any kind that they consider important and common for Yi to eat.

Method

1. Ask: What food does a chicken eat? What food does it not eat?
2. Ask: What food does a cow eat? What food does it not eat? What would happen to a cow if it ate meat? Plastic? Chicken food?
3. Ask: Can a chicken eat grass? Do dogs eat grass? Why? Make the point that animals know what food is good for them. A dog does not eat grass because it knows it will vomit.
4. Ask: Can human beings eat grass? Can humans survive on chicken food? Why not?
5. Ask: Does a dog eat meat? Does it have to be cooked meat? Can a human eat raw meat? Make the point that some animals digest foods others cannot. Ask: Why? Through the discussion, make the point that our digestive systems are different from those of animals. Humans can eat and digest a range of foods, while animals are capable of digesting only one kind of food. The reason why a cow cannot eat meat is that its digestive system is designed to digest plant material like grass and leaves only.
6. Ask: Is the cow or buffalo a strong animal? Since they eat only grass, does it mean that grass has whatever is needed to make strong bodies, muscles, and bones? Is a tiger a strong animal? How come a tiger gets the same thing from eating meat that cows get from eating grass?
7. Ask: Who is stronger, a cow or a man? How come, since the cow eats only grass and we eat so many more things? Can a man become as strong as a cow by eating grass?
8. Ask: Do cows eat the food that is best for them, or the food that is available? Do Yi people eat the food that is best for them, or the food that is available?
9. Ask participants to place their foods in the center of the room. Ask whether this collection represents everything the Yi people eat or only some of what they eat. Does it represent the main foods? What is missing? Ask participants to fetch the missing ingredients from a kitchen or household nearby, if possible.

10. Ask participants if they would include alcohol as a food Yi people consume. If yes, ask that it be included in the display.
11. Ask participants if they would include drugs as a food Yi people consume. If yes, ask that they be included in the display.
12. Ask: Does this food keep the Yi people healthy? Which is the healthiest of these foods? How does it help Yi health?
13. Ask: What does a Yi person need to stay healthy? Have a discussion and help people think of the needs of different parts of the body. Help people think of daily needs, such as energy and stamina. Think of faculties such as eyesight and hearing.
14. Make separate category name tags for muscles, bones, teeth, brain, skin, heart, eyes, hair, blood, lungs, and so on. Ask participants to take food items from the display and place them under the appropriate categories.
15. When all foods have been categorized, ask participants to review their groupings and make any changes if necessary. Do not tell participants if the groupings are right or wrong. However, since the potato is a popular Yi food, it may be placed under every category. Explain that some foods benefit more than one part of the body. For example, the potato provides energy for the body, keeps muscles strong, may help to decrease bone loss, maintains healthy blood pressure, and reduces the risk of kidney stones. It is also worth sharing that cigarettes and drugs have no known health benefit.
16. Ask participants to take all of the food out of each grouping and place it back in the center of the room. Explain: We just looked at all the ways individual foods help our bodies. Foods can also be grouped together because they are similar. Which foods do you think are similar and how would you group them together?
17. Allow participants to work together as a large group to come up with these groupings. After 5 to 10 minutes, ask them to explain their groupings.
18. Present the following information: Foods are grouped into the following four groups:
 - Cereals: Examples include rice, wheat, buckwheat, maize.
 - Vegetables and fruits: Examples include cabbage, tomatoes, yuangen, carrots, yams, sweet potatoes, apples.
 - Meat, eggs, and fish: Examples include chicken, eggs, pork, mutton, beef, fish.
 - Milk, soy, and other legumes and their products: Examples include tofu, legumes, lentils, soy milk, milk, walnuts.
19. Ask participants to group the food into these four groups. After they have finished their groupings, ask: Where do the sugary foods and oil go? Explain that these foods are not in a group because they should be eaten in small amounts. Oil helps with cooking and both oil and sugar are used to add flavor.
20. Ask: What are other examples of foods we eat that are not here but go in one of these four groups?
21. Ask: Do you eat only what others tell you is good for you or do you decide which food is important for you to eat? Are there any foods you have to eat because there is a rule?

22. Ask: Which people other than Yis live in the same area? Do they eat these same foods? Are they healthier than Yis or not? Why do Yi people eat different food from the Hans and yet live in the same area?
23. End this session by telling everyone that we have begun an exploration of food and health, and in future sessions, will try to understand in greater detail which foods help us in which ways.
24. In preparation for Session 16, Risks in What We Eat, introduce the topic by talking briefly about three kinds of foods:
 1. Foods that are ready to eat.
 2. Foods that have gone bad, or decayed, and are not safe to eat.
 3. Foods that are unripe or uncooked and therefore not yet safe to eat.

Alert participants to keep watch for samples of all three kinds of food and to bring them with them to session 16 (announce the date).

End the session.

The facilitator should make the following preparations prior to the day of Session 16:

- Seven to nine days before this session, the facilitator will place a piece of meat, some soy milk, a tomato, and a potato in an exposed area and let them decay.
- On the day before Session 16, the facilitator will remind participants to bring a sample from each of the three categories listed above.

Key information points

- Different foods have benefits for different parts of the body.
- Foods can be categorized as follows: cereals; vegetables and fruits; meat, eggs, and fish; and milk, soy, and other legumes.



6. Values Discussion (V2)

Objectives

- To know what you consider important and understand what other people consider important.
- To develop the skill of assessing values to decide if they are beneficial or harmful to others.
- To understand that values are shaped by personal experiences and/or through external imposition.
- To begin to understand the link between what one holds as important and the behaviors and choices one makes.

Materials and preparation

- Throughout this session, replace the English words “value,” “principle,” and “rule” with the agreed-upon Yi words for “what is important to you,” “what you believe is appropriate,” and “things you must do whether you agree or not” from Session 2.
- Three index cards or small pieces of paper per person.
- Flipchart paper and markers.

Method

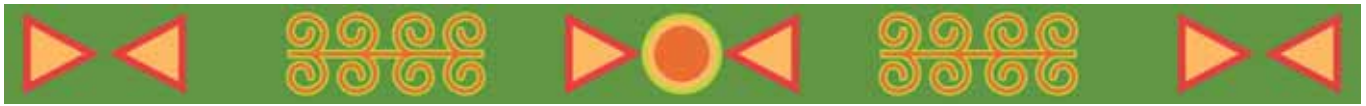
1. Give each participant three index cards and ask them to write three things they consider most important, one on the back of each card. In addition, participants should write on the back of each card the reason why they think that particular thing is important.
2. Divide the participants into groups, each consisting of five to seven people, and ask each participant to share his/her answers with the rest of the group.
3. Ask groups to pool all their answers and divide them according to the three categories developed in Session 2: what is important to you, what you believe is appropriate, and rules that you have to follow.
4. Ask each group to discuss and come up with three things the group considers most important and write them on a piece of flipchart paper.
5. Ask each group to select a representative to report to the class the three important things the group has come up with, as well as the reasons.

6. Facilitate a brief discussion after each small group has shared with the larger group. Example questions to facilitate the discussion:
 - How did the group come up with the three things they consider most important?
 - What disagreements did the group have in the process of deciding on the three most important things?
 - Do all group members agree on the three things they selected? Why or why not?
 - Is it difficult for all group members to come to the same conclusion? Why or why not?
7. After all groups have shared, facilitate a general discussion with the full group. Example questions to facilitate the discussion:
 - What patterns do we see among the three choices of the different groups? What types of things are important in relation to family, friendships, boy-girl relationships, marriage, etc.?
 - Is it necessary for all members to come to the same conclusion? What is the best way for a group to reach a decision?
 - Under what circumstances is it acceptable for a person to force another person to follow an idea or conclusion that he/she does not agree with?
 - What should a Yi do if someone else believes in an idea (value) that is harmful to Yi people?
 - How should a Yi person decide the usefulness or harmfulness of an idea (value), whether it is their own or someone else's?
 - Imagine what your list will be ten years from now. Is it going to be the same? Why or why not? What is the implication of the fact that your "values" may change over time? Does that invalidate what you feel now?
 - Imagine what your parents' lists would be if they were asked to do the exercise. Are they going to be the same as yours? Why or why not?
 - What actions/choices do you make based on the three things you wrote down as most important to you? (Example: If you think health is important, do you exercise regularly, eat a nutritious diet, and refrain from smoking and drugs?) Encourage participants to raise many examples of actions that are based on their values. Help participants distinguish between actions taken based on personal values and actions based on rules or principles (review Session 2).
 - Considering that your values may change over time, should you or should you not base your current actions on a value that you may not hold a year from now?
8. Ask participants what they have learned from the activity. Summarize and highlight major ideas based on the points they raise and from discussion.

Key information points

- Values are not absolute (right or wrong, good or bad, appropriate or inappropriate). They are different for different people.
- Values are shaped by many factors, including age, environment, and experiences.

- A person's values can change over time as the person ages, changes environments, or has new experiences.
- It is important for a person to have a clear set of guidelines for evaluating the usefulness or harmfulness of a value.
- While we are influenced by the values and principles of our family members, peers, teachers, and communities, we may not always share the same values as others.
- Our values often influence our choices and behaviors (as do the principles of others and rules).



7. Bodymapping (B1)

Objective

- To enable participants to express their perceptions of human male and female anatomy, as well as various biological functions.

Materials and preparation

- Large sheets of white chart paper (at least three times the number of sheets as the number of participants).
- Sets of felt-tip pens in red, blue, green, and black.
- Scotch tape.
- Scissors.

Method

1. Divide the participants into groups of four or five persons each.
2. Give each group six sheets of paper and two sets of colored pens.
3. Explain that the game to be played is not a test of drawing ability and that each person in each group should participate.
4. In Round 1, ask each group to draw two figures on their sheet of chart paper -- a standing male and a standing female. Explain that they should use the full length of the chart paper. The figures should be facing forward. It is acceptable if some members of the group draw the male and other members draw the female. No other instructions should be given. The participants may draw the figures in any way they wish (clothed or unclothed, with moustaches or without, old or young).
5. While the groups are drawing, walk around and make sure that each person is participating by drawing some part of the body, coloring, or shading. If any person is monopolizing the activity, then the facilitator should intervene and encourage the others to take part.
6. In Round 2, issue two fresh half sheets of chart paper, and ask each group to draw a standing male figure and a standing female figure, using the full length of the chart papers. Explain that your earlier instruction had been to draw a male and a female figure, not a male and a female figure with clothes on.
7. The facilitator should maintain a serious and sober expression while giving these instructions. He/She should not communicate by grinning or looking mischievous that something “naughty” is being done. Rather, he/she should convey the attitude that the human body is something to be respected, not to feel embarrassed about.

8. While the group is at work, the facilitator should move about and ask for details wherever they are missing. For example, if a drawing shows only three toes or four fingers, then ask, “Do your feet look like that?”, “Do your hands look like that?” Similarly, if the participants seem shy about drawing reproductive parts, then the facilitator should point to that part of the drawing and ask, “Is this how people really look?”, “Is this part of the body empty?” The facilitator should not name any part of the body by saying, for example, “Draw the penis” or “Draw the vagina.”
9. If any person seems to be offended or seriously disturbed by the prospect of drawing an unclothed human figure, the facilitator should not pressure that person or make him/her feel that there is something wrong with him/her. Participants who steadfastly refuse to participate may be allowed to observe.
10. The facilitator should avoid passing comments about the artistic merit of the drawing efforts. If a drawing is disproportionate or is missing important details, the facilitator should avoid passing remarks about it.
11. In Round 3, issue fresh half-sheets of chart paper, and ask each group to draw a standing male figure and a standing female figure, using the full length of the chart paper, but this time drawing as many details as they can of what is inside the body. To explain, the facilitator may say that there are organs inside the body for digesting, breathing, pumping blood, and so on.
12. Explain again that this is not a test of their knowledge. They should consult each other as a group and put in as many details as they can remember together.
13. While the groups are working, the facilitator should walk about and observe the efforts and ask questions that will help them think about body organs they have forgotten.
14. As soon as each group has finished its drawings, ask them to write the names of as many parts of the bodies as they can, and draw lines pointing to those parts. The group may write in whatever language they are comfortable.
15. Once all groups have drawn their male and female figures and named body organs, ask them to write the names of the group’s members, and use scotch tape to mount the drawings on the wall or board. Invite all groups to walk around and view the “exhibition.”
16. Ask the groups to share their comments on the drawings, including mistakes, corrections, and additions. Ask them to point out where the same part has different names and have a brief discussion to agree on which is the right one.

Key information points

- Male and female bodies look different and have different functions.
- The human body is something to be respected, not feel embarrassed about.



8. Strengths (V3)

Objectives

- To help participants identify their strengths and positive qualities.
- To increase participants' self-esteem and confidence.

Materials and preparation

- Piece of paper and pen/pencil for each participant.

Method

PART 1

1. Discuss the word “strengths” (or “advantages”) with participants. Discuss its meaning and settle on a word in Yi to describe a person’s “strengths.”
2. Instruct each participant to write their name and strengths at the top of their piece of paper. (Example: “Mahai’s Strengths.”)
3. Divide participants into groups of four or five people who are familiar with each other.
4. Instruct the groups to discuss five to ten strengths of each person in the group (reasons why that person is special). As they discuss and list strengths, the person who is being talked about should keep silent and write down the strengths mentioned by the group on his/her list.
5. When everyone has complete lists, bring the full group back together. Facilitate and encourage discussion about the session.
 - How did you feel during the discussion?
 - When you were being discussed and keeping quiet?
 - When you were helping list other people’s strengths?
 - How do you feel about the group’s comments about your strengths?
 - Did the group list strengths for you that you had not recognized before?
 - Of the strengths on your list, for which ones would you like to be continually recognized?
 - Do you think any of your strengths may change over time? Which ones and why?
 - Which may not change and why?

1. Ask the group to sit in a circle.
2. Explain that this exercise will be to share how each of us would complete a series of sentences.
3. Encourage participants to think about how they really feel about themselves as they complete the sentences, but keep the mood lighthearted and fun. Allow people to pass or skip a turn without judgment if they are not comfortable or able to complete one of the sentences.
4. The facilitator will start each round by completing a sentence for himself/herself, and then each person around the circle will complete the same sentence in turn. When it is the facilitator's turn again, he/she will complete the next sentence, until the last sentence has been completed by everyone.

The reason I am a good person is _____

I am a good daughter/son because _____

I am a good friend because _____

One skill I have is _____

One thing people like about me is _____

I am pleased with my _____

5. End with a general discussion, asking participants what they learned during each part of this session.
6. Ask participants to bring small objects of no value (small rocks, bottle caps, etc.—one each) with them to class for the next session.

Key information points

- Everyone has strengths and qualities useful to others and to themselves.
- Others feel I have importance and value.
- Being aware of our strengths helps us feel good about ourselves.
- Like values, some strengths may change over time; however, we may choose to keep many traits that are important to us, such as integrity and reliability, as part of our personalities forever.



9. Friendship (V4)

Objectives

- To help participants identify qualities they want in a friend.
- To help participants explore qualities they have to offer their friends.
- To help participants think about ways to maintain a friendship.

Materials and preparation

- Small objects of no value (small rocks, bottle caps, etc.) that participants were asked at the previous session to bring with them to class for this session.
- Extra pebbles or other small objects in case anyone forgot to bring theirs.
- Flipchart paper and markers.

Method

1. Ask the girls to sit in a circle with the objects they brought from home.
2. Ask for a few volunteers to give a definition for the word “friend” by finishing the sentence, “A friend is someone who....”
3. Ask them to think quietly about qualities they have that they can share with their friends. For example, someone might say she is a good listener or she is honest.
4. Explain that each object represents one of their special qualities. One at a time, ask the participants to say their own special quality as they place their object in the center of the circle. Write each of the qualities participants say in a column on a flipchart sheet under the heading “Qualities we give.”
5. Explain that we give to our friends and we take from our friends. Ask participants to think about what they need from their friends.
6. One at a time, ask the participants to say one quality they need from their friends as they take an object (other than their own) from the circle. (Note: Participants do not need to remember what the object represented; the exercise is to symbolize the giving and taking that happens between friends.) Write each of the qualities participants say they need from their friends in another column on the flipchart sheet under the heading of “Qualities we need.”
7. When everyone has taken an object from the circle, ask if anyone would like to talk about how this activity made them feel.

8. Remind participants that in good friendships, both people give to and take from each other. When one person is taking all of the time, it is not a good friendship.
9. Ask participants to think about a time when someone they know had a problem and how her friends helped her. Ask for a volunteer to share the story with the group.
10. Facilitate a discussion by asking the following questions:
 - Is this a common problem in your community?
 - How would you help someone who was in a similar situation?
 - What would you like your friends to do if you were in the same situation?
 - What would not be helpful for friends to do?
11. Ask for another volunteer to share a story of a time when a friend had a problem and how she helped her. After she tells her story, facilitate a discussion with the group using the same questions as above.
12. Ask for another volunteer to share a story of a time when she had a problem and how her friends helped her. After she tells her story, facilitate a discussion with the group using the same questions as above.
13. Go around the room and ask each participant, one at a time, to describe how to maintain good friendships by finishing the following statement, “If you want to keep a friend, it helps to....”
14. End the session by summarizing the main points that have been made.

Key information points

- We are all valuable as friends.
- We all have special qualities to offer our friends.
- Friendships should be about sharing, with both people giving to and taking from each other.



10. Infection (D3)

Objectives

- To create an understanding of the body's "gateways" through which germs outside the body can enter the body and cause sickness.
- To create an understanding of the roles that individual choice and behavior play in giving a germ access to enter the human body.
- To create an understanding of the shape of HIV.
- To create an understanding of nanometers, and the sizes of different microorganisms in nanometers.

Materials and preparation

- Flipchart paper and markers.

Method

PART 1

1. Ask: What are the body's gateways, or openings, through which harmful microorganisms can enter? Let participants offer their suggestions, and write them down on a flipchart sheet. The final list should include the following:
 - Eyes
 - Ears
 - Nose
 - Mouth
 - Vagina
 - Anus
 - Penis
 - Skin
2. If participants talk about modes of transmission such as infected food, remind them that you are interested in a list of "gateways," or "openings," in the body. In the case of infected food, the gateway may be the mouth.

3. Explain that in many cases, a person's behavior plays a part in enabling infection to happen through one of these body gateways.
 - For example, a person gets food poisoning not because he/she has a mouth but because of eating contaminated food.
 - A person may get a sexually transmitted infection (STI) not because he/she has a penis or a vagina but because of having had unprotected sexual intercourse with a person of unknown STI status.
4. Ask: Of the "gateways" identified earlier, which ones might be entry points for the bacteria that causes diarrhea? Allow a discussion and then clarify that the mouth is usually the gateway through which the germ that causes diarrhea enters.
5. Ask: Which is the gateway through which the germ that causes a cold enters? (Correct answer: Nose or mouth.)
6. Ask: Which are the gateways through which a virus such as HIV enters? After a discussion, clarify that the reproductive organs (penis and vagina), as well as the anus, are potential gateways for HIV. A blood transfusion with infected blood allows HIV to enter the body directly.

PART 2

1. Ask participants what they think is the shape of HIV. Let five or six people speak. There is no need to record their remarks.
2. Explain that HIV consists of a round shell, like a little ball. On its surface are bumps made up of various chemicals. At the center of the shell is a small quantity of chemicals. Negotiate a suitable word for "chemicals."
3. Ask participants if anyone knows their height in centimeters. If one does, ask him/her to step forward and write down the height on a flipchart sheet. If no one knows their height, declare your own height on the flipchart sheet.
4. Ask a participant to estimate how much of your full height would represent 100 centimeters (cm for short). Then ask the participant to measure off an equivalent distance along the side of a table, horizontally, and explain to participants that this is known as a meter (m for short), which is roughly equal to three feet.
5. Ask participants what it is called when a meter is divided into 1,000 parts. If no one knows, explain that it is known as a millimeter, or mm for short.
6. Ask participants what it is called when a meter is divided into 1,000,000,000 parts. Explain that this would be a very small distance called a nanometer. The short way of writing nanometer is nm.
7. Share the following sizes of different microorganisms:
 - HIV is a virus. It is only 100 to 125 nanometers in size.
 - An ordinary human cell is 120,000 nm in size.
 - Measles is a virus. It is only 100 to 300 nm in size.
 - A human sperm is 200,000 nm in size.

- A red blood cell is 50,000 nm in size.
- The influenza virus is only 120 nm in size.

Key information points

- The body has several gateways through which germs can enter and cause sickness. These include eyes, ears, nose, mouth, vagina, anus, penis, and skin.
- A person makes it easier for a germ to enter his/her body through behavior and choices.
- A nanometer is a unit used to measure very small organisms. One nanometer is a meter divided into 1,000,000,000 parts.
- HIV is a virus. It is only 100 to 125 nanometers in size.
- An ordinary human cell is 120,000 nm in size.
- Measles is a virus. It is only 100 to 300 nm in size.
- A human sperm is 200,000 nm in size.
- A red blood cell is 50,000 nm in size.
- The influenza virus is only 120 nm in size.



11. Size Matters Game (D4)

Objective

- To create an understanding of the relative sizes of different microorganisms.

Materials and preparation

- Postcard-sized placards in different colors (to determine the number of placards required for the session, divide the number of participants by the number of different microorganisms [in this case, seven]), each with the name of one microorganism and its size in nanometers. The following microorganisms should be used:
 - Measles (150 nm)
 - HIV (100 to 125 nm)
 - Polio (60 nm)
 - Influenza virus (120 nm)
 - Ordinary human cell (120,000 nm)
 - Red blood cell (50,000 nm)
 - Human sperm cell (200,000 nm)
- Large bag.

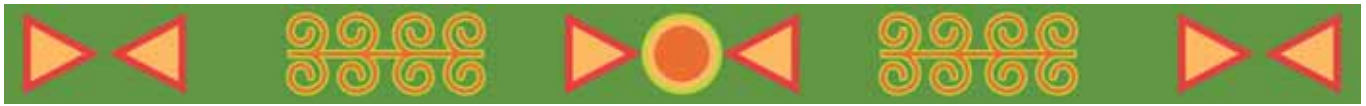
Method

1. Place all the placards in the large bag.
2. Arrange participants in a “U” shape.
3. Distribute the placards randomly among the participants.
4. Explain that each placard has the name and the size of a microorganism. Some are human body cells, some are bacteria, and some are viruses. The number on each card is the size of that microorganism in nanometers.
5. Explain again what a nanometer is.
6. Read the following instructions to the group:
 - Read your placard and note the name of the microorganism and its size.
 - Compare the size on your placard with the size on the placard to your right. If your microorganism’s size is bigger, then change places with the person next to you.
 - Repeat this process until the smallest placards are on your left and the largest ones are on your right in the group. Participants with the same microorganism placards should group themselves together.

7. Ask each person to state the name of his/her microorganism and its size.
8. Ask: How does HIV compare to the other microorganisms? Which ones are bigger? Which microorganisms are smaller?
9. Point out that white blood cells and human sperm cells are giant compared to HIV.

Key information points

- HIV, between 100 and 125 nm, is among the smallest microorganisms.
- Viruses are much smaller than human cells.



12. Understanding Digestion (B2)

Objective

- To understand the different processes and organs involved in digesting different kinds of foods.

Materials and preparation

- Anatomy wall chart of the digestive system.
- A handful of rice, one potato, one egg, and a handful of beans.
- Sheets of paper listing each organ's job description:
 - I am the mouth, and I chew and chew and chew the food.
 - I am the saliva, and I help digest food. I help make the food mushy and easy to swallow.
 - I am the esophagus, and I squeeze the food along from the mouth to the stomach.
 - I am the stomach, and I digest everything that falls into me. Some foods take longer to digest than others.
 - I am the liver, and I make the digestive juices the stomach needs to digest food.
 - I am the gall bladder, and I store excess bile the stomach needs to digest meats and other proteins.
 - I am the small intestine. I grow to 30 feet, and all I do is digest, digest, digest.
 - I am the large intestine, and I am the last part of the digestion game.
 - I am the rectum. I am the gateway through which whatever is left after digestion is thrown out of the body.
 - We are the kidneys, and we take the water out, water out, water out.
- Flipchart paper and markers.
- For each English or Mandarin word in quotations, be sure to negotiate a Yi word to use throughout the session.

Method

1. Hang up the anatomy wall chart that shows the digestive system.
2. Remind participants that we talked about how certain foods have special benefits for our bodies. Ask: How does the body process food to get these benefits?
3. We will play a game to better understand what happens when we eat. When we eat, food moves through our bodies through a process called "digestion." Negotiate a Yi word for this process.
4. Give each of four players one of the food items (rice, potato, egg, beans). Each player will stand and display his/her food.

5. Distribute to each of the other players one of the sheets of paper on which is written an organ and its job description, and set up the digestive system:

- Position one player as the **mouth** and an assistant player as **saliva**. Explain to participants that digestion begins in the mouth when food is chewed and then broken down by saliva. Saliva plays an especially important role in digesting carbohydrates. Show participants where the mouth is on the wall chart. Ask the Mouth and Saliva role players to read their sheets aloud:

I am the mouth, and I chew and chew and chew the food.

I am the saliva, and I help digest food. I help make the food mushy and easy to swallow.

- Position three or four players behind the mouth in a straight line. Tell them that they represent the **esophagus**, the tube that leads from the mouth to the stomach. Once food has been chewed and broken down by saliva into sugars, it passes down the esophagus to the stomach. Negotiate a word in the Yi language for “esophagus.” Show participants where the esophagus is on the wall chart. Ask the Esophagus role player with the sheet of paper to read aloud:

I am the esophagus, and I squeeze the food along from the mouth to the stomach.

- Position one player at the end of the esophagus as the **stomach**. Explain that the stomach is where a large part of the body’s digestion begins to happen. Negotiate a word in the Yi language for “stomach.”

When food is digested, your body removes its nutrients and absorbs them into the blood.

What is not needed by the body is finally rejected as feces. Show participants where the stomach is on the wall chart. Ask the Stomach role player to read his/her piece of paper aloud:

I am the stomach, and I digest everything that falls into me. Some foods take longer to digest than others.

- Position one player as the **liver**, to the right of the stomach. Show the liver’s approximate position on your body (just below the ribs on the right hand side). Tell participants that the liver produces digestive juices called bile, which flow into the stomach when food arrives. Tell people that bile is deep yellow in color. The color of feces comes from bile, and also the unpleasant taste of vomit. Negotiate a word in the Yi language for “liver.” Show participants where the liver is on the wall chart. Ask the Liver role player to read his/her piece of paper aloud:

I am the liver, and I make the digestive juices the stomach needs to digest food.

- Position one player to the left of the liver as the **gall bladder**. Tell participants that the gall bladder stores excess bile, which is produced by the liver and is needed by the stomach to digest meats and other proteins. Negotiate a word in the Yi language for “gall bladder.” Show participants where the gall bladder is on the wall chart. Ask the Gall Bladder role player to read his/her piece of paper aloud:

I am the gall bladder, and I store excess bile the stomach needs to digest meats and other proteins.

