



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.

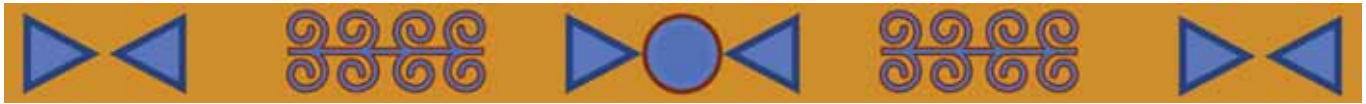
- Use of a contaminated syringe: Do not share syringes, razors, or needles, or anything else that cuts or pierces the skin. If you are receiving an injection or having blood taken by a health worker, be sure the health worker uses a new or sterilized needle.
 - Blood transfusion: All donated blood should 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?

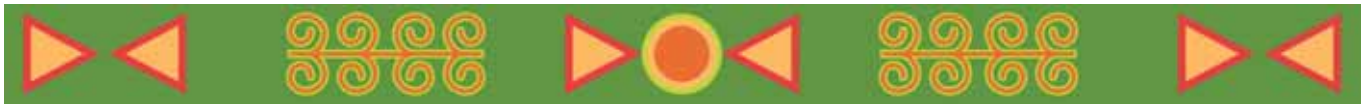
Scenario #4: You are in a new relationship with a girl/boy and all she/he wants is to spend time with you. She/he is really nice and you enjoy being with her/him, but you miss spending time with your other friends. When you tried telling her/him that the two of you need to spend time with other people,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