- Position four or five players linked at the elbows as the **small intestine**. Tell participants that digestion and absorption continue here after the stomach is through. An adult human being's small intestine can be as long as 30 feet. Negotiate a word in the Yi language for "small intestine." Show participants where the small intestine is on the wall chart. Ask the Small Intestine role player with the sheet of paper to read aloud:

I am the small intestine. I grow to 30 feet, and all I do is digest, digest, digest.

- Position three to five players, linked at the elbows, after the small intestine as the **large intestine**. Tell them that the large intestine is the last stage in the digestion of food. Negotiate a word in the Yi language for "large intestine." Show participants where the large intestine is on the wall chart. Ask the Large Intestine role player with the sheet of paper to read aloud:

I am the large intestine, and I am the last part of the digestion game.

- Position one player at the end of the large intestine as the **rectum**. Tell participants that the last part of the large intestine is a set of muscles known as the rectum. The rectum muscles are part of the **anus**, the opening through which feces (or shit) leaves the body. Negotiate words in the Yi language for "rectum" and "anus." Show participants where the rectum and anus are on the wall chart. Ask the Rectum role player to read his/her piece of paper aloud:

I am the rectum, and I am the gateway through which whatever is left after digestion is thrown out of the body.

- Position two players to the left and right of the digestive system as the **kidneys**. Tell participants that the kidneys collect excess water and other things that are carried by the blood from different parts of the body. Water from the kidneys is expelled through the **urethra**. Negotiate words in the Yi language for "kidneys" and "urethra." Show participants where the kidneys and urethra are on the wall chart. Ask the Kidney role player with the sheet of paper to read aloud:

We are the kidneys, and we take the water out, water out, water out.

6. The facilitator will ask the volunteers holding the food to come forward one at a time. Each will hand over the food to the person playing the role of the mouth.
7. The players will "digest" the food by passing it along the chain from the mouth to the anus. Each body organ in the chain will repeat its function as a food is passed "through" it.
8. Repeat steps 6 and 7 until each food has been "digested."
9. Explain that as food is digested, your body removes what is beneficial (the nutrients) and absorbs them into the blood.

Key information points

- The mouth chews the food to break it down to smaller pieces before it goes through the rest of the digestive system.
- Saliva helps the mouth further break down the food.
- The esophagus is a tube that squeezes the food along from the mouth to the stomach. Once food has been chewed and broken down by saliva, it passes down the esophagus to the stomach.

- The stomach is where a large part of the body's digestion happens. Some foods are digested faster than others.
- The liver makes digestive juices called bile, which the stomach needs to digest food. Bile, a deep yellow color, flows into the stomach when food arrives.
- The gall bladder stores excess bile produced by the liver that the stomach needs to digest meats and other proteins.
- The small intestine is the next place that digestion and absorption of nutrients continues. It can be as long as 30 feet.
- The large intestine is the last place where digestion occurs.
- The last part of the large intestine is the rectum. The rectum is a set of muscles that are part of the anus, the opening through which feces leaves the body.
- The kidneys collect excess water and other things that are carried by the blood from different parts of the body. Water from the kidneys is expelled through the urethra.
- As food is digested, your body removes its nutrients and absorbs them into the blood.



13. What Cooking Does to Food (N2)

Objectives

- To explore the effects of temperature, humidity, and time on the lives of different kinds of foods.
- To understand the effects of temperature, humidity, and time, as well as cooking methods, on the nutrition values of different foods.

Materials and preparation

- Flipchart paper and markers.
- One week before the session, divide participants into six groups, and provide each group with the food they need for this exercise.
- Group 1 will leave some small pieces of bread in a cold place for seven days, others in a hot place for seven days, and fry pieces in oil as long as possible.
- Group 2 will leave some very small pieces of chicken and goat in a cold place for seven days, others in a hot place for seven days, boil a piece of each meat as long as possible, and fry a piece of each meat as long as possible.
- Group 3 will leave some potatoes in a cold place for seven days, others in a hot place for seven days, cut a potato into pieces and boil as long as possible, and cut a potato into pieces and fry as long as possible.
- Group 4 will leave a small glass of milk in a cold place for seven days, another in a hot place for seven days, boil some milk as long as possible, and squeeze a lemon into the milk after it has been boiled.
- Group 5 will leave some small amounts of spinach or another leafy vegetable, as well as some mushrooms, in a cold place for seven days, others in a hot place for seven days, boil the vegetables as long as possible, and fry in oil a piece of one of the vegetables as long as possible.
- Group 6 will fry the following in a little oil and note how many minutes it took before it felt ready to eat: a small piece of chicken, a small piece of goat, some slices of potato, some spinach, and some mushrooms. They will then repeat the exercise, but this time after soaking all the items in wine for 30 minutes, and then note whether the wine made any difference to the frying time and the taste. Separately, they will fry pieces of goat or sheep without using water or oil, on medium heat, and note changes in color, juiciness, temperature, and taste and which one they preferred.
- Each group will be asked to take notes as often as possible during the process, recording changes in color, appearance, form, and smell. They also should note at which stages the food seemed appetizing and ready to be eaten, as well as which stage it seemed inedible.

- Each group should also note the condition, color, and smell of the oil before and after it was used for frying.

Method

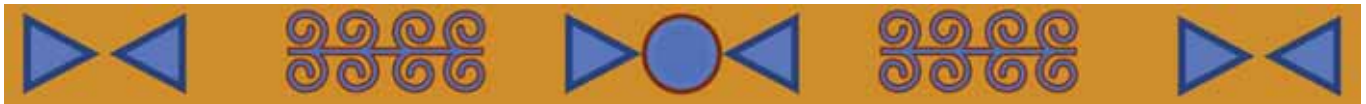
1. Ask group members to discuss their findings for about five minutes, and then make a group presentation on their observations. Provoke discussion by asking the following questions:
 - Under what circumstances do foods like bread acquire fungus?
 - What happens to the color of meat when it is left in the open?
 - What happens to the smell of meat when it is left in the open?
 - How does milk change over time in a warm place? In a cold place? What is the solid that rises to the top when milk is left standing for long?
 - How do frying and temperature affect the oil in which vegetables and meat are fried?
 - How do the color, firmness, and smell of spinach change when it is left to stand over a week?
 - What are the differences between food fried plain and food soaked in wine before frying? Which did you find more edible?
 - At which stage did bread seem best to eat? Why?
 - At which stage did meat seem best to eat? Why?
 - At which stage did leafy food seem best to eat? Why?
 - At which stage did oil seem best to use for frying? Why?
 - At which stage did potatoes seem best to eat? Why?
 - What was the main difference you noticed between foods that had been kept in a cold place and foods that had been kept in a hot place? (Note: Foods stay fresh longer at lower temperatures.)
2. Ask: At which stages are foods most healthy? How can we tell when a food is healthy and when it is not at its best, or even harmful? Note points that emerge on a flipchart sheet. The following points need to be shared:
 - Vegetables and fruits are generally better to eat when they are firm (not too hard and not too soft).
 - Meat goes bad quickly and can become poisonous if not consumed soon after it is cut.
 - Keeping food in a freezing cold environment is a way to make it last longer.
 - Adding sour things to meat, such as alcohol, lemon juice, or vinegar, is a way to make it tender before cooking.
 - Certain foods contain something called fiber, which adds bulk and volume to the food once it is in your stomach. To stay healthy, a person should eat as many foods with fiber as

possible. Raw vegetables, raw fruits, potatoes, and whole grains are all good sources of fiber.

- When oil is used again and again for cooking, it loses its healthy properties, and starts becoming toxic. Blackish oil, or oil with lots of black carbon particles in it, should not be used.
3. Ask participants to discuss the foods that Yis eat, and how they are cooked or not cooked. Which foods are likely to be nutritious?

Key information points

- To stay healthy, it is best to avoid fruits and vegetables that are unripe or decayed and meats that have been left out in the open.
- Both high heat and high humidity make food deteriorate faster.
- Foods last longer at lower temperatures.



14. Understanding Risk (R1)

Objectives

- To create an understanding of the risks inherent in different everyday activities and choices.
- To create an understanding of the factors involved in choosing an action that may have some risk for a person.

Materials and preparation

- Flipchart paper and markers.
- Scissors.
- Scotch tape.

Method

PART 1

1. Ask: What are some of the rules about forbidden activities that you had to follow when you were a small boy or girl (less than ten years old)? List the activities on a flipchart sheet as they are shared.
2. Choose one or two of the forbidden activities that have a clear danger and ask: Why was this activity forbidden? Was there any danger in it for you? Did some of you still choose to do it? What made it enjoyable for you even though it was forbidden or dangerous?
3. Ask: What are some of the forbidden or dangerous activities you did when you were a young man or woman in your teens? List the activities on a flipchart sheet.
4. Ask participants to identify the danger each listed activity posed to them, and then the reasons they still found it worth doing. What did they do to decrease the danger?
5. Ask: Is there any activity in your daily life that is completely free of danger? Use the following questions to provoke discussion:
 - Is there any danger in eating potatoes? Riding a horse? Crossing a river? Playing on a busy highway?
 - Does the person who smokes just one cigarette in his whole life have any risk? 70 cigarettes? Five cigarettes a day? 80 cigarettes a day? Who among these is taking the greatest risk?
 - Is there any risk in drinking water? In eating food? Do people do anything to make drinking water or eating food safe?

6. Ask participants 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 human activities carry some risk. Each person decides how much risk is acceptable. Ask participants to share what sort of risks they have knowingly taken in their lives.

PART 2

1. Ask participants to name activities or events that carry some amount of risk for couples or individuals. Record answers on a flipchart sheet, writing in clear, large letters, leaving a clear space between items. If this session is conducted with a Yi group at a basic level of understanding of hygiene, health, and risk, then risky sexual activities or drugs may not be listed.

- Having sexual intercourse with a friend
- Having sexual intercourse with a stranger
- Getting a tattoo
- Being bitten by a mosquito
- Donating blood
- Receiving a blood transfusion
- Deep kissing
- Drinking alcohol
- Not washing hands with soap and water
- Injecting heroin

With a more practiced group, the list that emerges should include some or all of the following:

- Oral sex (mouth to penis)
- Oral sex (mouth to vagina)
- Anal sex

2. In either case, the facilitator should work with whichever list the participants produce.
3. Cut the flipchart into strips, each containing one activity, and distribute them randomly to participants. Use scotch tape to mount four flipchart sheets on the wall, with one of the following headings written on each: “High Risk,” “Medium Risk,” “Low Risk,” and “No Risk.” Ask participants to think of the activities written on their strips, and attach each strip to the flipchart sheet where they think it belongs.
4. When all the strips have been placed, ask participants to walk around and study the flipchart sheets, and invite them to move activities whose risk they think has been wrongly judged. Note the changes that have been made.

5. Discuss specific activities (such as kissing, sexual intercourse, and receiving or taking drugs), and the circumstances under which they could be high-risk, medium-risk, or low-risk.

Key information points

- All activities carry a certain amount of risk. Even “safe” activities can become risky if done in excess.
- A person can choose a risky action knowing the risk involved or not knowing the risk involved.
- A person can take steps to reduce the risk of an action.
- No action is free of risk.



15. Self-esteem (V5)

Objectives

- To discuss what positive self-esteem means.
- To look at how self-esteem develops, is built, and is damaged.
- To consider the role that self-esteem plays in the choices and decisions we make.

Materials and preparation

- Flipchart paper and markers.
- Two pieces of paper and a pen/pencil for each participant.
- Three cards with text, as indicated below:

Card #1: “Self-esteem” is a word used to describe how people feel about themselves. How people feel about themselves influences their actions toward others and what they accomplish in life. People with high self-esteem know that they deserve love and respect, and they are confident in their abilities. People with high self-esteem are able to work hard, set goals, and achieve what they set out to do.

Card #2: When I get a poor mark, I accept it and work harder. If a boy I like doesn’t like me, I am sad about it, but I spend more time with my friends and after a while, I feel better.

Card #3: I do not accept when I get a poor mark. I blame the teacher for giving it to me. If a boy I like doesn’t like me, I become depressed and begin to flirt with other boys to try to make him feel jealous.

Method

1. Divide the participants into small groups of three or four people each and ask them to briefly discuss what they think of when they hear the term “self-esteem.” (Does this word/concept translate into Yi?)
2. After a few minutes, hand out the three cards prepared ahead of time to three volunteers.
3. Ask the first volunteer to read Card #1.
4. Ask participants if they understand what was read or if they have any questions or additions.
5. Ask the second and third volunteers to read their cards.
6. Ask the group which of these two people has high (or positive) self-esteem and which has low (or negative) self-esteem.

7. Continue the discussion for a few minutes with additional questions and by following up on points made by the group. How has their self-esteem affected how they handle situations? Discuss the situations and choices in detail and how self-esteem led to different choices.
8. Next, brainstorm with the group and write responses on a flipchart sheet: How do you think self-esteem is developed?
9. Encourage general discussion around the points listed on the flipchart sheet.
10. Give each participant two pieces of paper. Ask them to pretend that one piece of paper represents their self-esteem.
11. Tell them that their self-esteem can be damaged by negative things or can be built by positive or good things that happen to them.
12. Tell them that you are going to read aloud a series of statements. Ask them to tear off a piece of the paper each time you read a statement that affects their self-esteem negatively. They should tear off bigger or smaller pieces based on how much each statement affects their self-esteem.
13. Read the following statements one at a time and allow a few seconds between each one for participants to respond as asked:
 - Your family can afford to send only one child to university. They choose your brother instead of you.
 - You missed a penalty kick and your teammates say you lost the game for everyone.
 - Your best friend always competes with you and puts you down.
 - The school you applied for rejected your application.
 - Your mother calls you stupid.
 - You fall in love with a black Yi. His/her family will not accept you because you are a white Yi.
14. Discussion: Take a look at your paper and those around you. How has self-esteem been affected by these statements? Did some things affect your self-esteem more than others? Which ones? Why?
15. Divide participants into the small groups from the start of session.
16. Ask them to take their second piece of paper and write at the top “Ways to Build My Self-Esteem.”
17. Give the groups five to ten minutes to work together to list as many ways to build self-esteem as they can think of.
18. In full group discussion, ask each group to share one thing from their list that is easy to do and one that is difficult to do. Try not to have repeats. Make two lists on two pieces of flipchart paper as groups are sharing.
19. Encourage general discussion around the lists on the flipchart sheets.
 - Why is it difficult to build and maintain positive self-esteem?

- What is the relationship between values and self-esteem?
- In what ways may having high or positive self-esteem or low or negative self-esteem lead a person to make different choices? Can anyone think of possible examples? (Remind the group of the two readers from earlier in the session to start ideas flowing.)

Key information points

- Our self-esteem is influenced by people and things we experience—just like our values.
- Self-esteem can be built by successful experiences and positive comments from ourselves and others.
- Self-esteem can be damaged by put-downs from other people or negative experiences.
- Positive self-esteem relates to sound decision-making.



16. Risks in What We Eat (R2)

Objectives

- To explore how people decide what is edible and what is not.
- To understand the differences between nutritious, tasty, and risky foods.
- To introduce basic hygiene and handwashing concepts by exploring the three origins of what enters our bodies: food, plates, and our hands.

Materials and preparation

- In Session 5, the facilitator will introduce the topic by talking briefly about three kinds of foods:
 1. Foods that are ready to eat,
 2. Foods that have gone bad, or decayed, and are not safe to eat.
 3. Foods that are unripe or uncooked and therefore not yet safe to eat.
- At that time, the facilitator will alert participants to keep watch for samples of all three kinds of food and to bring them with them to this session (announce the date).
- Seven to nine days before this session, the facilitator will place a piece of meat, some soy milk, a tomato, and a potato in an exposed area and let them decay.
- On the day before this session, the facilitator will remind participants to bring a sample from each of the three categories listed above.
- On the day of this session, the facilitator will carry a sample each from the list above, as well as the meat, soy milk, tomato and potato that have been allowed to decay.
- In addition, the facilitator will assemble five plates, as follows:
 1. One that held the previous day's food and is dry but not clean.
 2. One that held the previous day's food and has been wiped with a piece of paper.
 3. One that has been washed only with water and is still oily from yesterday's food.
 4. One that has been washed with soap but left to stand in a muddy place and now has bits of soil and dust on it.
 5. One that has been washed clean and dried.
- The facilitator also will have on hand some poorly washed chopsticks, with bits of old or decaying food, oil, and so on in the cracks and on the corners.

Method

1. Before starting, set up a large table by joining three tables. Ask participants to place the food samples they brought wherever they like. Invite participants to walk around the table and inspect the mixed samples.
2. Choose several tomatoes from the table and place them on a table in front of the group. Invite two or three participants to examine each one and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices.

In the discussion, share the following information: Every food has a life cycle in which it goes from young and unripe to old and decayed. It is important to know when in its life cycle a food is most nutritious.

3. Arrange the potatoes on a table or small plates, in order from freshest to oldest. Invite two or three participants to examine each one and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices. Ask them how much appearance and odor helped them decide which potatoes would be alright to eat.

In the discussion, share the following information: Some foods become poisonous over time and become dangerous to eat. The green spots on some potatoes are poisons that could harm a person if he/she ate them. Similarly, potatoes with sprouts are considered more risky to eat than ones without. It is important to understand which foods become toxic and how to recognize them.

4. Ask participants how many of the samples of soy milk they see look safe to drink. Ask them how much appearance and odor helped them decide which soy milk would be alright to drink. Ask if bad-smelling foods are always unfit to eat. Ask for examples.

In the discussion, share the following information: Fermentation and time sometimes change the nutrition in a food and may even improve it. For example, milk changes to yogurt and cheese and has different food values in each of those forms.

5. Ask participants the number of forms in which they consume soy beans. Explore common foods that are prepared by drying.

Share the following information: Cooking with heat, drying in the sun, and fermenting are all ways to make food ready to eat or make it healthier to eat.

6. Arrange the meat on a table or on small plates, in order from freshest to oldest. Ask participants to examine each piece of meat and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices. Ask them how much appearance and odor helped them decide which meats would be alright to eat.

In the discussion, share the following information: Meats contain sections of fat, which can go bad over time. Such meats are harmful to the body. Also, meats develop very tiny, almost invisible worms and parasites that can increase in number over time. Certain meats such as pork spoil especially quickly. Cooking with heat destroys some of the parasites, but once meat has begun to spoil, cooking cannot save it. Therefore, it is important to buy and eat meat that is freshly cut and has not been allowed to age.

7. Ask participants what goes into their mouths when they eat. Participants may or may not mention substances that were already on the plate from before the meals, or on their hands.

8. Arrange the five plates on the table and ask participants to examine them (smelling and handling allowed). Ask them to decide which ones they would prefer to eat from, and which ones (if any) they would reject. Discuss their choices and their reasoning.

Share the following information: Food and dirt already on a plate because it was not washed properly can also spoil and become poisonous and harmful to Yis.

9. Ask participants why they would or would not eat from a plate that has been wiped clean. Remind participants about the earlier session on microorganisms.

Share the information that even clean-looking plates can contain microorganisms that can cause sickness.

10. Ask participants to recall some of the stomach sicknesses that can be caused by microorganisms present in food.

11. Ask participants to name some other sources for what goes into the mouth. After a brief discussion, examine the unwashed chopsticks.

Share the point that chopsticks on which food is decaying can also bring about sicknesses.

12. Ask participants how much of a decaying or harmful substance is needed to harm a person.

Make the point that because microorganisms multiply rapidly and grow from a few to a few million very quickly, even a small spot of decaying food can be enough to seriously affect a person.

13. Ask for five volunteers. Ask one to rub his hands in the dust, another to handle oily parts of a machine, another to clean his shoes up and down with his bare hands, one to wipe his hands with a dry cloth, and the last one to wash his hands with soap and water. Ask these participants to place their palms on the table, then ask the other participants which of these people would be at greatest risk of falling sick because of microorganisms and other harmful substances on their hands.

Share the following information: Bad food, dirty plates, dirty chopsticks, and dirty hands are all sources of harmful, risk-laden substances.

14. Divide participants into groups of four or five people each and ask them to develop a small list of checks and steps that each Yi can do to ensure that what goes into their mouths—food; from the plate, the chopsticks, and their hands—is safe, hygienic, and not risky. Ask participants to share their suggestions and prepare a final hygiene and nutrition agenda.

Ensure that all of the following are on the final list: handwashing with soap before and after a meal, washing and drying of chopsticks, and inspecting of food before using it in the kitchen to prepare a meal.

Key information points

- A person can introduce risky substances into his/her body through bad food and dirty utensils, chopsticks, or hands.
- It is important to ensure that the food, chopsticks, and hands you use to eat food have been cleaned and are safe.

- Basic, inexpensive hygiene habits that everyone can learn can prevent sickness from consuming risky foods from unclean surfaces.



17. How Diseases Spread (D5)

Objectives

- To revisit the body's "gateways" through which germs outside the body can enter the body and cause sickness.
- To create an understanding of the symptoms of malaria, tuberculosis (TB), and influenza and to create the understanding that HIV infection has no unique symptoms.
- To create an understanding of the different kinds of organisms that cause different diseases.
- To create an understanding of the differing modes of transmission of malaria, influenza, and HIV.
- To create an understanding of diseases that can be prevented and those that cannot.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants if they recall the earlier session in which we discussed "gateways" through which harmful organisms outside the body can enter the body and make a person fall sick. How many of the body's gateways, or openings, do they remember? Let participants offer their suggestions, and write them down on a flipchart sheet. The final list should include the following:
 - Eyes
 - Ears
 - Nose
 - Mouth
 - Vagina
 - Anus
 - Penis
 - Skin

2. If participants talk about modes of transmission such as infected food, remind them that you are interested in a list of gateways, or openings, in the body. In the case of infected food, the gateway may be the mouth.
3. Ask participants to share some of the signs that a person is not well, and list the signs on a flipchart sheet. Explain that these signs are called “symptoms.”
4. Ask participants if there are any diseases that do not produce any feeling of illness. After a small discussion, explain that some diseases sleep in the body for a long time before they wake up and make a person ill. An example of such a disease is HIV. Other diseases produce symptoms almost immediately, such as influenza.
5. Ask participants if a fever that comes when you have influenza is the same as the fever that comes when you have malaria. Discuss the differences and similarities. Explain that often different diseases produce similar symptoms. A good doctor can look beyond symptoms and identify the disease behind it.
6. Ask participants the gateways through which the malaria germ enters the body. During the discussion, if any participant mentions the mosquito bite, then take the discussion forward from there. Explain that the malaria germ enters through the skin, but through a minute gateway created when a mosquito bites you.
7. Explain that the malaria germ lives in the body of the mosquito. When a mosquito bites you, it uses its saliva to soften the area from which it is going to suck blood. The malaria germ is in the saliva of the mosquito and enters your body when the saliva meets the opening created in the skin by the mosquito bite.
8. Ask participants why diseases such as HIV and influenza, or in fact any other disease, do not spread through the mosquito bite. After a discussion, explain that only the malaria germ is able to survive in the stomach of the mosquito; other germs get digested. The malaria germ is a parasite. It thrives in the mosquito, and is able to reach the saliva by leaving the stomach and traveling in the blood stream.
9. Ask participants what diseases could make a person cough a great deal. Write down the list of diseases that emerge. If TB is not included on the list, then introduce it as a fatal disease that can be cured only if a person seeks diagnosis and medicines.
10. Ask how the TB cough is different from other coughs. After a discussion, explain that the TB cough lasts for several weeks, and begins to produce phlegm with blood in it. Other coughs disappear quickly, usually within three or four days, or with a little medication.
11. Ask participants through which gateways TB enters the body. After a discussion, explain that TB is airborne and can pass quickly from person to person through the air, entering through the nose and the mouth. Obviously it can spread through mouth-to-mouth contact, such as kissing, or through contact with an infected person’s saliva.
12. Ask participants the gateways through which the influenza germ enters the body. After a discussion, explain that the influenza germ is also airborne and enters through the mouth and nose.
13. Ask how a person feels when he has an infection of influenza. Make a list of symptoms that emerge. They should include the following:
 - Fever
 - Chills

- Shivering
 - Runny nose
 - Cough
 - Weakness
14. Ask if the medicines for TB could also be used to cure influenza, since both have a cough as a symptom. After a discussion, explain that since they are different diseases, they are caused by different germs and require different cures.
15. Ask participants if they can remember the gateways through which HIV enters the body. List points that emerge. The final list should include:
- Mouth
 - Vagina
 - Penis
 - Blood transfusion
 - Anus
 - Skin that has openings
16. Ask participants under what conditions skin can acquire openings. The discussion that follows should produce answers that include cuts, wounds, bruises, and punctures made by injections.
17. Explain that people who share drug-injection needles often share HIV infection. Ask participants if they can explain how sharing needles can spread HIV. After a discussion, explain that since the needle's tip comes into direct contact with a person's blood, it can pick up HIV germs. If the same needle is next used by another person, the HIV could enter his/her blood.
18. Ask participants how a person feels after becoming infected with HIV. After a discussion, explain that HIV produces no symptoms for many years, unlike other diseases. The only way to find out if you may be infected is by having a blood test.
19. Ask participants which of the diseases that have been discussed—malaria, TB, influenza, and HIV—can be prevented by a person. Allow participants to share their views, but challenge them to support their answers with some reasoning.
20. Explain that diseases that are airborne are very difficult to prevent since a person has no choice not to breathe. However, diseases that spread through human contact such as unprotected sexual intercourse can be prevented, since a person can choose not to have sex or to have it using protection such as a condom. Similarly, with diseases such as HIV, which can be passed on through injection drug use, people may decide not to inject drugs or to seek help to stay away from drugs in order to ensure that diseases are not spread via needle-sharing.
21. Explain that, similarly, malaria can be prevented by keeping mosquitoes away. Ask participants to suggest how mosquitoes can be kept away. (Correct answers: Preventing stagnant water pools from forming in the neighborhood, using DDT, applying mosquito repellent cream, using mosquito repellent smoke, using medicated bednets.)

22. Explain that immunization for young people may help prevent or be protective against some diseases, such as TB.
23. Explain that a person who is infected with the TB bacteria may never get sick. People who do develop TB disease can be cured if they are diagnosed early and take the full course of their treatment. The treatment lasts several months, because TB has many different microorganisms that need to be killed, and if the person stops at any time in the middle of treatment because he/she is feeling fine, the disease could come back and the medications might not work as well.

Key information points

- Diseases are known and treated by their symptoms. Symptoms vary from disease to disease. Some symptoms are shared by several diseases.
- Some infections, such as HIV and TB, produce no symptoms for many years.
- Diseases that are airborne, such as TB or influenza, are difficult to prevent, since a person has to breathe. However, once symptoms of illness begin, a person should visit a health worker immediately and begin medication.
- Malaria can be prevented through a number of steps that keep mosquitoes away from human skin.
- HIV can be prevented by avoiding unprotected sexual intercourse with someone whose HIV status is not known to you, or by avoiding sharing injection needles with a person whose HIV status is not known to you.



18. Decision-Making (V6)

Objectives

- To identify factors in decision-making.
- To practice basic decision-making.

Materials and preparation

- Flipchart paper and markers.
- Three large envelopes: one containing a yam and a condom, one containing an onion, and one containing a 10 yuan note.
- Several index cards with simple decision-making scenarios on them, including deciding whether to:
 - Sneak out after curfew.
 - Defend your friend if you hear a classmate saying bad things about him/her.
 - Go out with your friends when you've promised your parents you would be home to complete your chores.
 - Cheat on an exam when your friend offers to give you the answers before the exam and you haven't had time to study.

Method

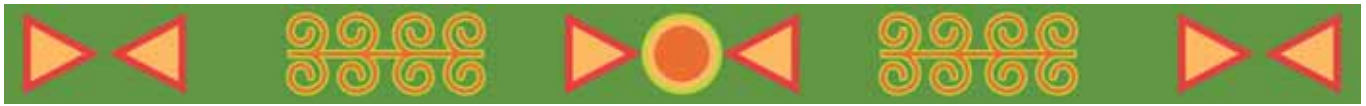
1. Place the three prepared envelopes on a table at the front of the room.
2. Ask for volunteers. Select two volunteers to come up to the front of the room.
3. Ask each volunteer to choose one envelope. Instruct the volunteers that they cannot touch the envelopes, but they may solicit advice from other participants.
4. Ask each volunteer why he/she chose each particular envelope. (Possible answers: I liked the way it looked, it was closest, others told me to choose it.)
5. Select another participant to come to the front of the room to accept the third, leftover envelope. Volunteers may now briefly touch their envelopes.
6. Ask the volunteers if they are satisfied with their decisions or if they would like to trade envelopes. Facilitate trades if requested.
7. Ask each volunteer, one by one, to open his/her envelope and to tell whether his/her choice yielded expected results.
8. Summarize this activity by sharing the following information:

- The yam at first appears to be a good consequence because it is both delicious and nutritious. Closer inspection, however, reveals that the envelope also contains a condom, both unexpected and embarrassing, as results from decisions sometimes are.
 - The participant may have thought that the second envelope contained an apple or an orange, similar to the first envelope. Finding the onion instead shows that one may have to make decisions without having full information and that the results of a decision may be disappointing. By pointing out that eating a cooked onion is better than eating a raw onion, participants understand that results may not be immediately gratifying.
 - The third envelope is confusing because it looks empty. This envelope, however, contains the best result. Results cannot always be easily predicted, and may be either better or worse than expected.
9. Ask participants what they have learned from this exercise.
 10. Write their observations on a flipchart sheet. As discussion wraps up, highlight the following points if they were not already brought up:
 - It is difficult to make rational decisions based on limited information.
 - Results of any decision may be unexpected, but the more information we have, the more likely the result will be positive.
 11. Ask participants to brainstorm what factors affect our decision-making.
 12. Write their observations on a flipchart sheet. Possible answers include: Available information, time, possible consequences, specific context of the situation, opinions of others. Also point out influences such as family expectations, media, and culture.
 13. Ask participants to share examples of when their values influenced their decision-making, or for examples of decisions they made that went against their values.
 14. Use one of the examples to illustrate the steps of everyday decision-making, outlined below:
 - Define the problem or challenge you are facing.
 - Explore the choices you have.
 - Choose one of the above choices.
 - Identify the consequences of this choice.
 - Act out the choice you made.
 - Evaluate your decision to determine if it was a good one. If not, make another choice and repeat the process.
 15. Ask volunteers to split into groups of three or four people each and to designate one group member as the secretary. Meanwhile, lay the index cards, written sides down, on the table at the front of the room.
 16. Ask each group to review the decision-making process together before coming to the front of the room to select an index card.

17. Instruct the groups that they have 20 minutes to make decisions about the situations outlined on their cards. Encourage each group to carefully think about the situation before going through each step of the decision-making process. The secretary should document the group's thought process.
18. Ask each group's secretary to share his/her group's scenario, thought process, and final decision with the class.
19. Encourage questions and comments from the other participants at the end of each group's presentation.
20. Ask participants to summarize lessons learned from the decision-making session. Record the lessons on flipchart paper as they are mentioned by the participants.

Key information points

- For all decisions, we need to know what challenge we are facing, what choices we have, and what the potential consequences are for those choices before we can make a thoughtful decision.
- Results of any decision may be unexpected, but going through the steps of the decision-making process results in an informed decision, which is more likely to yield positive results.



19. The Immune System (B3)

Objectives

- To create an understanding that the human body has a natural defense system.
- To understand how the immune system tries to fight germs, and the importance of having a strong immune system.
- To create an understanding of how immunizations work.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: When was the last time you fell ill but recovered without taking any medicine? Ask for examples of illnesses, such as influenza, colds, headaches, etc. Allow participants to share real-life experiences.
2. Ask: How is it possible to recover from sickness without medicines? Write the answers on a flipchart sheet. Typical answers include: Spirits, immune system, defense system, antibodies, white blood cells, and superstitious practices.

If the term “immune system” (or “defense system”) is not mentioned, add it to the list after asking participants if they have heard of such a thing. Explain that the immune system is the name given to the body’s natural defense system.

3. Ask: Where is the immune system found? Let participants share views. Answers may include: In the blood, brain, and white blood cells. Note responses on a flipchart sheet.
4. Explain that all human beings are born with an immune system. You can think of your immune system as an army of millions of microscopic soldiers patrolling your body, working to prevent illness by fighting any invading germs. These “soldiers” are white blood cells (and the antibodies they produce), and how you “treat” and “feed” them has a large influence on how well they protect you from microorganisms, infection, and disease. The immune system helps the body to avoid disease, and to heal itself when symptoms of illness arise.
5. Ask: What can we do to have healthy immune systems? Allow participants to share views.
6. Explain that there are many factors that affect how well our immune system works. Healthy habits like eating a varied and balanced diet help increase immunity. In addition to what you eat, certain lifestyle changes can strengthen your immune system, including:
 - Washing your hands thoroughly and often with soap and warm water, particularly before eating and after using the bathroom.

- Storing, preparing, and cooking food in a safe and clean way.
 - Getting at least eight hours of sleep every day—deep sleep stimulates and energizes the immune system.
 - Maintaining a healthy weight—being either underweight or overweight can lead to a weakened immune system.
 - Doing physical activity at least 30 minutes most days of the week.
 - Consuming alcohol in moderation—while one drink does not appear to affect immune response, having three or more drinks within a short period starts to impair the functioning of white blood cells.
 - Eating less sugar—even small amounts of sugar can reduce white blood cells’ ability to kill germs.
 - Not smoking—smoking can lead to lung and other cancers, and also weakens the immune system.
 - Not using drugs—drug use has a negative effect on our immune system, making it less able to fight viruses such as HIV.
7. Explain: During a lifetime, a person’s immune system may be stronger or weaker at different times. As people age, their immune systems become less able to fight off infection and other health problems.
 8. Ask for a volunteer. Explain to the group that this volunteer represents a person. Next, ask for five more volunteers. Ask them to form a circle around the first volunteer. Once they are in the circle, ask them to link hands. Explain that they are white blood cells, and linked together, they are part of the human’s immune system.
 9. Now ask for three volunteers to be the germs. Ask them to stand outside the circle of white blood cells.
 10. Ask the germs to try to break through the white blood cells and touch the human to infect him/her. The white blood cells must try their hardest not to let the germs in—but they must remain linked.
 11. Once the germs have broken through, ask for 14 new volunteers. One of them should be the person, ten of them are now the white blood cells that linked together make up the immune system, and the other three are the germs.
 12. Repeat the game, with the germs trying to break through the white blood cells and the white blood cells trying not to let the germs through to the human. It should be much harder and take longer for the germs to get through when there are more white blood cells.
 13. Once this has been done, ask the group to sit down again.
 14. To end the activity, ask: Was it easier for the germs to break the ring of white blood cells the first time or the second time? Why?
 15. Explain that we have seen that the body has ways of fighting the germs that cause diseases. Sometimes the immune system’s white blood cells do not have the antibodies they need, and it is easier for the germs to get in and infect the person. We need lots of antibodies to fight disease.

16. Explain that this is how an immunization works. Immunizations help the white blood cells produce specific antibodies so that if a specific germ tries to infect you, the immune system is strong enough to fight it. You may not even know that the battle is happening, since the white blood cells should defeat the germ before infection. If you are immunized against a disease, you are protected; the germs that cause that disease will not make you sick.
17. Ask: What immunizations do you know of? (Common childhood immunizations include polio, measles, and combined diphtheria-pertussis-tetanus.) Let participants list the immunizations they know of. Ask: Is there an immunization for HIV? (Answer: No.)

Key information points

- The immune system helps the body to avoid disease, and to heal itself when symptoms of illness arise.
- Keeping healthy habits such as eating a nutritious diet, getting enough sleep, and not taking drugs can help keep your immune system strong and able to fight disease.
- There are immunizations that can give your immune system a “boost,” or make it stronger against certain diseases.



20. Listening (V7)

Objectives

- To establish the value of listening and how to listen effectively.
- To look at the need for quiet people to speak up and for dominant people to be sensitive to others.

Materials and preparation

- Identify volunteers to perform a short play using the following three scenes. **The play should be practiced before it is done for the group.**

Tell the “actors” to decide on topics beforehand and give them some time to practice away from rest of the group before performing the play.

Give them the following three scenes to practice/play:

1. Two people meet. One of them starts to talk and gets so excited and involved in what he/she is saying that the other person does not get a chance to say anything. The other person tries to speak, ask a question, respond to a question, or make a suggestion, but the first person talks on, so the second person remains silent and eventually gives up trying.
 2. Two people meet and both start telling the other what they are concerned about. They each have a different topic. Neither is listening to the other, and both are talking at the same time.
 3. Two people meet, greet each other, and start a real conversation. Each one asks questions about the other’s interests, and listens and responds to the other. There is open sharing of news and opinions.
- Prepare cards or pieces of paper, one for each of the tips for active listening found under method 5 below.

Method

1. Invite the actors to perform each scene in turn for the larger group. Stop each scene when the play’s point has been made. Usually the first two scenes take one to two minutes each, and the third takes a little longer.
2. At the end of the third scene, divide participants into three groups. Give each group only one of the scenes to discuss, and have them answer the following questions:
 - What did you see happening in the scene?
 - How does the scene relate to real life?

3. Bring the whole group back together to briefly share their answers to the two questions.
4. Facilitate a discussion about listening and communication barriers. Some questions to stimulate thinking and discussion:
 - What causes the kind of communication shown in scenes 1 and 2?
 - When have you had or experienced some of these barriers to listening? Share examples of situations.
 - How can we improve our listening skills?
 - What can shy or quiet people do? What can people who tend to talk too much do?
 - What can we do to help make communication as good as possible in our relationships?
 - What are some ways that we can listen ACTIVELY, or show others that we are ACTIVELY listening?
5. After the discussion, pass out cards or pieces of paper with the following tips for active listening written on them. Ask each participant to read his/her tip; note if the tip already came up in the discussion or not. If not, ask if anyone has anything to add to the point to generate further discussion.

Tips for active listening:

- Stop talking. Obviously, you cannot talk and listen at the same time. The most important rule of listening is to stop talking.
- Remove distractions. If something is distracting your attention, get rid of it. Turn off the television, radio, or cell phone, and do not fiddle with things.
- Concentrate. Listening takes concentration. Do not let your mind wander to other things. Do not think about what you are going to say, but rather, listen to what the other person is saying.
- Look interested. We communicate more nonverbally (by expressions) than we do verbally. Maintain eye contact without staring.
- Hear more than words. Listen with your eyes. Watch for nonverbal signs in the face, eyes, and hands. Look for feelings behind the words and in the tone of the voice. If in doubt, trust the nonverbal signs rather than the verbal ones.
- Check that you are hearing correctly. Often, the message we hear is not the same as the message the other person thinks he/she is telling us. Do not say “I see” or “I understand” unless you are sure that you do. From time to time, repeat and summarize what you hear being said.
- Ask clarifying questions. This shows you are listening and encourages the other person to keep talking.
- Be patient. Listening takes time—you need to be prepared to give it. If you do not have time at that moment, explain this to the person and offer to make time later.
- Try not to judge the person. If the person you are sharing with senses that you are feeling negative, he/she will close up and stop talking openly with you.

6. Ask if there are any questions and discuss them.

Key information points

- People need to listen properly to what others are saying and not draw conclusions.
- Listen first, ask later.
- Quiet people may need to speak up to be heard.
- People who talk a lot and often dominate conversation need to be sensitive to others—they need to listen.
- People can often tell when a person is not interested or not listening. It is best to delay the discussion until another time rather than to risk poor communication.



21. Friendship 2 (V8)

Objectives

- To help participants explore the stages in the development of a relationship, from first meeting to friendship to an intimate sexual relationship.
- To help participants explore the relationship between friendship and sexual relationship.
- To help participants explore the relationship between authority or power and friendship.

Materials and preparation

- Flipchart paper and markers.

Method

1. Identify participants who would call each other “best friends,” and group them together. (Remember: A may consider B to be his/her best friend, but this does not mean that B must consider A his/her best friend.)
2. Ask each member of the group how much they know about the best friend: Full name? Age? Family members? Met the best friend’s parents? Know his/her favorite animal?
3. Ask one of the best friends: If I were to tell you my full name, age, family members, and favorite animal, and introduce you to my parents, would that make me your new best friend now?
4. Use this discussion to explore the important things that one must know about the other person for that person to qualify as a best friend. Allow words like “character” and “personality” to emerge, and try to define them.
5. On a flipchart sheet, note all the information requirements that have emerged so far that qualify a person as a friend: age, name, family, secrets, favorite animal, and so on.
6. Ask: Should my best friend know all my secrets? Allow a brief discussion on this without correcting anyone.
7. Working again with the best friends group, ask two of them when they met, and how much they knew about each other then, how much they knew after about six months, and how much they know now. Through this discussion, establish the phrases “familiar with each other’s face,” “know each other,” and “are friends with each other.”
8. Ask participants to look around the room and decide how many people in the room fall into the first, second, and third groups. Take a count of each category through a raising of hands. Point out that the number of friends will usually be much fewer than the number of people who “know each other” or are “familiar with each other’s face.”

9. Ask: Can you be your father's friend? If anyone says yes, ask them if they know all their father's secrets. Can a son or daughter know all their father's secrets? Introduce the idea of friendship across generations and ask if it is truly possible in the same way as among peers.
10. Pose the scenario: Suppose you wanted to marry someone other than the person your father picked for you. When he finds out, will he react as a father or as a friend? How would a friend react?
11. Ask: Can a boy be friends with a boy in the same way as he can with a girl? Explore cross-gender friendships with other questions, such as: Can a woman and a man married to each other be friends as well? Point out that a man and a woman who are married to each other fit all the criteria that have been listed for friendship, so why would they not be friends. What are the differences between the relationships of husband-wife and friend-friend?
12. Ask: Can two friends have a sexual relationship? Explore this theme a little further with questions such as: Is it better to have sex with someone you know very well or with someone you don't know at all? If participants seem to feel that sex with a relative stranger is preferable to sex with a friend, ask how important it is for each person in the room to consciously choose who would be the father or mother of his/her children. Allow this to be discussed, and make the point that if the quality and character of the parent is important, then it becomes equally important to have sex with people you have chosen because you know them well and understand their character.
13. End the session by summing up the main points that have been made.

Key information points

- A relationship develops between two people as they share mutual information about themselves and personal experiences, secrets, and feelings.
- It is difficult to have an equal or peer relationship with someone who has authority or power over you.
- Having sex with a person is unconnected with the quality of the relationship with that person. Two strangers can have sex as two close friends can have sex.



22. Influenza (D6)

Objectives

- To help participants recognize the symptoms of influenza.
- To learn how to prevent the spread of influenza.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants: How many of you have heard of influenza? Is there any difference between influenza and the common cold? Discuss the words in Yi to describe “influenza” and “cold.”
2. Explain: “Flu” is a short word for influenza. Influenza is caused by a virus that attacks mainly the respiratory tract. The infection usually lasts for about a week. It is characterized by the sudden onset of high fever, muscle pain, headache and severe malaise, nonproductive cough, sore throat, and rhinitis. Most people can recover within one to two weeks without requiring any medical treatment. For the very young, the elderly, and people suffering from medical conditions, the infection may lead to severe complications of underlying diseases, pneumonia, and death.
3. The flu and the common cold are both respiratory illnesses, but they are caused by different viruses. Sometimes, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. Flu has a seasonal pattern and most frequently appears in winter and spring. In China, it usually begins in cities and spreads to the countryside.
4. Ask: Has anyone ever had the flu? Encourage participants to share their experiences:
 - How did you feel?
 - How long did it last?
 - What did you do to feel better?
 - How did you know that it was the flu and not the common cold?
5. Ask participants if they know how the flu spreads. Let people respond with several different answers. Let participants know that the flu virus spreads very easily—through both bodily contact and air. Bodily contact, like holding someone’s hand or hugging someone with the flu virus, and then touching your eyes, nose, or mouth, can spread the virus to you. When a person

with the flu coughs or sneezes, the virus microorganisms may spread from their mouth or nose to the air or to you. Sometimes after the virus has infected someone, it takes a while for symptoms to show, so you can be infected by someone who does not even seem sick.

- Viruses cause both colds and flu, and despite years of research, there is still no medicine that will cure either. Antibiotics will not make any difference against flu. Antibiotics act against bacteria, but colds and flu are caused by viruses, not bacteria. What you can do is relieve the symptoms with treatments and medicines. Controlling the symptoms will make you feel better while your body's immune system gets rid of the virus.

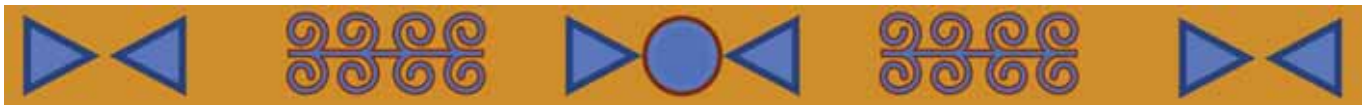
Symptoms of flu	Symptoms of a cold
<ul style="list-style-type: none"> • Aching muscles • Dry cough • A blocked or runny nose • High temperature • A shivery feeling • Headaches, perhaps severe • Sore throat • Loss of appetite • Fatigue and weakness 	<ul style="list-style-type: none"> • Runny nose and sneezing • Sore throat • Cough • Slight headache • Slight temperature

- Ask: What advice would you give to a friend who has the flu? Record answers on a flipchart sheet. Participants should mention the points below. If any are not mentioned, ask additional questions to help participants come up with more points until these are covered:
- Rest and stay at home.
- Make sure your room is warm and well ventilated.
- Drink plenty of nonalcoholic fluids, as a high temperature can quickly make you dehydrated.
- Avoid smoking.
- Try to eat to maintain energy levels. Choose foods high in vitamin C (such as fruit) and carbohydrates (such as potatoes).
- Go to see a doctor if you feel terrible, or if you have chest pains, shortness of breath, severe earache, or rashes.
- Do not rush back into everyday activities as soon as you feel better.
- Ask: Has anyone ever had the flu vaccine? Did you get the flu the year you had the vaccine? Where can you get the flu vaccine?
- Explain that vaccination is the principal measure for preventing influenza and reducing the impact of epidemics. But, there is no guaranteed way—including being vaccinated—to prevent anyone from getting the flu.
- Ask: What are some practical ways to help prevent the spread of the flu? Record answers on a flipchart sheet under the Yi word for “Prevention” as the heading.

- Exercise and eat a variety of healthy foods to keep your immune system strong.
 - Wash your hands thoroughly and frequently with soap and clean water.
 - Keep rooms well ventilated.
 - Do not share cups and eating utensils with people when they have flu symptoms.
 - Stay home from work or school when you are sick with the flu.
 - During flu season, avoid going to poorly ventilated places with many people.
 - Cover your mouth and nose with a tissue when you cough or sneeze. Wash your hands afterward.
 - Try to avoid touching your eyes, nose, and mouth.
6. Ask: In our work at the Yi Center, what can we do to prevent flu? What healthy habits can we develop in our daily life to keep away from flu?

Key information points

- Influenza is a disease that can bring risk to your health.
- Influenza spreads quickly and can infect many people.
- It is more dangerous than the cold.
- Flu has a seasonal pattern.
- Having healthy habits can help you to prevent getting the flu.



23. Addiction (R3)

Objectives

- To create an understanding of the difference between addiction and enjoyment.
- To create an understanding of the physical and mental effects of addiction and withdrawal.
- To create an understanding of common addictive substances among Yis and how they harm health.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants to name some everyday commodities—food, drink, and so on—that they enjoy consuming. Write the list on a flipchart sheet. Ask specifically if anyone in the room has a special liking for sweets, salty foods, chocolate, tea, fish, cigarettes, alcohol, or heroin.
2. Assign the following tables: sweets, tea, fish, cigarettes, and alcohol. Ask participants to sit at a table that represents their favorite thing. It is preferable if some participants remain in the plenary group.
3. Provoke reflection on food likes and dislikes with the following questions, and summarize the answers on a flipchart sheet:
 - How often do you like to have your preferred substance?
 - In one sitting, how much can you consume?
 - Once you’ve had your favorite thing, how much time can you tolerate without it?
4. Ask participants at each table why they like what they like. What do you feel after eating sweets? After drinking tea? After smoking a cigarette? After drinking alcohol?
5. Ask participants at each table what they feel like when they do not have what they like. What do you feel when you can’t have sweets? When you can’t drink tea? When you can’t smoke a cigarette?
6. Explain that there is a difference between those items we eat for the body’s nourishment, such as fish or vegetables, and those items we consume because they make us feel good, like sweets or cigarettes. There is also a difference between *wanting* something and *needing* something. Ask participants for their thoughts about when a want becomes a need. Allow time for discussion.
7. Introduce the word “addiction” to refer to a developed physical need for an intoxicant or a drug. Addiction is more than wanting to have something; it is when a person is so accustomed to

having it that he/she cannot function well without it. When a person stops using something to which they are addicted, they will often feel sick at first. Once a person is addicted, it is very difficult to stop or give up the thing to which they are addicted.

8. Develop the discussion to examine the risks we take in consuming different things. Is there risk in eating sweet foods at every meal? Is there a risk in drinking tea every day? Is there a risk in drinking alcohol once a week? Every night of the week?
9. Explain that the risk of addiction varies from one substance to the next. Draw a line on a new sheet of flipchart paper, with “low risk for addiction” on one end and “high risk” on the other end. Mark off a midpoint. Explain that fish has a low risk of addiction but that injection drugs are highly addictive. Write “fish” on the low end of the scale and “injection drugs” on the high end.
10. Ask students where black tea fits on the scale. Is it addictive? Explain to students that black tea contains caffeine, a stimulant, and is indeed addictive. When a person is addicted to tea and for some reason cannot have it, he/she may have headaches, which are a sign that he/she needs caffeine to feel good.
11. Ask students to place other substances on the addiction scale, such as sweets, chocolate, coffee, cigarettes, alcohol, and other foods or substances that they mention.
12. Highlight the fact that drugs, including alcohol and cigarettes, are highly addictive. Even though cigarettes are made from the tobacco plant and heroin is made from the poppy flower, both of which grow out of the earth, both are very poisonous to the human body. Ask participants to name intoxicants or drugs that they enjoy using.
13. Introduce the point that intoxicants and drugs are addictive because they produce an initial good feeling when they enter someone’s blood and reach the brain. After a while, the amount of those intoxicants and drugs in the blood reduces. That is when the person feels a desperate need to consume the substance again to bring back the good feeling. This means the person is addicted, when he/she no longer just wants the substance, but actually needs it. When drug addicts cannot get drugs, they may feel sick, as in the example of the tea drinker getting a headache. These sicknesses, however, are usually more severe, like depression, anxiety, and even thoughts of suicide.
14. Ask participants to share stories of people they know who were addicted to something, and how it affected them. Did it improve their lives? Did it create difficulties for them? What health problems did it produce? If participants are hesitant to share, share a story of your own.
15. Ask participants what would happen if a person decided to stop taking/using what he/she was addicted to? Could it lead to death? Can a person get rid of an addiction? Make the point that any addiction can be overcome, although it is often a very difficult process for those affected.

Key information points

- There is a difference between a want of something and an addiction to something.
- Drugs and intoxicants like cigarettes, alcohol, and heroin are very addictive.
- Any addiction can be eliminated, but the process requires determination and can be difficult.



24. Adolescent Development (B4)

Objectives

- To discuss the different physical changes that take place in male and female adolescents.
- To understand that these changes are normal.
- To acknowledge that all adolescents go through the same physical changes, but do so at different times and respond to them differently.

Materials and preparation

- Flipchart paper and markers.

Method

1. Explain that people go through five stages during their life: Infancy, childhood, adolescence, adulthood, older age. Ask participants to list physical and emotional characteristics of each stage, starting with infancy. Ask questions like, “What can a baby do?”, “How does a baby feel?” Write their comments on a flipchart sheet under the appropriate heading. Review the changes mentioned for each and explore the most important ones in greater detail.
2. Explain: “Adolescence” is when the bodies of boys and girls physically change—bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a boy becomes physically able to father a child.
3. Break the participants into three groups. Instruct the groups that we will now discuss changes during adolescence in more detail. Assign one of the following types of changes to each group: (1) boys’ physical changes, (2) girls’ physical changes, (3) emotional changes for both boys and girls. Each group has 15 minutes to discuss and list changes. Provide groups with flipchart paper or pieces of paper on which to record their lists of changes.
4. After the group discussion, ask a representative from each group to share the group’s list. Ask after each presentation if the other groups have changes they would like to add.
5. After each group has shared, facilitate a general discussion about the listed changes. Allow participants to express themselves and ask questions and give opinions. Ask questions of the participants to probe for any changes that were not mentioned during the small group work.

Girls	Boys
<ul style="list-style-type: none"> • Weight gain; height gain • Development of skin problems (acne) • Breast growth • Growth of underarm and pubic hair • Development of sweat glands • Vaginal lubrication • Onset of menstruation and ovulation • Increase in vaginal and cervical secretions • Body shape takes on characteristic adult pattern 	<ul style="list-style-type: none"> • Weight gain; height gain • Development of skin problems (acne) • Body shape takes on characteristic adult pattern • Growth of body, underarm, pubic, facial hair • Development of sweat glands • Enlargement of the testes and penis • First ejaculation • Erections • Wet dreams
<p>Emotional and psychological changes that occur during adolescence (both boys and girls):</p> <ul style="list-style-type: none"> • Eagerness to experiment and to learn new things • Desire to become independent from and be treated with respect by parents • Desire for adult behavior • Desire to make friends and to socialize; behaviors are easily influenced by peers • Emotional instability, confusion, and compulsiveness • Strong sexual awareness, being attracted to and wanting to be attractive to the opposite gender 	

6. Explain: Adolescence is an important time in one's development. Changes that occur during adolescence are natural and normal. They are signs that we are growing and maturing. Every adolescent experiences changes, although at different times and different paces. Generally, girls enter adolescence earlier than boys. Earlier or later, either is fine. You don't need to be nervous if your changes are different from others'—everyone is unique.

Key information points

- All people go through adolescence—it is a normal part of human development.
- During adolescence, many physical, emotional, and psychological changes take place that prepare a person for adulthood.
- It is normal for everyone to be different in terms of when and how they experience adolescent changes.



25. Killing Germs (N3)

Objectives

- To review what participants remember about germs and microorganisms.
- To understand different methods that can be used in daily life for killing harmful germs.
- To revisit handwashing and basic hygiene as a method for killing germs.

Materials and preparation

- Flipchart paper and markers.

Method

1. Review participants' recollection of microorganisms and infection with these questions:
 - What are microorganisms? Where are they found?
 - What are nanometers?
 - What are germs?
 - What are the gateways through which microorganisms enter the body?
 - Are all microorganisms bad? What are some uses of microorganisms?
 - Under what conditions do microorganisms survive? (Note: Microorganisms survive under a wide range of conditions. Some need extreme cold, some need extreme heat, some need air, some die in air, some need dryness, some need sugar, and so on.)
2. Ask: Is it possible to completely get rid of all the microorganisms in the food you eat? Is it a good idea to get rid of all microorganisms?
3. Make the following points: Not all microorganisms are harmful. Eliminating all microorganisms would make the food less healthy. However, there are various ways in which harmful microorganisms can be killed at home.
4. Ask participants to list substances that are used at home for keeping surfaces clean. Ask for the names of different cleaning agents, and list them on a flipchart sheet. Make sure everyone agrees that the items on the list are cleaning agents. Some of the following may be mentioned: Lemon, soap, detergent, and salt.
5. Ask participants to list substances that are used to keep hands and the body clean. Ask the names of different cleaning agents for hands and body, and list them on a flipchart sheet. Make

sure everyone agrees that the items on the list are cleaning agents. Some of the following may be mentioned: Soap, hot water, and detergent.

6. Ask participants if lemon, soap, detergent, or salt are sufficient to thoroughly clean a utensil that has black crusts from grilled meat or vegetables. Through questioning, bring out the concept of abrasives or scourers—that is, rough-textured surfaces for scrubbing. Ask for a list of common abrasives and scourers that are found and used among Yis. List them on a flipchart sheet.
7. Ask participants if there are things that cannot be cleaned with lemon, soap, detergent, salt, or hot water. People may mention things such as paint, tough motor grease, ink, and certain resins. Ask participants to name cleaning agents that are useful for paint, tough motor grease, ink, and so on, and add them to the list. People may mention such cleaners as petrol and kerosene.
8. Ask participants if utensils can be cleaned with petrol or kerosene, and explore the reasons for their answers. Make the point that certain cleaners are themselves poisonous and should not be used to clean anything that enters the body.
9. Ask participants how they would get rid of germs if there were no soap, detergent, lemons, or other cleaners. Through discussion, develop the point that most germs die after about five minutes in boiling water.
10. Ask participants to name things other than food and hands through which germs can enter the body and infect a person. Through discussion and probing, develop the point that unclean injection needles are among the most effective routes to infection since they take germs from one person's blood and directly introduce them to another person's blood.
11. Ask participants how they can tell if a needle is clean or dirty. Remind participants that germs are too small to be visible to the naked eye. Remind participants that the tip of a needle can contain hundreds of millions of germs. Develop the point that it is not possible to judge if a needle is clean just by looking at it.
12. Ask participants how many of them have seen needles being used at home. How often are they disinfected?
13. Ask participants what kind of objections others might have to disinfecting between users. Ask them how they would deal with such objections. (For example: Would guests at a Yi house feel that by disinfecting the needles, the host is implying that they are not clean?)

Key information points

- There are several inexpensive common household cleaning agents that are used to keep food, utensils, and hands and body clean.
- Some cleaning agents may themselves be poisonous and should not be used to clean anything that may enter the body.
- Most germs can be killed by boiling in hot water for five to ten minutes.



26. Alcohol and Cigarettes (R4)

Objective

- To understand the risks of smoking cigarettes and drinking alcohol.

Materials and preparation

- Flipchart paper and markers.
- Index cards. Make two sets of cards, one for cigarettes and the other for alcohol. On each card, write one risk associated with smoking cigarettes or drinking alcohol.

For the cigarettes set, include cancer and other diseases of the lungs, heart problems, increased blood pressure, bad breath, wrinkly skin, bad smelling hair and clothes, yellow fingernails and teeth, blindness, birth defects, sexual problems for men.

For the alcohol set, include diminished coordination, bad judgment, poor vision, loss of memory, brain problems, liver problems, throat cancer, mouth cancer, stomach cancer, birth defects, sexual problems, unintentional injury, violence.

- Draw a human figure on each of two flipchart sheets. Label one “Cigarettes” and the other “Alcohol.”

Method

1. Explain that we have talked about how to keep our bodies healthy. Ask: What are some ways to be healthy? Record on a flipchart sheet.
2. Ask: What are things that people do that are not healthy? Record on a flipchart sheet. To ensure that smoking cigarettes and drinking alcohol are mentioned, you may remind participants of Session 23, on addiction.
3. Explain that cigarette smoke contains many harmful substances, which are poisonous. The body knows when it is being poisoned, so many people find it takes several tries to get started smoking. Even though health problems from smoking may seem very far off when we are young, first-time smokers often feel pain or burning in the throat and lungs, and some people feel sick or even throw up the first few times they try tobacco. It is also hard for smokers to do well at sports.
4. Distribute the cigarette-related index cards to participants. Ask them one by one to read their cards aloud, and mark an “X” on the human figure on the flipchart to represent where cigarettes do damage to the human body.
5. Explain that excessive alcohol use causes physical, mental, and emotional damage. When you drink alcohol, it goes straight into your blood and affects your judgment and decision-making.

Drinking large amounts of alcohol at one time or very fast can cause alcohol poisoning, which can lead to a coma or even death.

6. Distribute the alcohol-related index cards to participants. Ask them one by one to read their cards aloud, and mark an “X” on the human figure on the flipchart to represent where alcohol does damage to the human body.
7. Ask participants why people begin smoking cigarettes and drinking alcohol. Continue the discussion by asking: If people know that cigarettes and alcohol are harmful to health, why do so many people still drink and smoke?

Make sure the following issues are covered: Tradition, habit, and individual values will affect one’s decision to smoke and/or drink alcohol or not. Where people regard smoking and drinking alcohol as a tradition and they play an important role in social life, it is difficult to dissuade them from smoking and drinking alcohol by merely emphasizing the harm to health. However, other things may be able to replace these social traditions, such as giving gifts to show hospitality and respect.

8. Ask: When and under which circumstances do Yi adolescents smoke and drink alcohol? Ask participants if they think that the health effects discussed earlier apply to adolescents as well as adults.
9. Listen to the responses of participants before explaining that adolescents are exposed to even more health damage from cigarettes and alcohol. Include the following information:
 - Adolescents’ physical organs are immature and absorb toxins more easily.
 - The earlier a person starts smoking, the higher the chances of getting lung cancer and dying from it.
 - Young smokers are sick more often, do poorly at sports, become injured more, and take longer to get better after falling ill.
 - Alcohol can cause learning problems or lead to adult alcoholism.
 - Smoking cigarettes and drinking alcohol at a young age often lead to use of more dangerous drugs later in life.
10. Introduce the fact that smoking cigarettes also causes secondhand smoke, which can affect the health of the friends and families with whom smokers spend their time. Smoke also damages the air we breathe and harms the environment.
11. Introduce the fact that smoking cigarettes and secondhand smoke are special health risks for women. Exposure to cigarette smoke during pregnancy can cause serious health problems for both mother and child, such as low birth weight infants, miscarriage or stillbirth, and infant death. Mothers can also pass nicotine to their babies through breastmilk, which can cause some of the same health problems in babies that adult smokers face.
12. Ask: If smoking affects people other than smokers, should smoking be banned? Why or why not? Allow for discussion.
13. Ask: How much money does a typical young Yi spend on smoking and drinking each month? If someone quit smoking and drinking now, how much money could he/she save in one year?
14. Summarize by saying that abstaining from smoking and drinking helps your health and also shows respect for the health of your family and society. If someone you know wants to reduce

or quit smoking or drinking, offer your support and encouragement because you know it is better for his/her health.

Key information points

- Smoking cigarettes and drinking alcohol are harmful to the health of both smokers and their loved ones.
- These activities involve special risks to adolescents and women.
- Secondhand smoke harms not only other people, but also the environment.
- People smoke because of tradition, habit, and individual values, and these things are not easy to change.
- It is important to offer support to those you know who want to reduce or quit smoking or drinking.



27. Drug Risk (R5)

Objectives

- To list the risks of drug use.
- To understand drug risks that adolescents face and practice the skills required to say no to drugs.

Materials and preparation

- Flipchart paper and markers.
- Slips of paper showing the statements on page 74 and the three situations listed on page 75.

Method

PART 1

1. Ask participants: Have you heard of drugs? What kinds of drugs have you heard about? What do you call these drugs in the Yi language? Brainstorm a list of drugs, and record them on a flipchart sheet.
2. Mark with a star or otherwise group together different drugs into legal/medical, legal/sometimes abused, and illegal. Explain: Drugs are chemicals that change the way a person's body and mind work. When people talk about drugs, they usually mean abusing legal drugs or using illegal drugs. Not all drugs are bad or illegal. When we are sick, we may take medicines. Medicines are legal drugs that can help us. Doctors can recommend that patients take them, stores can sell them, and people can buy them.

But it is not legal, or safe, for people to use these medicines any way they want or to buy them from people who are selling them illegally. This is called drug abuse. Morphine is an example of a medicine that people abuse. Also, cigarettes and alcohol are legal drugs that can cause serious health problems.

There are also illegal drugs. The most common ones are opium and heroin.

3. Divide participants into three groups. Ask group 1 to brainstorm the risks of drug use to an individual, ask group 2 to brainstorm the risks of drug use to a family, and ask group 3 to brainstorm the risks of drug use to a community. Encourage participants to think about people they know whose lives have been affected by drug use. Ask participants to list the risks on a flipchart sheet.
4. Bring participants back to the larger group and ask each group to present its list.
5. Be sure participants mention the following:

- To an individual: Drug abuse is harmful to physical and mental health, including damaging the central nervous system, the circulatory system, the digestive system, and the immune system. Drug users can also die of an overdose. Intravenous drug users who share needles may contract HIV, hepatitis B, hepatitis C, and other diseases. Drug users are often suicidal and can easily become victims of violence and accidents.
- To a family: If one family member uses drugs, the entire family suffers. There are so many cases in which people go bankrupt once becoming drug dependent.
- To society: As a consequence of addiction, drug users are prone to commit crimes such as fraud, robbery, selling drugs, and prostitution. Drugs have become a cause of social instability in many places. Since most drug users are young people, there is a loss within the labor force, which can have a negative effect on social and economic development.
- In China, both the sale and the use of nonmedical drugs are illegal.

PART 2

1. Explain: Adolescents are major drug users worldwide. Ask: In your neighborhood, who are prone to become drug users? Do adolescents face greater risks of drug use?
2. Divided participants into six groups. Assign one of the reasons for trying drugs (below) to each group. Ask each group to imagine that a friend told them they wanted to try drugs and used that statement. Ask participants to make a list of all the possible things they could do to try to convince their friend not to try drugs.
 - “Poppies grow on earth. Opium and heroin are extracted from poppies. How can things that grow naturally be so harmful?”
 - “Heroin is brought back from outside. It’s a good thing to show hospitality and respect. We should not refuse.”
 - “I’m only trying it once and won’t get addicted.”
 - “All my friends are using drugs. I feel embarrassed when I say no.”
 - “Is it really so cool? Let me try.”
 - “Drugs can make me forget my pain!”
3. Bring participants back to the larger group and ask each group to present the results of their discussion.

PART 3

1. Explain: Drugs are often introduced by friends. As we have learned, it is not easy to say no to your friends.
2. We discussed in previous sessions that we cherish our values, and we know we cannot satisfy all our friends’ requests. The difficulty in refusing a friend is the fear of ruining the friendship. A real friend would not force me to do things that will harm my health, let alone participate in illegal acts. Is he a real friend if he asks me to try drugs? How can we refuse such requests?

3. Tell participants we are now going to role play how to say no to drugs offered by friends (or acquaintances). Ask pre-selected participants to act out the role plays. After each play, brainstorm participants' comments and suggestions. Also ask role players what they feel.

Situation 1: A young Yi boy is studying with a friend. When they finish, his friend offers him heroin and says, "It's good, much nicer than cigarettes. Have a try."

Situation 2: A group of young people are visiting a friend who just returned home from Chongqing. He offers heroin to the guests. Your good friends all accept and try. When your friends see you are hesitating, they say, "We are all using it ourselves. It won't harm you. Just try."

Situation 3: A young Yi girl is upset. Her friend calls. After some conversation, the friend takes out a cigarette and tells her it's a special one that will make her feel relaxed and comfortable. "Try it, and you won't feel upset anymore." The girl says, "It's addictive." But the friend says, "Just trying it once won't make you addicted." Then she lights the cigarette, smokes it, and hands it to the girl.

Key information points

- Illegal drug use and selling drugs are harmful to individuals, families, and society.
- Adolescents should stick to their own values and stay away from drugs.
- Planning and practicing how to say no to drugs can make it easier to say no when the situation arises.



28. Menstruation and Reproduction (B5)

Objective

- To understand the processes of menstruation and reproduction.

Materials and preparation

- Flipchart paper and markers.
- Two cards with the word “Ovary” written on each.
- Two cards with the word “Egg” written on each.
- One card on which “Uterus” is written.
- Two cards with the word “Vagina” written on each.
- One card on which “Penis” is written.
- Two cards with the word “Testicle” written on each.
- Three to five cards with the word “Sperm” written on each.
- Two cards with the words “Fallopian tube” written on each.
- Four cards, on which the following words are written: “Menstruation,” “Days 5–10,” “Days 11–16,” “Days 17–28.”

Method

1. The facilitator will first set up the female reproductive system and rehearse menstruation.
 - In the first round, females will be assigned the female reproductive roles. If there are not enough females, then males may be assigned those roles. If any participants are uncomfortable with the process at any stage, they may leave the room without permission. This should be explicitly announced.
 - The **ovaries** and the **uterus** will be positioned first. The ovaries will be seated in chairs. The ovaries will be told that their job is like a sculptor’s; they will craft a beautiful egg. Tell the ovaries that while one ovary is making the egg, the other one will be in a deep sleep, awaiting its turn.
 - The uterus is like a mother figure, waiting with her arms outstretched. She is always waiting for a fetus, which she can take care of while it grows into a human being.
 - Tell participants that the ovaries and the uterus are connected by the **fallopian tubes**.

- The **vagina** will be positioned last on the other side of the uterus. The two participants will face each other with their arms held high and hands clasped together creating a “tunnel” through which the egg will leave the body.
2. The facilitator will start the game by telling the **egg** to sit on the active ovary’s lap in a sleeping position. The ovary should “design” the egg with its hands. As the egg is designed, it should slowly wake up, like a flower, and admire itself. The egg should move as slowly and gracefully as possible as it rises from the ovary’s lap and moves like a dancer, in slow motion, turning around, admiring itself, and moving to a position somewhere in the middle of the fallopian tube.
 3. The facilitator will hold up the day cards, and tell the group that a woman’s reproductive cycle lasts for 28 days on average. She is only fertile for some of these days, and chance of pregnancy is small the rest of the time. The facilitator should explain to the class which is the fertile phase and at which times a woman is unlikely to get pregnant.

Day 1 to Day 4	Menstruation	Safe
Day 5 to Day 10	New egg is maturing	Safe
Day 11 to Day 16	Egg is mature and ready	Fertile
Day 17 to Day 28	Egg is dying	Safe

4. As the facilitator reaches the 17 to 28 day period, the egg should act as though it is growing weaker, losing interest, and becoming smaller. Eventually, the egg should collapse, and roll out of the fallopian tube, through the uterus, and pass through the vagina leaving the role-play system.
5. A new egg will now take up position on the other ovary’s lap, and the whole cycle will be repeated.
6. The facilitator will explain that this is menstruation.
7. The facilitator will now set up the male system, including the penis, testicles, and sperm. They will take their positions exactly opposite the female system.
8. The facilitator will signal to the female reproductive system that it should continue the menstrual process. The **penis** will rise up strong and large as an erection. The **sperm** will line up behind one of the two **testicles** (half behind one, the other half behind the other). The sperm should be on all fours, like marathon swimmers. When the penis gives a vigorous signal—a slap on the back—the sperm will charge forward and swim toward the egg. Most of them will die before they reach the egg.
9. The facilitator should stand behind the ovary that released the egg, holding the day cards. If a sperm reaches the egg, the egg will embrace it only if the day card behind her reads “Days 11–16.” Until then, the male reproductive system will have to keep trying to reach the egg.
10. Once the egg embraces the sperm, the two will move down the fallopian tube toward the uterus, who will embrace the couple with open arms.
11. Explain that when a sperm and egg join it is called fertilization. When the fertilized egg attaches to the wall of the uterus a pregnancy begins.

Key information points

- A female has two ovaries that produce eggs. Only one ovary is active at a time. Each ovary produces a single egg every 28 days or so.
- A male has two testicles that produce millions of sperm.
- During the 28-day period, the egg grows, matures, and then dies.
- During this 28-day period, there is a six- to seven-day period when the egg can be fertilized by a male sperm.
- If a male sperm is successful in joining with an egg, then the woman conceives, and a child will be born after about nine months.
- The 28-day period is known as a menstrual cycle.
- At the end of each menstrual cycle, the egg is expelled from the uterus, along with blood. This is known as menstruation; it lasts about four or five days.



29. Sexually Transmitted Infections (D7)

Objectives

- To create an understanding of sexually transmitted infections (STIs).
- To list signs/symptoms of STIs.
- To know ways to prevent STIs.
- To understand why girls are more at risk.

Materials and preparation

- Flipchart paper and markers.
- Find out where young Yis can go for testing for and treatment of STIs.
- Prepare cards with questions from “STI True or False” (see page 82) on one side and the answers on the back.

Method

1. Ask: What are some of the consequences of unprotected sex? (Examples: Pregnancy, infection.)
2. Explain that today we will talk about infections that are passed through unprotected sexual activity. Ask: What are some infections you have heard about that are passed through unprotected sexual activity? Write the answers on a flipchart sheet.
3. Explain that there are more than 20 diseases that can be transmitted sexually, including HIV, chancroid, Chlamydia, gonorrhea, genital herpes, human papillomavirus, syphilis, trichomoniasis, and others.
4. Explain that diseases that are transmitted through sex with an infected partner are called “sexually transmitted infections,” or “STIs.” STIs are very common, especially among younger people. STI infection happens when germs (bacteria and viruses) pass from an infected person to another. STIs can have serious health consequences that can lead to infertility, pain, cancer, and death. In addition, some STIs can be transmitted to infants during pregnancy or birth.
5. Explain that sometimes STIs have no obvious signs, especially in women, which is why they are so easy to catch and pass to others. Many people only discover that they have an STI when they are told by a partner, or are examined by a doctor.
6. Ask: Although there are not always signs, how can a woman tell if she has an STI? Write the answers on a flipchart sheet. Answers include:

- A discharge from the vagina that is thicker or thinner than usual, has a foul smell or an unusual color.
 - Pain in the lower abdomen.
 - Pain or a burning feeling when passing urine.
 - Pain during sexual intercourse.
 - Abnormal bleeding from the vagina.
 - Itching in the genital area.
 - Abnormal swelling or growth on the genitals.
7. Ask: How can you tell if your male partner has an STI? Write the answers on a flipchart sheet. Answers include:
 - A wound, sores, ulcer, rash, or blisters on or around the penis.
 - A discharge, like pus, from the penis.
 - Abnormal swelling or growth on the genitals.
 - Complaints of pain or a burning feeling when passing urine, pain during sexual intercourse, or pain in the testicles.
 8. Ask: What should you do if you think you have an STI? (Participants should mention: Consult a health worker for advice, tests, and treatment.) Tell participants that since most people have few or no symptoms of an STI, it is important to seek help even if you only think you are at risk for STIs.
 9. Ask: Where can you go to get tested and treated for STIs?
 10. Ask: How can STIs be prevented? (Answers: Abstaining from sexual activity, being in a mutually faithful relationship with a partner who is not infected, and using condoms can prevent some STIs.) Write the answers on a flipchart sheet.
 11. Ask: Why is it easier for women to become infected with STIs? Allow participants to discuss.
 12. Explain that the differences between men's and women's bodies cause women to become infected with STIs more often than men. A man's penis and his sexual fluids, both of which may carry infection, go inside a woman's body, increasing her risk.
 13. Divide participants into four groups. Pass out four of the "STI True or False" cards to each group. Explain that you will play a game. Each group will take a turn asking a question on one of their cards. The other three groups will answer. Whichever team raises their hands first has a chance to answer. The group that answers correctly is given the card. After all the questions have been asked and answered, the team with the most cards wins. Be sure that the correct full answer is read and understood by everyone after each question has been read.
 14. Allow participants to ask questions about any of the information discussed during the game and share additional information with them.

Key information points

- STIs are dangerous to your health. They can cause disease, infertility, cancer, and even death.
- Many STIs can be treated. If you have any STI symptoms, go to a health center immediately for treatment by a trained health care provider.

STI True or False

1. A person can always tell if he/she has an STI.

False. People can and do have STIs without having any signs. Women often have STIs without symptoms because their reproductive organs are internal, but men infected with diseases like Chlamydia may also have no symptoms. People infected with HIV generally have no symptoms for many years after infection.

2. There is medicine to cure all STIs except HIV.

False. There is no cure for genital warts and herpes, STIs caused by viruses. Even though not all STIs can be cured, they all can be treated, which is why it is important to go to a healthy facility if you think you are infected.

3. The organisms that cause STIs can enter the body only through the woman's vagina or the man's penis.

False. STI bacteria and viruses can enter the body through any mucus membrane, including the vagina, penis, anus, mouth, and in some rare cases, the eyes. HIV can enter the body when injected into the bloodstream from shared needles. It can also be passed from mother to child during pregnancy and delivery or through breastfeeding.

4. You cannot be infected with an STI by masturbating, holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal, or vaginal intercourse with a partner who is infected.

5. Practicing good personal hygiene after having sex should be encouraged.

True. While personal cleanliness alone cannot prevent STIs, washing away your and your partner's body fluids right after intercourse is good hygiene. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

6. It is possible to contract some STIs from kissing.

True. It is rare, but possible, to be infected by syphilis through kissing if the infected person has small sores in or around the mouth. The herpes virus can be spread by kissing if sores are present. HIV is not passed through saliva, and could be transmitted through kissing only if both people have open sores in their mouths or bleeding gums.

7. You cannot get an STI if you have sex only once in a while.

False. It is possible to catch an STI even after only one act of sexual intercourse with an infected person.

8. Condoms are the most effective protection against STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms significantly reduce the risk, but only abstinence is 100 percent effective.

9. You cannot get HIV or other STIs if your partner is clean.

False. A person's risk of HIV cannot be determined by looking at a person and checking his/her reputation. Some people get HIV when they have had sex only once or with one partner.

10. Abstinence is the only way to completely prevent pregnancy and STIs.

True. Avoiding sexual activity is the only way to absolutely prevent pregnancy or STIs.

11. Once you have had gonorrhea, you cannot get it again.

False. A person can get gonorrhea as many times as he/she has sex with an infected person. It is important that anyone who is treated for gonorrhea or any other STI makes sure that his/her sexual partner is also treated.

12. There is no reason to use condoms, since they are not 100 percent effective in preventing HIV transmission.

False. HIV cannot pass through latex condoms. The reason condoms are not 100 percent effective in preventing HIV infection is because they can sometimes come off or break during intercourse when they are not being used properly. Using a condom provides over 10,000 times more protection against HIV infection than not using a condom. There is a strict manufacturing process that is followed when making condoms, and HIV is too big to pass through latex.

13. There is no known cure for genital herpes.

True. While there are medicines available to treat the symptoms of genital herpes, there is no cure for the disease.

14. If you have unprotected sex with a person who has HIV you will definitely catch it.

False. Not everyone who has unprotected sex with someone with HIV will become infected. Some people can stay in a relationship with a person who has HIV for a long time and not become infected; others catch it the first time they have sex with someone who is infected. Becoming infected with HIV is always a risk, but it is important not to assume that just because a person's partner has HIV that he/she will have it, too.

15. Using contraception like pills or IUDs protects against STIs.

False. Only condoms provide protection against pregnancy and STIs; other contraceptive methods do not protect against STIs.

16. Urinating after sex protects against STIs.

False. Germs enter the body very quickly, and urinating does not eliminate them.



30. Hygiene (N4)

Objectives

- To create personal and community plans for improving hygiene habits within families.
- To explore hygiene related to menstruation.

Materials and preparation

- Flipchart paper and markers.

Method

PART 1

1. Ask: What are some examples of things that you and your family do in your own home to promote good health? Possible responses include eat healthy foods; prepare, cook, and store food properly; use clean water for drinking and washing; washing hands often.
2. Explain that keeping our bodies and homes clean is important for staying free from many infections, and it promotes better health and well-being. Many sicknesses (such as diarrhea, worms, and typhoid fever) can be spread easily if our bodies, homes, or community are not clean.
3. Divide participants into three groups. Assign each group one of the following: our bodies, our households, or our community. Explain that each group will have five minutes to talk together about all the ways they can keep their assigned areas clean in order to help people stay healthy. Encourage each group to think of as many ways as they can, and have them list the ways on flipchart paper.
4. After five minutes, ask each group to present all the ways they talked about for keeping our bodies/homes/community clean. After each group has presented, ask if any other participants have other ideas about ways to keep clean or healthy, and add them to the appropriate list.
5. Take time to review all of the ways to keep clean by talking about why each one is important. Review the list and add information based on the following notes regarding items that the participants raised. Bring up any additional points not raised in the small group discussions. The following information should be covered by the time you have thoroughly reviewed the participants' lists with the full group.

Our bodies

- Wash hands: The spread of disease can be reduced by handwashing. Hands should be washed, with soap if possible, after going to the latrine, before preparing food, before eating, after cleaning a baby or child who has defecated, and after handling soil.

- **Bathe often:** Keeping our bodies clean helps us to stay healthy and helps prevent skin and eye infections, rashes, itching, and pimples (spots). Bathe at least once a day, after waking up in the morning or before going to sleep in the evening. The face and eyes should be washed and the teeth cleaned. Hair should be washed regularly and combed every day.
- **Wear shoes:** There are infections that can be caught by walking outside without shoes. When outside, it is always best to wear shoes.
 - Always use a latrine: People's feces have harmful germs. Using latrines helps keep feces away from us and keep harmful germs from entering our bodies.

In our homes

- **Use clean water:** Unclean water causes many sicknesses. Water from rivers, streams, and unprotected wells is usually contaminated with human feces and is not safe to drink unless it is boiled first. If possible, water should come from a protected well, bore-hole, or spring. Water from an unknown or unclean source should be boiled for ten minutes before using. It should also be filtered through a clean, white cloth. Water for drinking and washing cooking utensils should be stored in a clean, covered container and kept in a cool place. Everyone in the family should know how to use this water.
- **Keep food clean and covered:** Food that is uncovered can be contaminated by flies and other insects or household animals. Uncovered, unclean food should not be purchased or eaten. At home, food should always be covered. Old food or food that smells bad should be thrown away. Fruits or vegetables should be washed in clean water before they are eaten. Keep animals away from food. Cook food until it is completely done.
- **Wash cooking utensils and dishes:** Clean drinking water should be used to wash dishes. Clean dishes should be dry before they are used again.
- **Wash clothes and bedding often:** Mats and mattresses should be aired out on a regular basis to discourage insects and germs.
- **Clean the latrine often:** The slab in the latrine should be washed regularly. Keeping the latrine clean will reduce odor, and encourage family members to use it.

In our community

- **Dispose of garbage and waste properly:** Garbage and waste have germs that cause many diseases. Dispose of garbage by burning it, burying it in a special pit, or composting.
 - **Do not allow sitting water to accumulate:** Water can collect in old tins or in other trash receptacles and breed mosquitoes and flies. Flies spread many diseases, and mosquitoes spread malaria.
6. **Ask:** What are changes we can make in our own homes and community to make them cleaner and safer for everyone? Ask participants to create an action plan based on the changes noted by participants. Help participants document their action plans, and include the action items, time frame, etc. Check with them during the next session to find out if they have implemented their plans.

PART 2

1. **Ask:** How can girls take care of their bodies when they are menstruating? What products do girls/women use during menstruation? Allow participants to discuss.

2. Explain that many communities have different ideas and practices about menstruation. Ask: What are common practices and thoughts about menstruation in our community? Encourage participants to talk about these thoughts and practices and to discuss their opinions about them.
3. Explain that menstruation is a normal part of every woman's life. It is not a curse, it is not an illness, and it is not an unclean time. Menstruation is a positive sign of health; it shows your body is healthy and functioning normally. During this time, women can continue with their normal activities, including daily baths or showers, exercising, dancing, and others. When girls are menstruating, washing is important. It is also important to use clean, dry tissues/pads/tampons and to change them often. There is no reason not to bathe on these days, though some girls may prefer to take showers on the days when their period is heaviest. Some girls/women have a problem of odor during menstruation; keeping clean and changing tissues/pads/tampons often can reduce this problem. It is not advisable to use perfumed pads or tampons or any powders in the genital area. Washing the genital area with water alone will keep it clean. Using harsh soaps or other substances can cause irritation.
4. Before you end the session, ask participants to prepare a food diary before Session 45, Healthy Eating, and give them the date you expect to have that session. Between now and that date, each participant should write down everything he/she eats and drinks for three consecutive days (any three days before the date you give them). Here is an example format for the diary:

Day 1	Day 2	Day 3
<u>Meal 1</u>	<u>Meal 1</u>	<u>Meal 1</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
<u>Meal 2</u>	<u>Meal 2</u>	<u>Meal 2</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
<u>Snack</u>	<u>Snack</u>	<u>Snack</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
<i>Etc.</i>	<i>Etc.</i>	<i>Etc.</i>

Key information points

- Keeping our bodies, homes, and community clean can help prevent diseases.
- Always wash hands with soap after going to the latrine, before preparing food, before eating, after cleaning a baby or child who has defecated, and after handling soil.
- Only use water that is boiled or from a safe source. Water containers need to be covered to keep the water clean.
- Washing the genital area with water and changing tissues/pads/tampons frequently keeps women clean during menstruation.



31. Instructions Game (D8)

Objectives

- To create an understanding of the role of clear, correct instructions in carrying out an activity.
- To create an understanding that the body's cells follow "instructions" to carry out their tasks.
- To introduce the concept of a written "manual" of instructions.

Materials and preparation

- Flipchart paper and markers.
- A pair of shoes, with shoelaces.
- Two chairs.
- A table.

Method

PART 1

1. Place a chair on the table (the height helps participants to observe your feet). Place the other chair facing away from the chair on the table so the person who sits in it cannot see the person on the table/chair. Climb up and sit on the chair on the table (wearing shoes with laces).
2. Tell participants that in this demonstration, you are an imaginary person living on the moon who does not know how to put on shoes. Invite participants to volunteer to give you instructions on how to put on and lace a pair of shoes. Tell the volunteer to be as simple and precise as possible and that you will follow the instructions literally.
3. Invite the volunteer to sit in the chair facing away from you. Once he/she is seated, remove your shoes and place them before your feet in a disorderly way—that is, keep the left shoe next to the right foot, and/or let the heels face forward, and/or let the soles face upward, and so on.
4. Invite the volunteer to give you instructions on how to put on shoes.
5. Follow the instructions EXACTLY and literally as they are given. (Note: If the instructions are vague or too general, then "misinterpret" them. If the instruction is "Keep the shoes next to your feet," then place the left shoe near the right foot and the right shoe near the left foot, or place a shoe pointing the wrong way, place the other shoe with the sole facing up, and so on.)
6. Repeat the exercise until two or three participants have tried giving you instructions on how to wear the shoes. If one participant's instructions are clear and correct, follow them.

7. The objective of the game is achieved once you have demonstrated how simple-sounding but vague instructions can lead to messy and incorrect results.

PART 2

1. Ask participants to remember and brainstorm occasions when they had to follow instructions to perform a task. Make a list on a flipchart sheet. (Note: Urge participants to think of written instructions as well as oral instructions. Some examples of written instructions include peer educator's manual, recipe, how to use a computer, doctor's prescription.)
2. Ask participants if they know a word that describes a book of written instructions. When a Yi word (or set of words) that describes "manual" is mentioned, write it on the flipchart sheet.

PART 3

1. Ask: What happens in your mouth when you see a plate of Tuotuo meat and potatoes? Allow participants to give their answers. There is no need to record the answers.
2. Once saliva has emerged as an answer, ask participants what makes saliva. (Answer: Saliva cells in the saliva glands.)
3. Ask: Where do saliva cells find instructions for making saliva? Write answers on a flipchart sheet as they are called out. Typical answers include the brain, blood, the nerves, and the cells themselves.
4. Explain: Each cell in our body carries small chemical "manuals" within itself. The cell that makes saliva finds the instructions in its chemical "manual" on how to make saliva.
5. Discuss different body functions for which "manuals" are required. Examples: Making hair grow, healing wounds, digesting food, producing a baby, breathing, excreting waste, fighting disease.
6. Explain that thousands of such functions are carried out by the cells in the body, and a chemical manual exists for each of them.

Key information points

- Instructions can be oral or written.
- A book of written instructions is called a manual.
- The body's cells include "manuals" for thousands of different functions.



32. HIV Instructions (D9)

Objective

- To create a basic understanding of how HIV uses its “manual” to harm the body.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: Is HIV a cell? (Answer: No, HIV is a virus, not a cell.)
2. Ask: Do you remember from Session 10 the size of HIV? What is the size of a human cell? (Answers: HIV is around 100 nanometers. The average human cell is 200,000 nanometers.)
3. Ask: Does HIV have a “manual?” If so, what are the instructions in the manual? Let participants express their views.
4. Explain: HIV carries a manual with instructions on how to make HIV.
5. Explain: When HIV infects a person, it seeks certain human cells (white blood cells) and breaks into them. Once inside, it gets rid of its outer chemical shell. All that remains is the “manual” of instructions on how to make HIV. This manual is inserted into the white blood cell.
6. Explain: It is like inserting a manual called “how to make a fire” into a public place. The day someone opens the manual and follows the instructions, they will create a small fire. The fire can be put out by others. However, if many people all over the village opened the manual and made fires, there would be too many fires to be put out, and the village may be destroyed.
7. Explain: As long as HIV’s manual has not been opened by too many white blood cells, **the individual is infected with HIV but not sick**. Between 2 and 15 years later, as more and more white blood cells follow the instructions in HIV’s manual, they will make millions of HIVs, and **the person will develop AIDS**. The white blood cells will stop doing their normal work, and instead, will begin to follow instructions for making HIV.
8. Explain: A number of factors affect how long HIV’s manual will lie unopened in a white blood cell: Health, nutrition, other infections, risk behavior, stress, and attitude.

Key information points

- When HIV infects a person, it breaks into a white blood cell and leaves its chemical manual in the cell.

- Over the years, as more and more white blood cells begin to follow HIV's instruction manual, the person develops AIDS. Until then, he/she is infected with HIV but not sick with AIDS.
- It can take between 2 and 15 years for an HIV-positive person to develop AIDS.



33. Planning for the Future (V9)

Objectives

- To help participants know the differences between short- and long-term planning.
- To practice skills to make short- and long-term plans.
- To raise awareness of the preparation needed to reach desired goals.

Materials and preparation

- Flipchart paper and markers.
- Piece of paper and pen/pencil for each participant.

Method

1. The facilitator speaks the word “goal” in Chinese and then asks what participants think about this word and how they can express it in the Yi language. Try to reach a conclusion that most participants are happy with. Explain that a goal can be something you want to do or achieve, someplace you want to go, something you want to have, and/or a personal development.
2. Instruct participants to take a moment to think about goals for themselves and write down one.
3. Ask everyone to stand up, and ask each participant in turn to read out his/her goal. As each participant reads, without explanation, move him/her to one of two groups; one group should represent long-term goals, and the other, short-term goals. Do not share with participants your reasoning for the division into groups.
4. When everyone is in one group or the other, ask participants about what criteria they think you used to group them. After someone mentions the term “goals,” encourage participants to discuss why they think some goals are long-term while others are short-term. (Note: Some goals can be accomplished within a short period of time, such as a day, a week, or even a month—often, these are called short-term goals. Goals to be accomplished over a longer period of time, such as six months or several years or more, are called long-term goals. A long-term goal may include a series of short-term goals.)
5. Explain to participants that setting goals is something everyone does, although perhaps not always explicitly. In this session, we are going to spend some time focusing on and thinking about future goals so that we can be sure that we are making decisions and choosing our behaviors with our goals in mind.
6. Split participants into small groups of four or five people each. Ask them to discuss within their groups why goals are important for Yi youth, and particularly for Yi girls.
7. Lead a brief discussion, asking groups to share their opinions.

8. Ask participants to think for themselves about a long-term goal that they would like to achieve within the next five years. Ask them to keep this goal in mind as you share the following information about goals. Goals should:
 - Be specific (stated clearly to show what is required).
 - Be measurable (making it easy to monitor progress and success).
 - Be achievable/realistic (something that can be reached given a person's abilities, resources, etc.).
 - Be time-specific (have a given time frame for achieving the goal).
9. In their groups, have participants work to write the goals they have in mind in these terms, so the group can work together on each person's goal to make sure it is specific, measurable, realistic, and time-specific.
10. After the groups have finished, ask for examples to be shared.
11. Next, ask the groups to come up with a goal for a family or community using the same criteria. Have each group write down the goal it came up with. After setting the goals, let the groups spend some time discussing what steps would be needed to achieve the goal. What kind of teamwork and communication would be required among the family or community?

Explain to participants that goals share common characteristics. They:

- Give our lives direction and make life meaningful and/or challenging.
 - Guide our decision-making.
 - Are time-bounded.
 - Need preparation.
 - Require personal and/or collective hard work.
12. Now ask participants to think about short-term goals they want to achieve within the next two months. Remind them to think about things they have already learned about health, or other skills they have learned in the livelihood classes. Is there something they want to achieve based on what they have learned?
 13. Ask participants to share these goals within their small groups.
 14. Using some participants' goals, lead a discussion among the full group of participants.
 - Are they confident in these goals?
 - Are things completely under their control?
 - Will they change the goals sometime later?
 - Who sets the goals they should achieve?
 - When it comes to longer-term goals, why are they more difficult to think about?
 - What steps and actions are needed to achieve such goals?

- Is the training you received in the Yi Center helpful in achieving your goals?

15. Summarize the session, and encourage participants to think about their future plans and goals.

Key information points

- Goals are something you really want to achieve in the future, near or far.
- Setting goals is a good way to focus our energy and efforts.
- A goal should be a specific, achievable objective; it is time-bounded and measurable.
- Keeping our goals in mind can help us make healthy choices.
- Seek help from others, including the Yi Center, to achieve your goals.



34. Pregnancy (B6)

Objectives

- To understand how a woman or girl becomes pregnant.
- To be able to differentiate between pregnancy facts and myths.
- To understand risks faced by young women and girls who are pregnant.
- To be able to list healthy behaviors during pregnancy.

Materials and preparation

- Flipchart paper and markers.
- Bodymaps from Session 7.

Methods

1. Display the drawings from the bodymapping exercise. Ask for volunteers to point out the different parts of the male and female reproductive systems and tell what they do. They should point out and describe the following parts:

<u>Female</u>	<u>Male</u>
Ovaries	Penis
Fallopian tubes	Urethra
Uterus	Testicles
Cervix	Scrotum
Vagina	

2. Ask: Can someone describe ovulation/menstruation?
3. Ask: How does a girl/woman become pregnant? Allow participants to share their ideas.
4. After participants have shared their views, explain that during sexual intercourse, the male's penis is inserted into the female's vagina. When a male and female have intercourse, millions of sperm are ejaculated from the penis into the vagina. The ejaculated sperm swim up through the vagina, into the uterus, and through the fallopian tubes, looking for an egg. If a mature egg is present, fertilization can take place. Although there may be millions of sperm, only one sperm can fertilize the egg. The fertilized egg moves from the fallopian tube into the uterus and

implants itself in the uterine wall, where the fetus will grow. If the egg is not fertilized, menstruation will occur.

5. Ask participants if they have any questions about pregnancy. Encourage other participants to answer the questions (correct and provide additional information as needed).
6. Explain that we learn about sexuality and reproduction from our friends, siblings, and other family members. It is important that we know what is true and what is not. Explain that we will play a quick game. Read each of the following statements. If participants think a statement is true, they should stand; if they think it is false, they should remain seated. (This should be a quick-paced exercise, with no talking between statements.)
 - A girl cannot become pregnant if she has not started to menstruate.
 - A girl cannot become pregnant if she is having her monthly period.
 - A girl cannot become pregnant if she has sexual intercourse standing up.
 - A girl cannot become pregnant if she urinates after intercourse.
 - A girl cannot become pregnant if she cleanses her vagina after sexual intercourse.
 - A girl cannot become pregnant if she is younger than 12 years of age.
 - A girl cannot become pregnant if the man pulls his penis out of the vagina before ejaculating.
 - A girl cannot become pregnant if the man she is having sexual intercourse with assures her that she will not get pregnant.
 - A girl cannot become pregnant if she is having sexual intercourse for the first time.
 - A girl cannot become pregnant if she is using a contraceptive method to control her fertility.
7. Explain that all of the statements about avoiding pregnancy are false except for the last one. Review specific statements that participants thought were true, and answer any questions and provide correct information.
8. Ask: Are there other statements you have heard about avoiding pregnancy that you think may not be true? Encourage participants to share common beliefs. Answer any questions and share correct information.
9. Ask: How can a woman know if she is pregnant? Encourage participants to discuss.
10. Explain that all pregnant women will stop having a monthly period. Other signs that a woman is pregnant may include:
 - Breasts feeling sore and growing bigger.
 - Having an upset stomach and sometimes vomiting.
 - Having to pass urine more often.
 - Feeling tired.
11. Ask: How can a pregnant woman know when she will give birth? Allow participants to discuss. Explain that a woman can add nine months and seven days to the date when her last period

began, and her baby will probably be born anytime within the two weeks before or after that date.

12. Ask: What should a girl/woman do if she thinks she might be pregnant? Encourage participants to discuss. Explain that it is important for a woman to go to a health facility immediately to have the pregnancy confirmed by a health worker. The health worker will give her information on staying healthy.
13. Ask: What can a woman do to stay healthy during pregnancy and to have a healthy baby? Write suggestions on a flipchart sheet, and ask probing questions until all the points below are raised:
 - Eat enough healthy foods.
 - Sleep and rest whenever possible.
 - Go for antenatal visits at a health facility.
 - Be active everyday, but without becoming too tired.
 - Avoid taking modern or plant medicines unless a health worker who knows you are pregnant says it is alright.
 - Do not drink alcohol, smoke, or use drugs.
14. Ask: What age would you like to be when you have children? Why? Encourage participants to share their thoughts.
15. Explain that there are medical and social reasons for young women to wait until they are older to have children.
16. Ask: What do you think some of the social reasons are? Participants may mention:
 - Delaying having children can give young women the opportunity to pursue formal education, work outside the home, and achieve their 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.
 - The responsibility of caring for a child, as well as limited education, reduces a young woman's access to jobs and income-earning opportunities.
 - Pregnant girls may be expelled from or drop out of school and are not likely to return.
 - Some young women find themselves rejected by the father of the child or by their families.
17. Ask: What do you think some of the medical reasons are? Participants may mention:
 - A woman younger than age 16 has not reached physical maturity. A small pelvis can lead to a difficult delivery, as well as to health problems or death of the mother or the infant.
 - Young women, especially those younger than age 15, are more likely than women ages 20 and older to experience premature labor, 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.

18. Share information from the lists above if they are not mentioned. Ask if participants can think of any other reasons for adolescent girls to wait to have children.

Key information points

- During sexual intercourse, the male's penis is inserted into the female's vagina. When a male ejaculates, sperm swim up through the vagina, into the uterus, and through the fallopian tubes, looking for an egg. If a mature egg is present, fertilization can take place. The fertilized egg moves from the fallopian tube into the uterus and implants itself in the uterine wall, and the woman is pregnant.
- While a girl/woman is pregnant, she does not have a period.
- It is important for a woman to stay healthy during pregnancy, both for her health and the health of her baby.
- There are many medical and social reasons for young women to wait until they are older than 20 years of age to have children.



35. HIV Transmission (D10)

Objectives

- To create an understanding of how HIV is transmitted.
- To create an understanding of how HIV is not transmitted.

Materials and preparation

- Flipchart paper and markers.
- Signs with the words “Risk” and “Not a risk” posted on opposite sides of the room.

Method

1. Ask: What is HIV? Review that HIV is a virus that is passed between people. It is the virus that causes AIDS. AIDS is the most serious stage of a person’s infection with HIV and is when a person with HIV becomes sick with many illnesses that do not get better with medicine.
2. Ask: Where in the body would you expect to find HIV? Write participants’ responses on a flipchart sheet without commenting. If a participant says body fluids, ask for a list of body fluids. If the phrase “body fluids” does not come up, introduce it, and ask participants to list examples:
 - Semen
 - Saliva
 - Blood
 - Vaginal secretions
 - Sweat
 - Tears
 - Breastmilk
 - Spinal fluid
 - Mucus
 - Pus
 - Amniotic fluid
 - Urine

2. Ask: Can HIV be in all the body fluids listed on the flipchart? Allow opinions to emerge.
3. After participants discuss, explain that HIV is found in blood, semen, vaginal secretions, and breastmilk in sufficient quantities to cause infection.
4. Ask: How do people become infected with HIV? Encourage participants to share their thoughts.
5. When the discussion has ended, explain that HIV is passed between people in the following ways:
 - Sex: Unprotected sexual intercourse with an HIV-infected person, when semen or vaginal fluids containing the virus come into contact with the vagina, anus, penis, or mouth.
 - Blood to blood: From an HIV-infected person's blood to another person's blood by sharing something that cuts or pierces the skin (needle, knife, or razor), from a blood transfusion, or through an opening in the body such as a cut. This includes sharing needles for drug use with someone who has HIV. If you are getting an injection, be sure the health worker uses a new or sterilized needle.
 - Mother to child: HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.
6. Ask participants to stand in the middle of the room. Explain that you will read a statement. If they think it is a risk for HIV infection, they should move close to the sign "Risk." If they think it is not a risk, they should move close to the sign "Not a risk." For each statement, after participants have moved near the appropriate sign, ask few people from each side to explain why they are standing where they are.

– Sharing a toothbrush	Not a risk
– Hugging	Not a risk
– Being bitten by a mosquito	Not a risk
– Sharing plates, chopsticks, or cups	Not a risk
– Kissing	Not a risk
– Sharing a needle for injecting drugs	Risky
– Sexual intercourse without using a condom	Risky
– Blood transfusion	Depends
– Masturbating	Not a risk
– Taking care of someone who has AIDS	Not a risk
– Sharing a razor	Depends
– Sexual intercourse using a condom correctly	Not a risk

7. After everyone is back in their seats, respond to any questions and clarify points for participants. (Note: HIV is not transmitted through saliva, tears, urine, or sweat. HIV is not transmitted by mosquitoes. HIV is not transmitted through casual contact such as shaking hands or hugging. HIV is transmitted blood to blood, making it risky to share needles, transfuse blood using a dirty

needle, recycle blood, share a razor with someone who has an open cut, and share a razor immediately after someone else has used it.)

Key information points

- HIV is transmitted only through blood, vaginal fluids, semen, and breastmilk.
- HIV is not transmitted through casual contact.



36. HIV Prevention (D11)

Objective

- To create an understanding of ways to prevent HIV during sexual intercourse, from using syringes and needles, when getting blood transfusions, and from infected mothers to their children.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: How is HIV transmitted?
2. Participants should mention:
 - Sexual relations: The virus is transmitted through vaginal, anal, and oral sexual relations, since it is found in semen and vaginal fluids.
 - Use of a contaminated syringe: Sharing syringes can transfer the virus from the blood of one person to another. Sharing other sharp objects (razors, needles, etc) that cut or pierce the skin can also transmit the virus.
 - Blood transfusion: If a blood donor is infected with HIV, his or her blood will take the virus directly to the other person.
 - Mother-to-child transmission can happen during pregnancy, at the time of delivery, or through breastfeeding.
3. Divide participants into four groups and assign one of the ways HIV is transmitted to each group. Ask each group to discuss what people can do to prevent HIV transmission for their assigned method. Give each group a flipchart sheet and markers, and ask them to write their suggested approaches.
4. After ten minutes, invite each group to come forward and present for their mode of transmission. Allow members from other groups to ask questions and suggest additional ways to prevent transmission.
5. Be sure the following are listed for each of the groups:
 - Sexual relations: Abstain from penetrative sexual acts; be in a faithful, committed, monogamous relationship with someone who has tested negative for HIV; or use condoms for every sexual act.

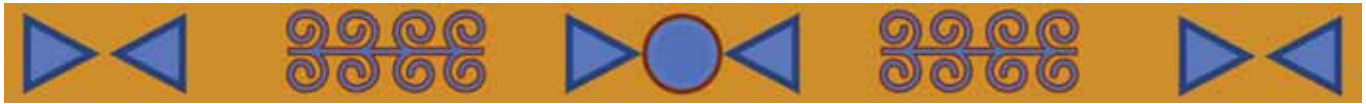
- Use of a contaminated syringe: Do not share syringes, razors, or needles, or anything else that cuts or pierces the skin. If you are receiving an injection or having blood taken by a health worker, be sure the health worker uses a new or sterilized needle.
 - Blood transfusion: All donated blood should be tested for HIV before it is given to someone else.
 - Mother-to-child transmission: Avoid becoming pregnant, use condoms while pregnant and breastfeeding, be tested for HIV while pregnant, take medicine from a doctor to prevent transmission during pregnancy and childbirth, talk with a health worker about the best way to feed a baby if positive.
6. Review each approach listed for all four modes of transmission and ask: What are the challenges for preventing HIV transmission through the ways you have listed? Write down all challenges suggested on a flipchart sheet.
 7. For each challenge listed, ask: How can that challenge be overcome?
 8. Present the following scenario. Ask for two volunteers to role play and make a decision for the female character:

An 18-year-old girl has decided that she wants to abstain from sexual intercourse. Her boyfriend knows this, but now that they have been dating for three months, he says that he does not want to wait any longer. He wants her to show him that she loves him through sex.
 9. After the role play, ask participants the following questions:
 - Do you agree with what the character decided to do? Why or why not?
 - What would you have done if you were in a similar situation?
 - Is what happened in the role play similar to what would happen in real life? Why or why not?
 10. Ask for two new volunteers to act out the role play and present a different solution. After the role play, facilitate a discussion using the questions above.
 11. Ask participants whether HIV is easy or difficult to catch and to why.
 12. Explain that HIV is different from most other diseases in that it is difficult to catch because:
 - It does not pass through the air.
 - We cannot catch it from being in the same room as an infected person.
 - We cannot catch it by touching or hugging.
 - We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person's cup.
 13. Emphasize that we can choose not to become infected by:
 - Abstaining from sex.
 - Never having sex without a condom.

- Being in a mutually faithful relationship with an uninfected person.
- Never sharing needles or other sharp objects (such as razors) with another person.
- Making sure that health workers use sterile needles and syringes.

Key information points

- We can make choices to reduce our risk of HIV transmission, including:
 - Abstaining from sex.
 - Using a condom correctly for every sexual act.
 - Being in a mutually faithful relationship with an uninfected person.
 - Never sharing needles or other sharp objects, such as razors.



37. Condoms (R6)

Objectives

- To increase participants' comfort with handling condoms.
- To create an understanding of the strength and size of condoms.

Materials and preparation

- Flipchart paper and markers.
- Male condoms, approximately two per person.
- Many potatoes or yuangen, in piles in two to three different places in the room.

Method

1. Hold up a condom in its wrapper and ask: What is this?
2. Pass out a condom to each participant. Demonstrate how to carefully open the wrapper and remove the condom. Ask everyone to open their packages.
3. Explain that we are going to play a game to find out how many potatoes/yuangen can fit inside one condom.
4. Divide participants into groups to gather in equal numbers around the piles of potatoes/yuangen. Explain that you will say "start," and they should begin putting as many potatoes/yuangen into their condoms as possible. The person who has the most (with the condom still intact) wins.
5. After three minutes, ask participants to say how many they were able to fit inside the condoms. Ask: What does this make you think about the size and strength of condoms? Encourage a discussion. Ask: How big did your condom get? What happened as the potatoes/yuangen were placed inside?
6. Ask participants to remove the potatoes/yuangen from the condoms, throw the condoms away, and place the potatoes/yuangen back in the piles.
7. Ask participants to return to their seats and select partners. Pass out new condoms to each pair.
8. Ask participants to open the packets and remove the condoms. Encourage them to stretch and play with their condoms. With the help of their partners, ask participants to place the condoms over their hands (being careful of sharp fingernails). Ask the participants with the condoms to close their eyes, and ask their partners to touch their hands.
9. Ask participants wearing the condoms on their hands:

- Can you feel your partner's hand touching you?
 - How much can you feel through a condom?
10. Now ask the partners to switch roles and repeat steps 7 and 8.
 11. Ask participants to throw away the condoms and return to their seats.
 12. Ask: How does a condom protect against HIV transmission?
 13. After participants discuss, explain that when used properly, condoms stop HIV, some other STIs, and semen from coming into contact with a sex partner's body—preventing infection and pregnancy.
 14. Ask: Where can people get condoms in our community (either to buy or for free)?
 15. Ask participants to spend some time before the next meeting finding places where condoms are sold or given away free of charge. For each place, participants should write down the name of the place, the address, who can get condoms (is there an age limit?), and if there is a limit (for condoms that are free of charge), and be prepared to share the information the next time we talk about condoms.

Key information points

- Condoms are very strong and can become very big.
- No condom is too small for a penis.
- Condoms provide protection against pregnancy and HIV transmission.



38. Condom Use (R7)

Objectives

- To understand the correct order and steps for condom use.
- To be able to use condoms correctly.

Materials and preparation

- Flipchart paper and markers.
- Condoms, enough for one for you and one for every two session participants.
- One soda bottle for every two participants.
- Pieces of paper/cards on which are written the following steps, one per card:
 - Partners talk about condom use.
 - Buy or get condoms.
 - Store the condoms in a cool, dry place.
 - Check the expiry date.
 - The man has an erection.
 - Establish consent and readiness for sex.
 - Open the condom package.
 - Unroll the condom slightly to make sure it will face the correct direction over the penis (so that it can be unrolled).
 - Place condom on the tip of the penis. (If the condom is placed on the penis backward (cannot be unrolled), do not turn the condom around; throw it away and start over with a new one).
 - Squeeze the air out of the tip of the condom and leave a little room at the end.
 - Roll the condom onto the base of the penis, while holding the tip of the condom.
 - The man inserts his penis for intercourse.
 - The man ejaculates.
 - After ejaculation, hold the condom at the base of the penis while still erect.
 - The man carefully removes his penis from his partner, still holding the base of the condom.
 - Take the condom off and tie it to prevent spills.
 - Throw the condom away—never re-use a condom.

Method

1. Begin the session by reminding participants about the previous session. Ask who found a place where condoms are sold or given away free of charge. Make a list of the places, and other relevant information gathered, on flipchart paper, and leave it posted in the room after the session, for everyone to have access to the information if desired.

2. Let the participants know that in this session, we are going to talk about how to properly use a condom.
3. Shuffle the cards so they are out of order. Pass out one card to each participant. (If there are more than 16 participants, they can work in pairs; if there are fewer than 16 participants, some participants can have more than 1 card.)
4. Explain that the steps for correct condom use are written on the cards, but they are out of order. Ask participants to arrange their cards in the correct order. Encourage participants to spend time talking together about the correct order.
5. Once participants have placed the cards in the correct order, demonstrate proper condom use by doing a simulation using a soda bottle as they read the steps aloud. Provide additional information at each step if necessary.
6. Divide participants into pairs and give each pair a condom and a soda bottle. Ask the pairs to take turns demonstrating and explaining how to use the condom correctly.
7. Facilitate a discussion with the following questions:
 - How easy or difficult was it to demonstrate condom use?
 - How do men feel when they get or buy condoms? What about women?
 - What would you say to a friend who said he/she is not comfortable using condoms?
8. Answer any questions participants have.
9. Ask: Where should condoms be stored? Where should condoms not be stored?

Key information points

- Condoms are very effective for preventing pregnancy, HIV, and some other STIs—if they are used correctly every time a couple has sexual intercourse.
- Condoms should never be re-used.
- Condoms should be stored in a cool, dry place.



39. Understanding Culture (V10)

Objectives

- To help participants describe aspects of Yi culture.
- To help participants identify personal decisions and behavior that are determined by Yi culture.

Materials and preparation

- Flipchart paper and markers.

Method

PART 1

1. Seat participants in a circle. Ask any one of them to talk for *two minutes* about five admirable things about Hans. Ask the rest of the participants if they agree with the five things mentioned and whether anyone would like to add to or modify what was said.
2. Ask participants how they can tell a person is a Han and not a Yi. What are the differences between a Han person and a Yi person?

Through questions, direct the discussion so that people look for differences in appearance, attitudes and beliefs, cuisine, lifestyle, religion, skills, social organization, and any others they would like to add. List each category of differences on separate sheets of flipchart paper.

Allow the discussion adequate time to cover many different categories and list many differences by category on the flipchart sheets.

3. Next, focus on a single flipchart topic (food, beliefs, lifestyle, etc.), choosing one that has relatively more points on it. Take each point listed on the flipchart paper as a difference between Hans and Yis, and ask if there is anyone in the room who feels he/she does not share that Yi trait. Through this discussion, develop the point that not all Yis may share the points that are thought to be uniquely Yi.
4. Post the flipchart sheets on the walls around the room and allow participants to walk around the room and read over and review each topic area.
5. Ask participants to help develop a master list of characteristics and traits that are uniquely and universally Yi, and would be shared by everyone in the room. Ensure through provocative questioning that everyone agrees that the final list is unique and universal and shared by everyone in the room.

6. Introduce the word “culture” and negotiate a Yi equivalent. Explain that the combination of universal traits that make a community unique in the way it thinks, lives, eats, interacts, and behaves is called “culture.”

PART 2

1. Ask two participants to role play a situation as a boy and a girl who are very much in love with each other. They want to get married, but the parents do not think it is correct for boys and girls to decide on their own whom they should marry. The parents have chosen other matches. What would the boy and girl do? Ask several different pairs of participants to role play this scene for the larger group and demonstrate how they would deal with it. For each role play pairing, ask the larger group of participants: According to each of the two individuals, what should they do? According to Yi culture, what should they do?
2. Probe whether everyone agrees with what the culture would require of the couple. Ask participants to identify the underlying cultural belief or attitude that requires that behavior.
3. Now ask the group to make a list of other such actions and beliefs that are outside individual choice, and instead, dictated by Yi culture. Capture the points raised on a flipchart.
4. Ask participants if they believe Yi culture has existed unchanged forever. When did Yi culture begin? Who decided what it should be? Which is the oldest belief or practice of Yi culture? Which is the most recent belief or practice of Yi culture?

Key information points

- The combination of universal traits that make a community unique in the ways it thinks, lives, eats, interacts, and behaves is called “culture.”
- Culture is determined by the community and has a powerful influence over community members. Culture pre-determines certain actions and beliefs, and takes them out of individual choice.



40. Yi Culture Helps and Harms (V11)

Objectives

- To help participants analyze useful aspects of Yi culture.
- To help participants analyze situations in which individual Yis might make better decisions than culture dictates about what to do.

Materials and preparation

- Flipchart paper and markers.
- Prepare flipchart papers by writing in large letters at the top of each one a single Yi cultural characteristic or norm (use the Yi cultural characteristics defined by participants in Session 39). Categories covered should include beliefs, attitudes, food, health, lifestyle, and marriage. There should not be more than 20 pieces of flipchart paper (i.e., 20 characteristics).

Method

PART 1

1. Introduce the idea of a “cultural norm.” Explain that a “norm” is a standard of behavior that is expected to be followed by most people. It is different from a rule in that it is a guideline rather than a law.
2. Ask participants which came first, Yi people or the Yi culture. Provoke thinking by asking questions:
 - What were Yi people like before there was a Yi culture?
 - Who decides what the culture of the Yi should be?
 - Do you know of any cultural norm that used to be followed but is not anymore?
 - Is there any cultural norm you follow now that was not followed before?
3. Ask: Under what circumstances does it become necessary to make a cultural norm? Ask for examples. Develop the point that culture responds to human needs. For example, in societies where there are more women than men, sometimes men are allowed to marry more than one woman.
4. Ask: When a norm is made, does it benefit all Yis equally? Ask for examples. Provoke thinking by asking:

- Is a married man or woman affected as much as an unmarried male or female youth by a cultural norm that prescribes how marriages should happen and between whom?
 - Is a man affected as much as a woman by norms that dictate a woman's role in a family?
5. Ask: Who is allowed to make a new cultural norm? What is the process by which a new norm is made? When was the last time a new norm was made? Ask for examples. Do women and men have equal say or authority in the creation or discussion of cultural norms or norms?

PART 2

1. Divide participants into groups of three participants each. Give each group a piece of flipchart paper on which is written a cultural norm, and give them five minutes to reflect upon the norm using the following guiding questions:
 - Why does this norm exist? Who made it?
 - Whom does it help? Whom does it hinder?
 - How does Yi society benefit as a whole from this norm?
 - Are any sections or individuals of Yi society harmed by this norm? Who and how?
 - Under what circumstances is it likely that this norm would be changed?
2. Based on their discussions, ask each group to decide whether they consider the norm harmful overall or beneficial overall. Post two signs, one that reads "Harms" and another that reads "Benefits." Give a few minutes for each group to present its points for or against the norm. Post the norm under the appropriate sign—"Harms" or "Benefits."
3. Conduct steps 5 and 6 using different norms from your list until the session is over. If any more cultural points remain to be discussed, continue the session the next time you meet.

Key information points

- A cultural norm is a guideline that most people are generally expected to follow.
- People make their culture in response to their society's needs and preferences.
- Sometimes a cultural norm remains even though the reason it was made is not valid anymore.
- Not all norms benefit all members of a community equally.
- A norm that benefits many more people than it harms is generally useful to retain.



41. Tuberculosis (D12)

Objectives

- To help participants recognize tuberculosis (TB) symptoms, risk, and transmission routes.
- To know the measures to treat TB disease.
- To understand that TB can be cured.
- To understand the importance of taking all medicine for the total amount of time required.
- To understand that anyone can become infected with TB, and of those infected, anyone can develop TB disease.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: What are common illnesses in our community? Allow participants to discuss. They should mention TB, but if they do not, introduce it.
2. Ask: What is TB? What is the word for “tuberculosis” in the Yi language? Allow participants to discuss.
3. Explain that TB is a bacterial disease caused by germs that can settle anywhere in the body but most commonly infect the lungs.
4. Ask: What are signs of TB? Participants should mention:
 - A bad cough that lasts two weeks or longer.
 - Weight loss.
 - Coughing up blood or mucus.
 - Weakness or fatigue.
 - Fever and chills.
 - Night sweats.
5. Ask: How does TB spread from one person to another? Allow participants to discuss.

6. Explain that you will read off the possible ways people become infected with TB. After each possibility, if they think TB is caused this way, they should stand. If they think TB is not caused by this, they should remain seated. Do not give answers yet.
 - Crowded places
 - Sharing utensils, food, or water
 - Malnutrition
 - Pollution
 - Exposure to cold air
 - Dust
 - Hereditary
7. Ask participants to explain why they are standing or seated.
8. Ask: Are there any other ways that you have heard that TB can be spread? Allow participants to share other ways. Ask other participants if they agree or not.
9. Explain that when a person with TB disease coughs, spits, or sneezes without covering his/her mouth, people nearby can breathe in the air and the germs. When the germs get into the body, they can infect the lungs or other parts of the body. The germs can remain in the air for long periods of time. Direct sunlight kills TB germs in five minutes, but they can survive in the dark for a long time. This is why people usually become infected inside buildings or homes.
10. Explain that TB is one of the most common infections in the world. Many people are infected with TB. There is a difference between being infected with TB and being sick with TB. Most people with a TB infection who have a healthy immune system will never become sick with TB.
11. Ask: If one of the ways that TB spreads is through the air, why do only some people become sick with TB disease? Allow participants to share their views.
12. Explain that when people with TB infection become sick with TB, it is called TB disease. TB disease develops when the immune system can no longer fight the TB germs and the TB germs begin to grow quickly. When this happens, people start to have symptoms. The risk that a TB infection will become a TB disease is higher for people with HIV infection or other conditions that weaken the immune system, such as being malnourished or undernourished or for the elderly and young children.
13. Explain that it is important for people with TB-like symptoms to go to a health facility as soon as possible to find out if they have TB disease. At the facility, a doctor will take a sputum sample and examine it under a microscope. Sputum is the mucus and saliva that comes up when a person coughs. Doctors may also do other tests, such as an x-ray of the chest/lungs. The only way to know if a person has TB disease is through a sputum test in a laboratory. People should not go to a chemist and buy medicine. Cough medicines do not cure TB. TB diagnosis and treatment is FREE at government facilities. TB can be cured.
14. Explain that when someone has gone to the doctor and learned that he/she is sick with TB, the most important thing is to take all of the medicine. Remember, people will get well only if they take all their medicine for the entire time, exactly as a doctor or nurse recommends. After taking medicine for about two or three weeks, people may no longer be able to spread TB bacteria to others.

15. Explain why taking all of the TB medicine is important: TB bacteria die very slowly. It takes at least six months for the medicine to kill all the TB bacteria in the body. People often start feeling well after only a few weeks of treatment. It is important that people do not stop taking their medicine when they feel better. The TB bacteria are still alive in the body. People receiving treatment for TB must continue to take all the TB medicine until all the TB bacteria are dead, even if they feel better and have no more TB symptoms. If not, the TB bacteria will grow and people can remain sick much longer. The bacteria may also become resistant to the medicines, and the medicines will no longer work. If the TB is resistant, people may need new, different medicines to kill the TB bacteria. These new medicines must be taken for a longer time and usually have more serious side effects.
16. Remember, TB is spread through the air. People cannot become infected with TB bacteria through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.
17. The government provides free diagnosis and treatment for TB. Usually, TB patients do not need a hospital stay. You may be able to take your medicine in the home with support from a nurse or community health worker. If they follow their doctor's advice and take all of their medicine as prescribed, 90 percent of TB patients can be cured. It is important for patients to be confident in their capacity to become healthy and be able to follow the treatment.
18. Brainstorm: Where can we find free TB diagnosis and treatment in our community?
19. Ask for two volunteers to role play the following scenario in front of the group:

Two friends are talking, one is complaining about a cough that will not go away; sometimes she even coughs up blood. The other shares information, gives advice, and tries to convince her to go to the health center. Based on this conversation, the friend with a cough should make a decision about what she will do.
20. After the role play, ask participants the following questions:
 - Do you agree with what the advice that was given?
 - Would you have done anything differently?
 - Is what happened similar to what would happen in real life?
 - How will the decisions the actors made influence their lives?
21. Ask for another set of volunteers to act out another situation: Two friends are talking, and one friend says that she has TB disease and has to start treatment. The other one talks with him/her about what that means and is supportive.
22. After they have finished, facilitate a discussion about this role play using the questions above and comparing it to the one before.
23. Summarize the role plays and ask participants to talk about how they relate to issues in their community.

Key information points

- TB is spread through the air from one person to another.
- Anyone can become infected with TB.

- There is a difference between being infected with TB and being sick with TB. When people with TB infection become sick with TB, it is called TB disease. TB disease develops when the immune system can no longer fight the TB germs, and the TB germs begin to grow quickly in the body.
- TB can be cured if people follow their doctors' instructions and take all of their medicine for the total amount of time, as prescribed by a doctor. It is important to go for testing early.
- The government provides free diagnosis and treatment for TB. People with TB symptoms (cough for more than two weeks, etc.) should go to a health facility for diagnosis. Cough medicines will not treat TB.
- Care should be given to people who have TB, without stigma or discrimination.



42. Preventing Pregnancy (R8)

Objectives

- To be able to define contraception.
- To list and describe different contraceptive methods.
- To explain the advantages of family planning for women, children, families, and society.

Materials and preparation

- Flipchart paper and markers.
- Small pieces of paper on which participants can write down questions.
- Pens/pencils for participants.
- Invite a local nurse/service provider/health worker from the family planning clinic (who is comfortable talking with young people) to present and share information on contraceptive methods.

Method

1. Read the following story: A 17-year-old, unmarried girl living in Chengdu has just found out she is pregnant. She was very surprised to learn she was pregnant. Even though she and her boyfriend had recently started having sex, she did not think she would become pregnant. They were not using any method to prevent pregnancy because she was embarrassed to go to a family planning clinic. Her boyfriend told her that there was nothing to worry about. A friend had told her that if she cleansed her vagina after having sex, it could prevent pregnancy. Although Mahai likes children, she does not feel ready to be a mother and was hoping to wait until she was older and married until she had a baby.
2. Facilitate a discussion by asking:
 - How do you think the girl feels?
 - What would her parents think if they found out she was pregnant?
 - What would her friends think if they knew?
 - What will she do?
 - What will her life be like now?
3. Ask: How could she have avoided becoming pregnant? Encourage participants to share ideas and write them down on a flipchart sheet.

4. Ask: What is contraception? Encourage participants to share their thoughts. They should mention:
 - Contraception means preventing pregnancy.
 - A contraceptive is a drug, device, or method that prevents pregnancy when a man and woman have sexual intercourse.
 - There are many different contraceptive methods.
 - Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman will not be able to become pregnant in the future.
5. Ask: What are methods of contraception that you have heard about? Write down participants' responses on a flipchart sheet for further discussion.
 - Condoms (male and female)
 - Emergency contraception
 - Female sterilization (tubal ligation)
 - Implants (Norplant)
 - Injections (Depo Provera)
 - Intrauterine devices
 - Lactational amenorrhea method
 - Male sterilization (vasectomy)
 - Natural family planning or periodic abstinence or fertility awareness
 - Oral contraceptives (pills)
 - Spermicidal foams, creams, and jelly
 - Withdrawal
6. Introduce the nurse. Have her show the different contraceptive methods. For each method, ask the following questions (if a nurse is not available, facilitate a discussion yourself):
 - How is this method used?
 - How well does it work at preventing pregnancy?
 - Does it have any side effects?
 - What are the advantages and disadvantages of this method?
 - What are your fears about this method?
 - What are some of the beliefs and myths about this method?
 - Where can we get this method?

- Do you have to visit a doctor or health facility to get this method?
 - Are there certain women or men who should not use this method?
7. Have the nurse correct any information that may be stated incorrectly, and add additional information as appropriate.
 8. Encourage the participants to ask questions. If they are hesitant, ask them to write questions on small pieces of paper, collect them, and have the nurse answer them.
 9. Ask: Why is it important to know about contraceptive methods even for people who are not sexually active?
 10. Explain that knowing about contraceptive options helps people be prepared for when they do become sexually active. Contraceptives allow people to plan their families—when they will have children and how many children they will have. Contraceptives allow choice, not chance, to determine the number and spacing of children.
 11. Ask participants to think about the advantages of deciding when to have children and how many children to have.
 12. Ask participants to quickly brainstorm the answers to each of the following questions:
 - What are the advantages of planning a family for a woman? Examples: Remaining healthy and less tired, caring for and giving attention to other child/children, more time to spend with husband, more time to work outside the home, more time to spend on her interests.
 - What are the advantages of planning a family for a baby? Examples: Receiving more love and attention from parents; better fed, clothed, and housed; healthier; better future.
 - What are the advantages of planning a family for a family? Examples: More food and resources for the family, more opportunities to spend time together.
 - What are the advantages of planning a family for a society/country? Examples: Less demand for natural resources and services, prevents overcrowding, better educated workforce.
 13. At the end of the session, ask participants to bring in photographs or illustrations from newspapers or magazines. Each participant should bring in two photos or illustrations from three different categories—showing only men, showing only women, or showing both men and women, in traditional and nontraditional roles—for a total of six. The people can be any age.

Key information points

- Contraception means preventing pregnancy. A contraceptive is a drug, device, or method that prevents pregnancy when a man and woman have sexual intercourse.
- Family planning means planning when to have children and how many children to have.



43. Gender Roles (V12)

Objectives

- To introduce the idea of sex versus gender.
- To understand the difference between sex roles and gender roles.

Materials and preparation

- Flipchart paper and markers.
- Photographs and illustrations as described in the previous session: Two photographs or illustrations from each of three categories—showing only men, only women, or both men and women (of any age, in traditional and nontraditional roles)—provided by each participant, from newspapers or magazines.
- The facilitator should have on hand at least ten photographs and illustrations as described above, for any participants who forgot to bring in their own.
- Small pieces of paper, tape, pens.

Method

1. Ask each participant to write on a piece of paper one thing that women can do that men cannot do. Emphasize that we are talking about things people can do, not things that are more common to one sex than the other. Collect the pieces of paper and put them aside.
2. Ask each participant to write on a piece of paper one thing that men can do that women cannot do. Collect the pieces of paper and put them aside in a separate pile.
3. Divide a sheet of flipchart paper into three columns with the following headings: “What men can do,” “What women can do,” and “What both can do.”
4. Select the pile of responses for things that only men can do. Read each response aloud one at a time and tape the pieces of paper in the corresponding column.
5. Select the pile of responses for things that only women can do. Read each response aloud one at a time and tape the pieces of paper in the corresponding column.
6. Ask participants to review the lists under the “women” and “men” columns. Do they agree with all of the classifications? Is there anything in the “What men can do” column that women are also able to do?
7. If not everyone agrees to the chart as is, ask for volunteers to move responses to the third column, and explain why those things can be done by both men and women. Allow plenty of

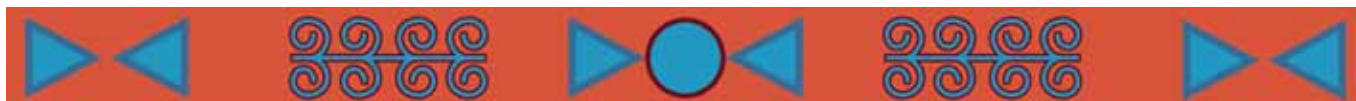
time for reflection and discussion. In the end, only the biological differences between men and women should be left under the first two columns.

8. Explain that these biological differences are called sex roles. Each person is born with either a girl's body or a boy's body. These physical differences determine a person's sex. For example:
 - Type of genital organs (penis, testicles, vagina, uterus).
 - Type of predominant hormones circulating in the body.
 - Ability to produce sperm or eggs.
 - Ability to give birth and breastfeed children.
9. Shift the attention to the items that were put in the "both" column. Explain to the participants that these may be stereotypes or gender roles. Emphasize that gender roles are created by society; and therefore, they vary from society to society. They also change over time, as society and culture change, whereas biological sex roles do not change over time. For example:
 - A common gender role assigned to men is that they are good at sports, while it is commonly believed that women should not play sports. However, not all men are good at sports, and many women are good at sports.
 - "Women do housework" is another common gender role in many cultures. Men and women, however, are equally capable of taking care of a home.
 - Explain that gender describes the ideas and expectations people have about men and women. These include ideas about what qualities and abilities are considered feminine and masculine, and expectations about how men and women should behave in different situations. A person's gender is complicated, and is made up of roles, duties, appearance, speech, movement, and more. Ideas about gender are learned from family, friends, teachers, community leaders, advertisements, the media, and opinion leaders.
10. Collect all of the pictures participants brought in. Divide participants into groups of three or four. Pass out two pictures to each group. Ask each group to discuss their pictures by answering the following questions (write these questions on a flipchart sheet and display it):
 - What do you think about the picture?
 - What are the females doing? What are the males doing?
 - What are words to describe the females? What are words to describe the males?
11. After ten minutes, bring participants back together. Ask each group to share their pictures with the other participants and to talk about what they noticed about the females and males in the pictures. Encourage everyone to think about how society expects males and females to act. Ask: Based on these images, what are common beliefs about what women/girls can do? What are common beliefs about how women/girls should behave? Note responses on a flipchart sheet.
12. After many participants have responded, review the list and the images. Facilitate a discussion with the following questions:
 - Based on the materials, what are some of the common characteristics of males?
 - What are common characteristics of females?

- Which of these characteristics do you think are realistic? Which are not realistic?
 - What do these images suggest girls and women can do? Cannot do?
 - How can these beliefs and images affect how girls feel about themselves?
 - How are you similar to the pictures? How are you different?
13. Remind the group that society creates these expectations and beliefs about males and females. Ask: What are expectations about being a girl that you like? Are there any expectations about being a girl/woman that you would like to change? Encourage everyone to participate.
14. Ask each girl to name one woman they admire and why.
15. Before ending the session, remind participants to bring in their food diaries for the next session.

Key information points

- “Sex” is the physical/biological characteristics that identify a person as male or female.
- “Gender” is the ideas and expectations people, communities, and cultures have about men and women. Gender includes ideas about how men and women should behave, look, feel, and think.



44. Healthy Eating (N5)

Objectives

- To explore how participants can improve their eating habits.
- To identify healthy foods currently in their diets.

Materials and preparation

- Flipchart paper and markers.
- One week before the session, ask participants to keep a food diary. They should write down everything they eat and drink each day for three days.

Day 1	Day 2	Day 3
<u>Meal 1</u>	<u>Meal 1</u>	<u>Meal 1</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
 <u>Meal 2</u>	 <u>Meal 2</u>	 <u>Meal 2</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
 <u>Snack</u>	 <u>Snack</u>	 <u>Snack</u>
<i>Food eaten</i>	<i>Food eaten</i>	<i>Food eaten</i>
<i>Where</i>	<i>Where</i>	<i>Where</i>
<i>When</i>	<i>When</i>	<i>When</i>
<i>etc.</i>	<i>etc.</i>	<i>etc.</i>

Method

1. Ask: Why is what we eat important? How does the food we eat affect us? Remind participants of previous sessions around food.
2. Review that the kind of food we eat affects our health in many ways. It gives us energy, keeps us strong, and helps our bodies to function properly and fight infections.
3. Ask participants to think about the session when we organized food into groups. Review: How many different food groups are there? Participants should mention the following based on previous sessions:
 - Cereals: Examples include rice, wheat, buckwheat, maize. These foods provide energy for the body and help the brain to function.
 - Vegetables and fruits: Examples include cabbage, leafy greens, tomatoes, yuangen, carrots, yams, potatoes, sweet potatoes, and apples. These foods help keep the body healthy and protect it from infections and disease. These foods are often brightly colored.
 - Meat, eggs, and fish: Examples include chicken, eggs, pork, mutton, beef, and fish. These foods contain protein for cell repair and growth, help build strong bones and muscles, and help to fight infection and repair the body.
 - Milk, soy and other legumes, and their products: Examples include tofu, legumes, lentils, and walnuts. Milk foods help build strong bones, and legumes and nuts help to build strong muscles and have other health benefits.
4. Explain that it is good to eat a variety of foods every day.
5. Review that just like there are foods that we should eat, there are foods that we should avoid or eat in small amounts. Which foods should we avoid? Why should we avoid them? Allow participants to respond and discuss. Ensure the following points are raised:
 - Fat should be eaten in small amounts. Eating a lot of fatty food is not good for your heart and overall health.
 - Sugary foods or sugar that is added to foods should be eaten in small amounts. There are no health benefits to sugar.
 - Alcohol should be consumed in small amounts by adults. More than one drink a day has no health benefit for adults.
6. Ask participants to bring out their food diaries, and have them talk about the experience of writing down what they ate. Was it difficult to remember? Was there anything they noticed about their eating habits? Encourage participants to share their thoughts and experiences.
7. Ask participants to share examples from their food diaries of foods they ate for each food group.
 - Cereals
 - Vegetables and fruits
 - Meat, eggs, and fish
 - Milk, soy, and other legumes and their products

8. Ask participants to look at Day 1 in their diaries, and ask them the following questions:
 - Did you eat food from the cereals group? What did you eat? How many times did you eat something from this group? Give yourself one point for every food from this group.
 - Did you eat food from the vegetables and fruits group? What did you eat? How many times did you eat something from this group? Give yourself one point for every food from this group.
 - Did you eat food from the meat, eggs, and fish group? What did you eat? How many times did you eat something from this group? Give yourself one point for every food from this group.
 - Did you eat food from the milk, soy, and other legumes group? What did you eat? How many times did you eat something from this group? Give yourself one point for every food from this group.
 - Did you eat any fried food? Subtract one point for every meal of fried food you ate.
 - Did you eat any sugary foods/sweets? Subtract one point for every sugary/sweet food you ate.
9. Repeat this exercise for Days 2 and 3.
10. Divide participants into groups of four and assign each group a number. Ask participants to share their scores with their small group members. Ask them to talk about how they eat and whether or not they think they are eating healthy, and why. Ask them to talk about changes they could make to eat healthier. Ask them to come up with three changes they will make as a group in how they eat over the next week; for example, eating more vegetables and fewer sweets. Write these three changes on a flipchart sheet, and list the names of the group members (since they will refer to their lists in an upcoming session). Be sure to save these flipchart sheets for Session 51, and present each group's proposed changes to the entire group. Correct any proposed changes that are not healthy, and help the group to think of alternatives.
11. Explain that they will keep food diaries for three more days, this time trying to eat as healthy as possible. Let them know when they need to be prepared to bring in their completed food diaries.

Key information points

- There are four food groups: cereals; vegetables and fruits; meat, eggs, and fish; and milk, soy and other legumes, and their products.
- It is important to eat a variety of food from each of the different food groups.
- Fried, fatty, and foods with a lot of added sugar should be eaten in small amounts.



45. Privacy (R9)

Objectives

- To gain an understanding of privacy, private parts, and rights over ones own body.
- To be able to define sexual abuse, incest, and marital rape.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants to think back to when they were babies.
 - Who were the people who touched the babies' bodies the most? (Note: The usual answer will be mother and sometimes father.)
 - Were there any parts of your body your mother did not touch? (Note: As the child is helpless, and the mother is responsible for its health and hygiene, the mother may touch any part of the infant's body. The facilitator will make the point that there are no parts of an infant's body that its mother or caretaker may not touch.)
 - Your mother used to wash you after you had done your potty. Would it have been acceptable if the local shopkeeper did this job? (Note: Make the point that though a child seems to have no defenses against being touched anywhere, usually it is only a handful of people who have this right.)
2. Ask them to imagine themselves at the age of ten. Ask them the following questions:
 - Did your mother still wash you after you did your potty? What would you feel if anyone else cleaned you after you did potty?
 - Who was allowed to give you a bath?
 - Who was allowed to put their fingers into your mouth? (Note: A doctor or nurse is allowed to do this, or a parent could, in a time of ill health.)
 - Who could kiss you on your lips? (Note: The answer to this at age ten will tend to be "No one.")
3. Now ask them to imagine that they are at age 18. Ask a male and a female to step forward, and tell them that they have just known each other for a week but are friendly with each other. Ask the female which parts of her body she would consider "private"—or out of bounds—as far the male is concerned. Do this by referring to each part separately and asking, "Public or private?"

On a flipchart sheet, list the parts that are public and those that are private in two separate columns.

4. Now ask the male which parts of his body are “private”—or out of bounds—as far as the female is concerned. Do this by referring to each part separately and asking, “Public or private?” On the flipchart sheet, list the parts that are public and those that are private in the appropriate columns, alongside the previous list.
5. Draw the group’s attention to the fact that although the two people are the same age, their sense of personal privacy need not be the same. Some people do not like being touched anywhere. Some people love touching and being touched.
6. Point out that as the two become closer, fewer and fewer parts of the body will be private. A man and a woman who are in love may touch each other almost anywhere. Ask: Which parts of each other’s bodies may not be touched even by a man and a woman who are in love and enjoying sexual relations?

Note: Use this opportunity to bring up the subject of location. May a man touch his wife’s buttocks in the privacy of their bedroom, and may she touch his? Is it the same if the action takes place in a marketplace? In such a case, he may violate her dignity, which can be a serious offense. Similarly, a woman may touch a man’s penis when they are in a private place. However, if she does the same at a dinner party, it will be considered offensive and degrading behavior.

7. Now bring out three aspects of privacy: equality, mutual respect, and choice.
 - It is every Yi person’s right to demand equality in all relationships where sexual intimacy is involved. This means that one person may not have greater choice than the other, or demand more respect for his/her needs than the other.
 - It is every Yi person’s right to demand mutual respect as well as independence of choice in all relationships where sexual intimacy is involved.
 - It is every Yi person’s right to choose who may touch him/her.
 - It is every Yi person’s right to choose where they may be touched, by whom, and when.
 - If any of these four conditions are not met, then the Yi person may be in a sexually abusive situation.
8. Ask: Is it normal to have sexual relations with a member of your family? As an example, ask: Is it acceptable for an uncle to have sexual intercourse with his niece? Reason it out for the participants and show how the four principles above may be used to understand this:
 - Is it the niece’s choice that her uncle should have sexual relations with her?
 - Is it the niece’s choice that her uncle may touch her private parts?
 - Is it a relationship with mutual respect?
 - Is there equality in the relationship?
9. The facilitator will introduce the word “incest,” and explain that it refers to an act of sexual abuse in which a person who is related by blood to the Yi person enters into sexual relations with the Yi person. The facilitator will introduce the phrase “sexual abuse” and explain that it refers to any situation in which one person forces a Yi person to have sexual relations with

him/her. Because of one person's position in the family/community, he/she may be able to pressure the other person into doing sexual things without actually having to use force. Even when a husband forces or pressures his wife to have sexual intercourse with him when she does not wish to, it is an act of sexual abuse, and may be seen as marital rape. Both incest and sexual abuse are violations of the rights of a Yi person. Both acts are punishable if they are reported. Incest and sexual abuse can both cause deep psychological and even physical damage. Emphasise also that people who experience sexual violence or other violations of physical privacy are not responsible for the violence committed against them.

10. To sum up the session, invite the participants to ask questions and share their own observations. Trigger questions include:

- Is incest common among the Yi?
- Is sexual abuse common among the Yi?
- Is it sexual abuse if a person pays a sex worker to have sexual relations?
- What steps can a Yi person take against sexual abuse or incest?

Key information points

- Different parts of your body are private at different stages of life.
- Which parts of your body you treat as private depend on who you are with, how close the relationship is, and where you are.
- The three aspects of privacy are equality, mutual respect, and choice. These govern who may touch a person where and when and how.
- If any of these aspects of privacy are violated, then it may be a situation of sexual abuse.
- Incest is a kind of abuse in which a blood relative forces a less powerful relative into a sexual relationship.
- People who experience sexual violence or other violations of physical privacy are not responsible for the violence committed against them.



46. Rights (V13)

Objectives

- To explore what participants understand by rights.
- To help participants become comfortable with standing up for their rights.

Materials and preparation

- Flipchart paper and markers.
- Many small pieces of paper (enough for three per participant), tape, pens.
- A4 sheets of paper, on which the following are written, one on each sheet: “Health,” “Education,” “Decision-Making,” “Employment,” “Credit,” “Marriage,” “Inheritance,” “Property Ownership,” “Voting,” “Child Custody,” “Community.”

Method

1. Write the word “Rights” on a flipchart sheet. Ask participants to describe what is meant by the word “rights.” Ask the participants to share examples of the use of the word “rights” from their own experiences.
2. When it appears the group has a common understanding of what is meant by the word “rights,” facilitate a discussion by asking the participants:
 - Where do we get our rights?
 - Who gives them to us?
 - Can they be taken away?
3. Encourage a wide range of viewpoints and ask follow-up questions that expand the discussion.
4. Give each participant three small pieces of paper and a pen. Ask participants to think about the rights of women in their own community. What rights do women have or should they have? Ask each participant to choose three of his/her ideas and write one on each piece of paper. Ask them to use no more than four words to describe each idea.
5. When all the participants have finished writing, ask them to pass their papers to you. Shuffle the pieces of paper and redistribute three pieces of paper to each participant (so participants do not have their own papers).
6. Tape to the wall the pieces of paper with the headings “Health,” “Education,” “Decision-Making,” “Employment,” “Credit,” “Marriage,” “Inheritance,” “Property Ownership,” “Voting,” “Child Custody,” and “Community.”

7. Ask participants to read their papers, one at a time, and pass them to you. After each participant reads his/her ideas, tape them on the wall underneath the appropriate headings.
8. When everyone has read their papers, you should have several clusters of papers on the wall. Ask the participants to spend a few minutes looking at the clusters of rights. As they are thinking about the ideas, invite them to add additional rights to the appropriate clusters if they feel an important right is missing.
9. Discuss the rights the participants have suggested:
 - Which group has the most papers under it? Are the groups with the most papers the topics that are most important for women?
 - Do you feel like you have all of the rights on the wall? Why or why not?
 - What rights are most important to you now?
 - Are there laws in place that help ensure these rights?
10. Ask: Do women and men have the same rights? Explain that China ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1980. This set standards for treating women equally with men in all areas of life.
11. Ask: Even though by law, men and women and girls and boys have the same rights, do you feel like this is true? At home? In the community? Why or why not?
12. Ask: What rights do you have when it comes to making decisions about your life and your future? Ask questions about each category on the wall. (Participants should mention that for health, they have the right to say no to sex, to protect themselves during sex, and to know where to go for medical help if unsafe sex happens. For marriage, they have the right to a loving marriage with a partner of their choice. For community, women have the right to participate in civil society and do something good in their communities. For employment, they have the right to decide to migrate for factory work or to stay at home to do agricultural work, etc.)
13. Ask: Does anyone have an example of a time when they felt like their rights were violated? Encourage participants to share stories. If they are not comfortable sharing, ask them to share stories of people they know. Note these examples on a flipchart sheet.
14. Ask: What can we do when we feel our rights are being violated?
15. Divide participants into pairs, and ask them to select one of the examples noted on the flipchart sheet and role play what they would do if they felt their rights were violated in that way. One person should be the person whose rights are being violated; the other person should be the person who is violating his/her rights.
16. After ten minutes, ask for one or two sets of volunteers to perform their role play(s) in front of the whole group.
17. After each role play, facilitate a discussion with the following questions:
 - Is what happened common in our community?
 - Do you agree with what the character decided to do? Why or why not?
 - Would you have done anything differently? What?

- How would this decision influence the characters' lives?

Key information points

- Each person has the right to make decisions about his/her life and future.
- The law gives women the same rights as men.



47. Decision-Making 2 (V14)

Objectives

- To review factors in decision-making.
- To build on Decision-Making 1 (Session 18) and practice more complicated decision-making.

Materials and preparation

- Flipchart paper and markers.
- Four index cards on which are written complex decision-making scenarios:

Scenario #1: You are at a party at a friend's house. Some other friends of yours are there, including a girl/boy to whom you are attracted. Later in the evening, your friends start to pair off, and you find yourself alone with the person to whom you are attracted. You start talking and then dancing together. He/she is telling you that he/she has liked you for a long time and is glad for the chance to get to know you better. He/she is pushing his/her body really close to yours and starts to move his/her hands all over your back. You are not comfortable with the situation but don't want to hurt his/her feelings. What do you do?

Scenario #2: You and your friends are out on Saturday night, and a girl you really like arrives. She is very dressed up and looks really sexy. You ask her to dance and realize she can really move, especially during the slow dance, when she keeps moving her hands all over your shoulders and back. You think she's giving you all the signals—the eyes, the smile, the laugh, the touching—so you ask her to step outside with you for some fresh air. Outside, you start kissing and fooling around, so you figure she must be as turned on as you are and also ready to have sex. When you lay her down on the grass, she pulls back a bit, but you know that you don't have much time—one of your friends might notice you're gone and come looking for you. She continues to say, "No," "Don't," and "Wait," but you know that's part of the game and she just doesn't want you to think she's a fast girl. What is your next move?

Scenario #3: You have been dating a boy/girl for some time, and even though you haven't yet had sex, you both are really enjoying each other's company. You ask your boyfriend/girlfriend what he/she thinks about taking the relationship "to the next level,"—that is, having sex. He/she says it's too early and that he/she is not yet comfortable with becoming intimate. You both discuss the issue together and decide to wait. Some time later, your friends at school ask whether you and your partner have had sex. When you reply, "No," they all make fun of you and your boyfriend/girlfriend. What do you do?

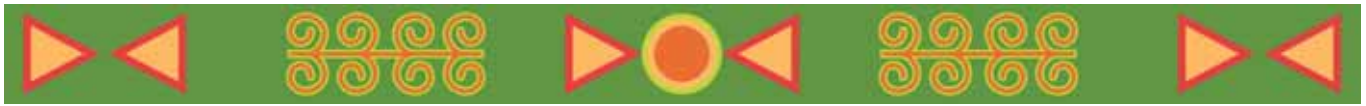
Scenario #4: You are in a new relationship with a girl/boy and all she/he wants is to spend time with you. She/he is really nice and you enjoy being with her/him, but you miss spending time with your other friends. When you tried telling her/him that the two of you need to spend time with other people, she/he accused you of wanting to sleep around. What do you do?

Method

1. Review the steps of decision-making from Session 18, outlined below:
 - Define the problem or challenge you are facing.
 - Explore the choices you have.
 - Choose one of the above choices.
 - Identify the consequences of this choice.
 - Act out the choice you made.
 - Evaluate your decision and determine if it was a good one. If not, make another choice and repeat the process.
2. Ask volunteers to split into groups of three or four people each and to designate one group member as the secretary. Meanwhile, lay the index cards, written side down, on the table at the front of the room.
3. Ask each group to review the decision-making process together before coming to the front of the room to select an index card.
4. Instruct the groups that they have about 20 minutes to make decisions about the situations outlined on their cards. Encourage each group to carefully think about the situation before going through each step of the decision-making process. The secretary should document the group's thought process.
5. Ask each group's secretary to share his/her group's scenario, thought process, and final decision with the class.
6. Encourage questions and comments from the other participants at the end of each group's presentation.
7. Ask participants to summarize lessons learned from the decision-making session. Record the lessons on flipchart paper as they are mentioned by participants.

Key information points

- For all decisions, we need to know what challenge we are facing, what choices we have, and what the potential consequences are for those choices.
- Results of any decision may be unexpected, but going through the steps of the decision-making process results in an informed decision, which is most likely to yield positive results.



48. Immune Game (B7)

Objective

- To understand the process of HIV infection through a role playing simulation.

Materials and preparation

- Flipchart paper and markers.
- Four to six sets of index cards (depending on the number of participants) that read “HIV,” “HIV Antibody,” “Lymph Gland,” “Helper T4 Cell” (one item on each card).

Methods

This game has six steps:

1. Setting up
 2. Selecting the players
 3. Rehearsing the players
 4. Enacting the infection process
 5. Freezing and reviewing the action
 6. Discussion and questions
1. Setting up: Explain the following:
 - The room in which the session is being held represents a small blood vessel within the vaginal walls. Make sure everyone understands what a blood vessel is.
 - The environment outside the room represents the vagina.
 - Discuss how the vaginal wall is affected by the friction of sexual intercourse: There will be cuts and abrasions. Will they all be visible? No. The smallest cut can be as small as a few nanometers.
 - How big must a cut be for HIV to get through?
 - Participants will recall the size of HIV (around 100 to 125 nanometers). Point out that a cut as small as 101 nanometers is sufficient to let in HIV.

- Choose an open door in the room, and define it as a small cut in the vaginal wall. When the door is closed, the vaginal wall is intact. When the door is open, it means that there is a cut, and HIV can enter the body.

2. Selecting the players:

- Ask for volunteers to play the roles of HIV, HIV Antibodies, Lymph Glands, and Helper T4 Cells. There should be a minimum of four to six volunteers for each role.
- Hand out the name placards, and instruct players to wear them around their necks.

3. Rehearsing the players:

- Ask participants to develop unique and interesting movements for each role as described below:

Helper T4 Cells

- These cells should move briskly all over the place, with their hands on their foreheads like visors, as though searching for outsiders. Occasionally, one of them should open the door and go outside, representing the fact that Helper T4 Cells are not found only in the blood, but all over the body, including on the surface (skin, eyes, nose, etc.).
- Whenever a Helper T4 Cell is able to clearly read the HIV placard on a player, it should raise an alarm by shouting, “Danger!! Danger!!” as loudly as possible.
- Once a Helper T4 Cell is caught by HIV, it will lose the ability to shout, “Danger!”

HIV

- HIV will wait outside the door that represents a cut in the vaginal wall. Whenever the door opens, indicating that a cut has been caused in the vaginal wall, a single HIV should charge in at high speed. The HIV should move quickly from point to point, like a thief. It should move in short bursts, pausing from time to time and looking around.
- The HIV should sneak up on a Helper T4 Cell, and attempt to grab its shoulders from behind.

Lymph Glands

- These players should stand in a row near the back of the hall. Standing behind each Lymph Gland should be a number of HIV Antibodies. Each time the Lymph Gland hears the shout, “Danger!” it should release one HIV Antibody into the room.

HIV Antibody

- HIV Antibodies will march with energy, speed, and power, like soldiers. Their objective is to find HIVs. As soon as an HIV Antibody finds an HIV, it should grip its hands, thus paralyzing it.

4. Enacting the infection process:

- Have the players rehearse their movements in groups once or twice.
- When you feel they are somewhat comfortable, conduct a full-scale enactment featuring all the players together. The facilitator’s position will be near the door, opening and shutting it

quickly from time to time, to let HIV enter into the action or to let out a Helper T4 Cell. When a Helper T4 Cell goes out, it will return with an HIV on its back.

- Repeat the enactment a couple of times, asking for greater energy and enthusiasm until everyone is well engaged. At a suitable point, shout, “Stop!” and ask everyone to stop where they are.

5. Reviewing the action:

- Go around the room and count the number of HIVs and Helper T4 Cells that are still single; the number of HIVs that have caught Helper T4 Cells by the shoulders; and the number of HIV Antibodies that have successfully immobilized HIVs.

6. Discussion and questions:

- Explain that just like in the game, in the case of a real infection, the same four conditions are likely to occur in the blood at any point soon after infection:
 - Some HIVs will have infected some Helper T4 Cells. These cells will continue to look normal from the outside, but one day will turn into factories for manufacturing HIV.
 - Some HIVs will have been immobilized by HIV Antibodies. These HIVs are effectively dead, and cannot infect anything anymore.
 - Most Helper T4 Cells will be uninfected and doing their duties as they should.
 - Many HIVs will be in the blood, looking for Helper T4 Cells to invade.

Key information point

- When HIV enters the body, the immune system responds with HIV antibodies and Helper T4 cells to fight off infection.



49. Assertiveness (V15)

Objectives

- To understand the differences between being passive, aggressive, and assertive.
- To be able to express feelings and desires in an assertive way.

Materials and preparation

- Flipchart paper and markers.
- Set up chairs in theater-style seating (with several rows facing one direction), and place one chair in the front, facing all the others.
- Ask for a volunteer to help you enact the three scenes in steps 2 through 4 below. Explain to the volunteer before the session begins how you would like her to help you.

Method

1. Explain that you are going to act out three different scenes, and you would like participants to watch.
2. Ask the volunteer to sit in the chair in the front of the others. Walk over to her and say very loudly in a mean tone, “Get out of that seat and move to the back of the room! I am the leader, and I need to sit in the front!”
3. After the volunteer gets up, ask her to come back and sit in the chair for the next scene. Then, say to the volunteer sadly and quietly, “I am so tired. I’ve been standing on my feet all day and they are starting to get sore. I wish there were somewhere for me to sit.” (The volunteer should offer to get up.)
4. After the volunteer gets up, ask her to come back and sit in the chair for the final scene. Then, say to the volunteer in a normal voice, while looking at her, “I would like to use that seat. Would you mind sitting in another seat so I can sit in front of the group and facilitate this session?”
5. Ask everyone to move their seats into a semi-circle. Facilitate a discussion with the following questions:
 - What did you think about the three scenes?
 - How would you have reacted in each of those scenarios?
 - Which was the most likely to get the other person to do what I wanted without offending her?
6. Ask: How would you describe the first scene? Encourage participants to share their thoughts.

7. Explain that the first scene was aggressive. This is when people express their feelings or wants in a way that does not consider the rights or feelings of others.
8. Ask: How would you describe the second scene? Encourage participants to share their thoughts.
9. Explain that the second scene was passive. This is when people want to avoid conflict, and do not express their feelings, needs, or wants, even though they have them.
10. Ask: How would you describe the third scene? Encourage participants to share their thoughts.
11. Explain that the third scene was assertive. This is when people express their feelings, needs, and wants in a direct, honest way, while at the same time, showing respect.
12. Explain that this exercise is designed to help them discover how assertive they already are. Ask participants to stand in a line in the middle of the room (clear space by putting all the chairs next to the wall). Explain that you will read a statement, and if anyone feels like that statement describes how they usually act, they should take one step forward; if they feel like that statement describes how they act some of the time, they should stay in the same place; and if they feel like the statement cannot be used to describe themselves, they should take a step backward. Read all the statements in a row. Participants may end up moving several steps forward or backward depending on each of their responses. (Make sure there is enough space to take several steps in either direction.)
 - I can express my feelings honestly.
 - When I say how I feel, it is not to hurt someone else.
 - I express my views 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 favors when I need them.
 - 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.
13. Ask participants to look at where they are standing:
 - If they moved backward most of the time, they need to work to become more assertive.
 - If they stayed in the same place most of the time, they are somewhat assertive, but could improve.
 - If they took many steps forward, they are assertive and should maintain their positive actions.

14. Facilitate a discussion with the participants using the following questions:

- Why is it sometimes difficult to be assertive?
- How can being assertive help in a sexual relationship?
- How can being assertive help in other relationships?
- How can we work to be more assertive?

15. Explain that being assertive usually leads to good feelings. Being passive usually leads to angry feelings. Being aggressive usually leads to bad or guilty feelings, upsets others, and does not get people what they want.

16. Ask participants to help you imagine details for the following story: A girl has just started a new job at a factory. She is very excited because she will finally be able to make some money and be able to support herself. One day, the manager comes to her and tells her that she is very pretty and doing a good job. She feels very good because she wants to do a good job. The next week, the manager asks her if she would like to go to dinner one night; she says no because she already has plans. The next week, the manager comes to her and tells her that he has a way for her to get a promotion and a raise. When she goes to his office, he explains that if she is his girlfriend, he will give her a promotion.

17. Ask participants to suggest what she should do. Ask for two volunteers to act out the suggestions.

18. Ask participants to discuss the role play, with the following questions:

- Was the role play realistic?
- Would you have done anything differently? Would you like to act it out?
- What do you think would happen to a girl in this scenario?
- Was this an example of being assertive, aggressive, or passive?
- If the example was not assertive, how would you suggest changing the behavior to be more assertive?

19. Before ending the session, tell participants to bring both of their food diaries with them to the next session.

Key information points

- Being assertive means expressing your feelings, needs, and wants in a direct, honest way, while at the same time, showing respect for others.
- Be honest with yourself and others about what you need and want. Do not be afraid to say what you think and feel.



50. Food Planning (N6)

Objectives

- To help the participants learn how to plan healthy meals for themselves and their families.
- To discuss different methods of cooking and which are the most healthy.

Materials and preparation

- Flipchart paper and markers.
- Eating changes flipchart sheets from Session 44.
- A poster illustrating the food pagoda.
- Small pieces of paper, pens.
- Participants' food diaries.

Method

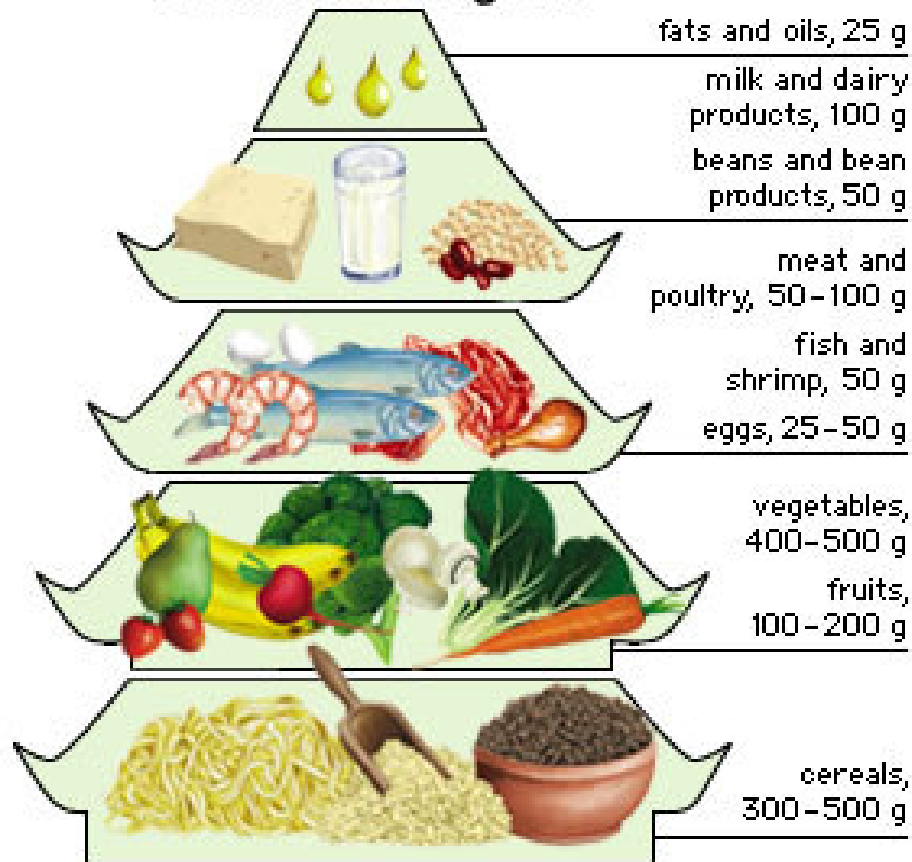
1. Pass out one small piece of paper and a pen to each participant. Ask participants to think of the four food groups (ask if everyone remembers them and review if need be) and to arrange them in order on their papers from the group they eat the most of to the group they eat the least of, ranking them from one to four, with one being the most and four being the least.
2. Explain that our health and development are affected by the kinds and amount of food we eat. People who do not eat enough healthy foods are more likely to become sick. Eating enough food is one part of healthy eating, but eating different kinds of healthy foods is also important. People who eat a variety of healthy foods—which means eating the right amounts and kinds of food—have stronger immune systems, less illness, and better overall health.
3. Present the food pagoda to show how to eat from the different food groups. Explain that each level is one of the four food groups that we have been talking about. The bottom is the foods we should eat the most of, and the top is the foods we should eat very little of. The food pagoda serves as a guide to healthy eating. It is important to eat a variety of foods from each food group.
4. Ask: How does the ranking you listed on your paper compare with the food pagoda? What do you think about the pagoda? Is it realistic for how Yis eat? Would you make any changes? Why? Allow for discussion.
5. Ask participants to look at both of their food diaries. What are the differences between the two?

6. Post the flipchart sheets from Session 44 that show participants' goals for improving their eating habits. Ask each group to talk about their three goals and quickly share their experiences with the larger group of trying to achieve them. Were they successful? Why or why not?
7. Ask: Based on our experiences last week trying to achieve our goals, what are some of the challenges to healthy eating? Encourage participants to list as many as they can think of (be sure there are at least six). Write each one on a separate piece of paper.
8. Divide participants into six groups. Distribute the papers on which are written the challenges to healthy eating, one to each group. Ask each group to create a short role play that demonstrates their challenge and how they would overcome the challenge.
9. After ten minutes, ask each group to present their role plays. At the end of each role play, allow the other participants to suggest other ways to overcome the challenge presented.
10. Explain that it is important for everyone to eat healthy foods all the time, and there are times when women and girls have special needs. Ask: When would women and girls need to eat more than usual? (Answer: During adolescence, before and during pregnancy, and while breastfeeding.)
11. Explain that girls need to eat more during the adolescent "growth spurt," and women need to eat more to establish energy reserves for pregnancy and breastfeeding. It is important for women to wait until they have stopped growing before getting pregnant the first time and to be at a healthy weight when they do get pregnant.
12. Ask: Why is it important for women to eat more during pregnancy and breastfeeding? (Answer: It helps the baby grow and develop, and it is necessary for producing enough breastmilk.)
13. Divide the participants into four groups. Assign each group one of the following: an adolescent who is still growing, a pregnant woman, a breastfeeding woman, and a Yi family. Ask each group to talk about the kinds of food that are available in our community and would be good for their woman/family to eat. Ask each group to plan three meals and two snacks for their woman/family to eat in one day. Ask them to think about challenges they might face in trying to get these foods, and how they can be solved. Give each group a flipchart sheet and markers with which to write their food plan, listing everything they will eat during one day.
14. Ask a representative from each group to present their suggested food plan for a typical day. Allow other participants to make suggestions and ask questions by facilitating a discussion after each presentation with the following questions:
 - Do you think this plan is realistic? Why or why not?
 - Does this plan represent healthy eating? Why or why not?
 - What changes would you suggest, if any?

Key information points

- It is important to eat a variety of foods from each food group.
- The food pagoda serves as a guide to healthy eating.
- There are times in girls' and women's lives when they need to eat more food: during adolescence, while pregnant, and when breastfeeding.

Food Guide Pagoda



Source: Chinese Nutrition Society

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51. Negotiation (V16)

Objectives

- To understand the steps to negotiation.
- To strengthen participants' skills in negotiating for what they want (and do not want).

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants to think of a time when they wanted to do something, but a friend or sibling wanted to do something else. Ask for a few volunteers to share experiences that ended the way they wanted, and for other volunteers to share experiences that did not end the way they wanted. Ask follow-up questions like: Why do you think it did or did not happen as you had hoped? What would you do differently if you were in that situation again?
2. Explain that there are many times in our lives when what we want is different from what our friends and relatives want. Facilitate a discussion by asking:

- What are examples of these kinds of differences?
- How can we resolve them?

Encourage participants to share their ideas.

3. Explain that to resolve differences through a discussion and mutual agreement is to negotiate. Being able to negotiate well can help you get what you want out of life and keep you from doing things that you do not want to do. Negotiation does not mean compromising what is most important to you. Being assertive is an important part of negotiation. Being a good negotiator helps you get what you want more often without being aggressive. Negotiating with others is more effective than demanding what you want or just giving in.
 4. Explain that before you can negotiate successfully with someone else, you must first be clear about what you want. Consider the following questions:
- What do I want?
 - Why do I want it?
 - How important is it?
 - What if I don't get it?

- What am I willing to consider as another possibility?
5. Explain that there are five steps to negotiation:
 - Deciding what is most important to you.
 - Saying what you want and why, justifying your position with facts or opinions, and revealing your underlying needs or feelings.
 - Trying to understand the other person's side by asking questions about his/her needs or feelings, listening closely, checking to be sure you've understood, and summarizing what they have said without necessarily agreeing.
 - Both sides discussing possible alternatives, while remembering what is most important to you.
 - Agreeing on a decision that is practical, possible, and easily understood by both people/sides.
 6. Ask: Are there situations in which you are not willing to compromise? What happens to a negotiation then? Encourage participants to discuss and share examples.
 7. Ask participants to name reasons why people do not use condoms. Write all of the responses on a flipchart sheet. (Possible responses: Doesn't feel good, don't know how to use them, there is no reason to use them.)
 8. Explain that in this activity, we will do role plays to practice using negotiation skills when talking about using a condom. In each role play, one person will play the male, and the other the female part of a couple. One person will try to persuade the other to use a condom.
 9. Divide participants into pairs and assign to each pair one of the reasons people do not use condoms. Give them five minutes to prepare a short role play that shows a realistic, successful condom negotiation. In some role plays, boys can try to convince girls to use condoms, and in other role plays, girls can try to convince boys to use condoms.
 10. After each role play, have a brief discussion with the participants about their reactions to the role play:
 - Was it realistic?
 - Was it an effective negotiation strategy?
 - Does this happen here in our community?
 - What else could he/she have said to strengthen the negotiation?
 11. Continue until each pair has performed their role play.
 12. Facilitate a discussion with the following questions:
 - Which of the role play situations are most common?
 - Which strategies would be most successful in real life?

Key information points

- Being a good negotiator helps you get what you want without being aggressive.
- In order to negotiate successfully, you must first be clear about what you want.
- It is important to know the areas on which you are not willing to compromise.
- The steps to negotiation are deciding what is important to you, saying what you want, trying to understand the other person's perspective, discussing possible solutions, and agreeing on a decision.



52. Living with HIV (D13)

Objectives

- To create an understanding of how to support people who are infected with HIV.
- To learn what an HIV-infected person can do to stay healthy and productive.
- To describe what antiretroviral therapy (ART) is and how it works.

Materials and preparation

- Flipchart paper and markers.
- Three index cards or slips of paper on which the following are written:

Group 1: What is a healthy diet? Are there foods that people with HIV and AIDS should eat? Are there foods they should avoid? What are some healthy foods that are available and commonly eaten in our community? What does it mean to eat a variety of foods? What are some examples of meals with a variety of foods? Ask the group to discuss, and write their notes on a flipchart sheet.

Group 2: Can what you eat and drink make you fall ill? Why? What are things that you can do to food and water so that they are safer for you to eat and drink? Ask the group to discuss, and write their notes on a flipchart sheet.

Group 3: What are things we can do in our homes and communities to stay clean and healthy? (Not related to food safety.) Ask the group to discuss, and write their notes on a flipchart sheet.

Method

1. Ask: Does a person with HIV also have AIDS? After participants discuss, remind them that testing positive for HIV does not mean that someone has AIDS. It can be many years before their infection turns into AIDS, and there are ways to stay healthy for a long time. HIV is the virus, and AIDS is a condition that develops after a person has had HIV for a long time and the body can no longer fight off other infections.
2. Ask: Is there a cure for HIV? Allow participants to discuss. (Answer: A cure means that the germ that caused a disease was completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for HIV; however, there are ways to treat the symptoms. Treatment is using a drug or doing something that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. But a treatment is not the same as a cure.)
3. Ask: What are opportunistic infections? Allow participants to discuss. (Answer: When a person's immune system begins to weaken because of HIV infection, that person begins to get

infections that a person with a healthy immune system would be able to fight off. These infections are called opportunistic infections. (Examples include tuberculosis and pneumonia.)

4. Ask: What is ART? Allow participants to discuss. (Answer: ART, which stands for antiretroviral therapy, is a combination of medicines that slow down HIV's spread in the body. ART helps the immune system become strong so it can fight infections and illness. When someone starts ART, they will be given information on eating healthy, exercising, avoiding stress, avoiding alcohol and drugs, and generally living positively. ART is not a cure for HIV. ART reduces the amount of HIV in the blood, but cannot eliminate it.)
5. Ask: Who should be on ART? (Answer: If someone's immune system is very weak, his/her doctor may recommend starting ART. If someone's immune system is still strong, there are other ways to protect against opportunistic infections and stay healthy. However, it is important for a person not to wait until they are very sick and almost dying before visiting a doctor. In this case, the medicines (ART) might not be able to help the person. Talk with a health worker often to make the best decisions for your health.)
6. Explain that because people with HIV already have a weakened immune system, it is especially important for them to avoid infections and illness. Ask: What are some of the ways for people with HIV to stay healthy without medicine? Allow participants to discuss, and note their comments on a flipchart sheet. Be sure they mention the following:
 - Eat a healthy diet.
 - Participate in physical activity.
 - Get enough sleep.
 - Practice good hygiene.
 - Avoid smoking and drinking alcohol.
 - Have only protected sex.
 - Go to the doctor immediately for treatment of illness and infection.
 - Only take medications given by a doctor and follow the directions carefully.
7. Divide participants into three groups, assigning each a number (1, 2, or 3). Share the following information:
 - Explain that it is important for people with HIV to eat a variety of foods to be sure their bodies have the energy and protection they need. Explain that people who are HIV positive need to eat more in order to maintain healthy immune systems. Their bodies need more healthy foods because they are constantly fighting HIV. It is important for people to eat when they are sick, because illnesses can cause the body to not use food properly and lose weight. When recovering from illness, people, especially those with HIV, need to eat more to make up for the lost nutrients and weight. In addition to eating healthy foods, people with HIV also need to avoid illness and infection through keeping clean (both at home and around the community) and avoiding unsafe food and water.
8. Distribute the index cards, and ask each group to talk about keeping healthy based on the following assigned topics:

Group 1

Ask: What is a healthy diet? Are there foods that people with HIV and AIDS should eat? Are there foods they should avoid? What are some healthy foods that are available and commonly eaten in our community? What does it mean to eat a variety of foods? What are some examples of meals with a variety of foods? Ask the group to discuss, and write their notes on a flipchart sheet.

Group 2

Ask: Can what you eat and drink make you fall ill? Why? What are things that you can do to food and water so that they are safer for you to eat and drink? Ask the group to discuss, and write their notes on a flipchart sheet.

Group 3

Ask: What are things we can do in our homes and communities to stay clean and healthy? (Not related to food safety.) Ask the group to discuss, and write their notes on a flipchart sheet.

9. Ask a representative from each group to present on their topic. After each presentation, ask other participants if they have anything to add to what the group presented. Mention information from the following table if the points do not come up in presentation or discussion:

Healthy eating	Clean and safe water and food	Keeping clean
It is good to eat a variety of foods from each food group every day (ask participants to recall the food groups and examples from previous sessions).	Only drink water that is from a clean source, or boil water for at least 5–10 minutes to kill germs.	
People with HIV <u>should avoid</u> :	Store water in a container with a lid.	Take baths to keep the body clean.
Raw eggs, unpasteurized milk, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, junk food, and acidic foods.	Always wash hands with soap before and after touching food.	Wear shoes to avoid small injuries that could cause infection.
Smoking and drugs should also be avoided.	Cook animal products at high temperatures until cooked through. Avoid soft-boiled eggs or meats that still have red juice.	Brush teeth after meals.
	Thoroughly wash utensils and surfaces.	Wash hands with soap and water after going to the toilet.
	Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods.	Keep animals and pets outdoors.
	Use clean water to wash all fruits and vegetables that will be eaten raw, or remove the skin.	Wash hands after handling pets and animals.
	Remove the bruised parts	Avoid contact with young animals and animals with diarrhea.

Healthy eating	Clean and safe water and food	Keeping clean
	of fruits and vegetables to avoid any mold or bacteria.	
	Cover food that has not been eaten.	
	Keep hot foods hot and cold foods cold.	
	Use bowls, plates, glasses, and utensils that have been cleaned and well dried.	

10. Ask: Do you think that people with HIV and AIDS should do physical activity or avoid it? Why? Allow participants to discuss.
11. Explain that for people with HIV and AIDS, being active plays an important role in maintaining good health. Ask: What are some of the benefits of physical activity? Allow participants to discuss. Participants should mention the following:
 - Improves appetite.
 - Develops muscle.
 - Reduces stress.
 - Increases energy.
 - Maintains overall physical and emotional health.
12. Ask: What are some everyday activities that people with HIV and AIDS can do to stay active? (Examples include walking, cleaning, playing sports, dancing, and taking care of children.)
13. Ask: Should people with HIV and AIDS have sexual relations? Why or why not? Allow participants to discuss.
14. Ask: What kind of support do you think people with HIV need? What services are available? What can we do to support people with HIV? Allow participants to discuss.

Key information points

- People with HIV can stay healthy for a long time by eating well; keeping their homes, food, and bodies clean; and getting prompt treatment when they are ill.
- AIDS develops after a person has had HIV for a long time and the body can no longer fight off other infections.
- People with HIV should protect themselves against re-infection. They should use condoms to protect themselves from re-infection (and their partners from infection) and not share needles for drug use.



53. Breastfeeding (N7)

Objectives

- To be able to describe the best way to feed babies.
- To understand the benefits of breastfeeding for women, children, families, and communities.

Materials and preparation

- Flipchart paper and markers.
- Write the following scenarios on separate pieces of paper:

A mother has a two-month-old son. She was trying to exclusively breastfeed, but she is worried that her baby is hungry and wants to give him sweetened condensed milk.

A mother has just given birth. She is now at home with her one-week-old baby. Her mother-in-law has come to visit and brought formula and bottles for the new baby. The mother had planned to follow her doctor's advice and give only breastmilk.

A pregnant woman has gone for an antenatal visit. At the visit, the doctor told her about exclusive breastfeeding. When she gets home, she talks to her mother about it. Her mother tells her that only poor women breastfeed.

A mother has a four-month-old daughter. Her husband thinks they should start to give the baby small pieces of potato so that she will grow up to be strong.

Method

1. Ask: In our community, what food is given to babies when they are first born? Allow participants to discuss.
2. Ask: What do you think is the best food for babies when they are first born? Why do you think this is best?
3. If there are differences between what participants list for what is given to children and what is best for children, discuss the differences with the group and ask them to talk about why they are different.
4. Explain that according to doctors, breastmilk is the best food for babies and offers the most complete nutrition. Ask: Do you agree?
5. Share the following information:
 - Breastmilk is the best food for babies; it has all the nutrients and water a baby needs for the first six months of life.

- Breastmilk protects against many diseases and illnesses.
 - Babies who are fed only breastmilk during the first six months of life are likely to have fewer infections and are more likely to survive.
 - Breastmilk is free, always available, and does not need any special preparation.
 - Giving only breastmilk is called exclusive breastfeeding. Exclusive breastfeeding for the first six months is not only best for babies, it can also help reduce the chance that the mother will become pregnant during that time.
6. Explain that mothers should begin breastfeeding their babies within the first hour of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods. This first milk has high levels of antibodies, vitamins, and other protective factors. Starting breastfeeding soon after birth also reduces the chance the mothers will bleed to death.
 7. Ask: What is meant by exclusive breastfeeding? Explain that it means giving only breastmilk for the first six months. This means the baby does not have any water, animal milk, teas, or food during this time—only breastmilk. Breastmilk is all babies need until six months of age. At six months, babies need to begin eating a variety of foods and continue breastfeeding.
 8. Ask: Do you know anyone who has fed her child with only breastmilk for six months? Is this the common practice in our community? When do people start giving foods to children? Why do they start? Allow participants to discuss.
 9. Ask: Why do some women choose not to exclusively breastfeed for six months? What are things that we can do to help women breastfeed exclusively for six months? Allow participants to discuss.
 10. Ask: When should babies start eating food? What are the best first foods for babies? Allow participants to discuss.
 11. After participants have discussed, explain: At six months, all babies need to begin to eat soft foods. At this time, breastmilk alone can no longer give a baby all the energy, protein, and vitamins he/she needs. Additional food is needed for good nutrition, but babies still need breastmilk or another form of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding. Parents can start by giving 1 to 2 teaspoons of semisolid food (for example, porridge or mashed potato), and add other foods to make good meals. By the age of eight months, babies also like foods they can hold themselves, such as a small piece of potato. By the age of one year, children can eat the same foods as other family members. Breastmilk continues to be important and healthy up until two years of age and beyond.
 12. Ask: What are examples of good foods for children at six months? How much should young children eat? How can we help children to eat? During the participants' discussion, be sure the following information comes out: After six months, children need a variety of foods (including fat-rich foods; fresh fruits and vegetables of different colors; and eggs, milk foods, and meat, chicken, or fish every day or as often as possible).
 13. Read the following statements one at a time, and ask participants to stand up after each statement they think is false. After each statement, ask participants to discuss why they think a statement is true or false. Encourage participants to discuss, and then only after the discussion, tell them whether the statement is true or false. Allow participants to ask additional questions.

- Women with small breasts have a hard time producing enough milk to satisfy their babies. [False]
 - Colostrum, or the yellow-white liquid that comes from the breast immediately after birth, is not really milk and shouldn't be given to the newborn baby. [False]
 - By the time babies are three months old, milk will no longer satisfy their hunger and they should be given porridge. [False]
 - Formula contains more vitamins and minerals and is more nutritious than breastmilk. [False]
 - Breastfeeding babies should be fed on a strict schedule; feeding them whenever they want spoils them. [False]
 - Breastfeeding babies immediately after birth causes pain to the mother and should be avoided. [False]
 - Breastfeeding is more work than bottle feeding babies. [False]
 - If a mother is sick, she should stop breastfeeding her baby. [False]
14. Divide participants into four groups. Distribute one of the prepared scenarios to each group. Ask each group to discuss what advice they would give to a mother in this situation, based on the information we discussed. The advice should focus not only on how best to feed the baby, but how to communicate the decision as well.
15. Invite participants back to the larger group and ask for a representative from each group to share the scenario and their group's advice. After each group presents, ask the other participants if they agree or would do anything differently.

Key information points

- During first six months of life, breastmilk is the best food for babies; it has all the nutrients and water a baby needs. Babies do not need to eat or drink anything else.
- At six months of age, babies should start to eat soft foods as well as breastmilk.
- Breastmilk protects against many diseases and illnesses.
- Babies who are fed only breastmilk during the first six months of life are likely to have fewer infections and are more likely to survive.



54. Malaria (D14)

Objectives

- To understand how people get malaria.
- To know how to prevent malaria.
- To build on existing Yi understanding of invisible but harmful entities to further enhance appreciation of microorganisms that can do good or harm.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: Has anyone had malaria? Has anyone known someone who has had malaria?
2. Ask: What is malaria? Allow participants to discuss.
3. Ask: What is a parasite? Allow participants to discuss. (Answer: A parasite is an organism that lives on or in another organism.) Explain that malaria is an infection caused by a parasite that is carried from person to person by a certain type of female mosquito. Malaria can make people very sick or die. Malaria is usually found in places with warmer temperatures. Malaria parasites grow and live inside the mosquito. They need warm temperatures to grow before they are old enough to be transmitted to humans. Although malaria can cause illness and death, it can be prevented and treated.
4. Ask: What are the symptoms of malaria? (Answers: High fever, shaking chills, influenza-like symptoms, joint aches, and headaches.)
5. Ask: How can you know for sure that you have malaria? Allow participants to discuss.
6. Explain that the only way to know if someone has malaria is for a health worker to examine a blood sample. It is a simple test that needs only a finger prick of blood, which a health worker looks at under a microscope. Fever can be a symptom of many other illnesses and infections. It is important to be examined in a facility to know for sure if it is malaria so it can be treated properly. Some medicines can no longer be used to treat malaria because the parasites have become used to them, which is why it is important to go to a health facility rather than treating yourself with medicines.
7. Ask: How do people get malaria? Allow participants to discuss.
8. Explain that a person gets malaria when one kind of female mosquito, carrying the malaria parasites, bites them and the malaria parasites enter the person's blood. Once in a person's blood, the parasites travel to the liver and enter liver cells to grow and multiply. During this

time, the infected person has no symptoms. After some time (one week to several months), the parasites leave the liver cells and enter red blood cells. Once in the cells, the parasites continue to grow and multiply. After the parasites are finished growing, the infected red blood cells break open, freeing the parasites to attack and enter other red blood cells. Parasites are released when the red cells burst, then they cause the fever, chills, and other malaria symptoms.

9. Since the malaria parasite is found in red blood cells, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her fetus before or during delivery.
10. Malaria is not transmitted from person to person like a cold. You cannot get malaria from touching malaria-infected people. Anyone can get malaria. People who have many bites from mosquitoes infected with the malaria parasite are most at risk of becoming ill or dying.
11. Ask: When and where do people usually get malaria? (Answer: Indoors between the hours of 10:00 p.m. and 6:00 a.m.)
12. Ask: How can we prevent malaria? Record answers on a flipchart sheet. Participants should mention the following:
 - Sleep under insecticide-treated bednets and re-treat them regularly (unless they are long-lasting nets). If a family has a pregnant woman or young children, it is very important that they use the nets before anyone else. They are most at risk.
 - Do not wash insecticide-treated nets until it is time for the next treatment.
 - Remove empty containers (like tins) where mosquitoes can breed.
 - Drain nearby pools of water.
 - Screen doors and windows against mosquitoes if possible.
 - Spray insecticides on your home's walls to kill mosquitoes that come inside.
 - Wear insect repellent and long-sleeved clothing when you are outside at night.
13. Ask: Who here sleeps under a bednet? Ask participants who do sleep under bednets: Why do you sleep under a bednet? Does everyone in your family sleep under one? Is it a treated bednet? Ask participants who do not sleep under a net: Why don't you sleep under a bednet?
14. Ask: How do insecticide-treated bednets benefit the community? (Answer: They kill mosquitoes, which means there are fewer mosquitoes to infect people.)
15. Ask: Why is malaria so dangerous for pregnant women and young children? (Answer: Young children and pregnant women are very vulnerable to malaria because their bodies have little or no immunity to malaria, so they are more likely to become very ill if infected and possibly die.)
16. Ask: What advice would you give to a pregnant woman about malaria? (Answer: Go for antenatal care and get medicine to prevent malaria; sleep under an insecticide-treated bednet.)
17. Ask: Why is it important to go for treatment quickly if someone has malaria? (Answer: Infection with malaria, if not promptly treated, may cause kidney failure, seizures, mental confusion, coma, and death. Mild malaria should always be treated quickly because it can quickly develop into severe illness and death. It is important for people with malaria to take all the medication they are given.)

Key information points

- Malaria can be prevented. When in an area with high rates of malaria, sleep under an insecticide-treated bednet, drain pools and empty containers where mosquitoes can breed, use screens on doors and windows, spray insecticides on your home's walls to kill mosquitoes that come inside, and wear insect repellent and long-sleeved clothing when you are outside at night.
- Malaria is easy to treat in all age groups. It is important to take all drugs prescribed by a health care provider to be cured.
- In areas with high rates of malaria, pregnant women and children are most at risk of getting malaria and should sleep under insecticide-treated bednets.
- Symptoms of malaria include high fever, shaking chills, influenza-like symptoms, joint aches, and headaches.

Pre/Post Test

This is to be filled out by participants. Please circle the letter for the correct answer.

1. Which of the following body fluids does not transmit HIV?
 - a. blood
 - b. sweat
 - c. semen
 - d. vaginal secretions
 - e. breastmilk
2. Which of the following food should you eat the most of during the day:
 - a. fruits and vegetables
 - b. cereals
 - c. milk, soy and legumes
 - d. meat, eggs and fish
 - e. fats and oils
3. Values are:
 - a. common beliefs about what women/girls can do
 - b. beliefs and ideas that are important to us and help define who we are
 - c. something you want to do or achieve, someplace you want to go, something you want to have, and/or a personal development
 - d. a standard of behavior that is expected to be followed by most people
4. Which of the following are affected by cigarette smoke:
 - a. health of the smoker
 - b. the environment
 - c. developing fetuses
 - d. adolescents
 - e. all of the above
5. Being assertive means all of the following **except**:
 - a. standing up for your own rights
 - b. dominating others by telling them what they should or should not do
 - c. expressing feelings in a positive way
 - d. respecting yourself
6. Sleeping under insecticide treated bed nets, staying away from mosquitoes, and draining pools of water are all good ways to prevent:
 - a. tuberculosis
 - b. pregnancy
 - c. malaria
 - d. HIV
 - e. the flu
7. Which of the following contraceptive method(s) are most effective in preventing unintended pregnancy and sexually transmitted infections?
 - a. oral contraceptives (pills)
 - b. condoms
 - c. spermicides
 - d. IUD
 - e. all of the above

8. The most likely time a girl/woman can become pregnant is:
 - a. around the fifth day of her period
 - b. immediately after her period
 - c. just before her period
 - d. around 14 days before her next period
9. Which is the smallest sized microorganism?
 - a. HIV
 - b. human sperm
 - c. ordinary human cell
 - d. red blood cell
10. The best food for newborn babies is:
 - a. what their parents eat
 - b. breastmilk
 - c. mashed potatoes
 - d. sweetened condensed milk
11. During menstruation girls can not:
 - a. play sports
 - b. stay standing for a long time
 - c. go to school
 - d. have sex
 - e. none of the above
12. Which of the following can transmit HIV?
 - a. taking care of an HIV-infected person
 - b. using a public shower room
 - c. having unprotected sexual intercourse with an HIV-infected person
 - d. sharing plates, cups, or chopsticks with an HIV-infected person
 - e. all of the above
13. The part of your body that squeezes the food from the mouth to the stomach is called:
 - a. liver
 - b. small intestine
 - c. large intestine
 - d. saliva
 - e. esophagus
14. What's the most effective way to protect yourself from a sexually transmitted infection?
 - a. waiting to have sex until marriage
 - b. remaining with the same sexual partner
 - c. using a condom
 - d. abstaining from sex
15. What term represents the ideas and expectations people, communities, and cultures have about men and women?
 - a. self esteem
 - b. sex roles
 - c. assertiveness
 - d. gender roles

16. Tuberculosis is spread through:
- a. contaminated food
 - b. the air
 - c. hereditary
 - d. all of the above
 - e. none of the above
17. Besides taking medication, people with HIV can stay healthy by:
- a. only having protected sex
 - b. eating healthy foods
 - c. getting plenty of exercise and rest
 - d. practicing good hygiene
 - e. all of the above
18. Which of the following is not a sexually transmitted infection:
- a. tuberculosis
 - b. herpes
 - c. syphilis
 - d. HIV
 - e. trichomoniasis
19. Which of the following is the healthiest meal:
- a. fried potatoes and yams with noodles
 - b. chicken, beef, and eggs
 - c. tofu, fresh vegetables, potatoes, and an apple
 - d. pork, fresh fruits, and sweets
20. Sperm are produced in the:
- a. semen
 - b. testicles
 - c. penis
 - d. ovaries
 - e. liver

Pre/Post Test Answers

This is for facilitators. Correct answers are marked in **bold**.

1. Which of the following body fluids does not transmit HIV?
 - a. blood
 - b. sweat**
 - c. semen
 - d. vaginal secretions
 - e. breastmilk
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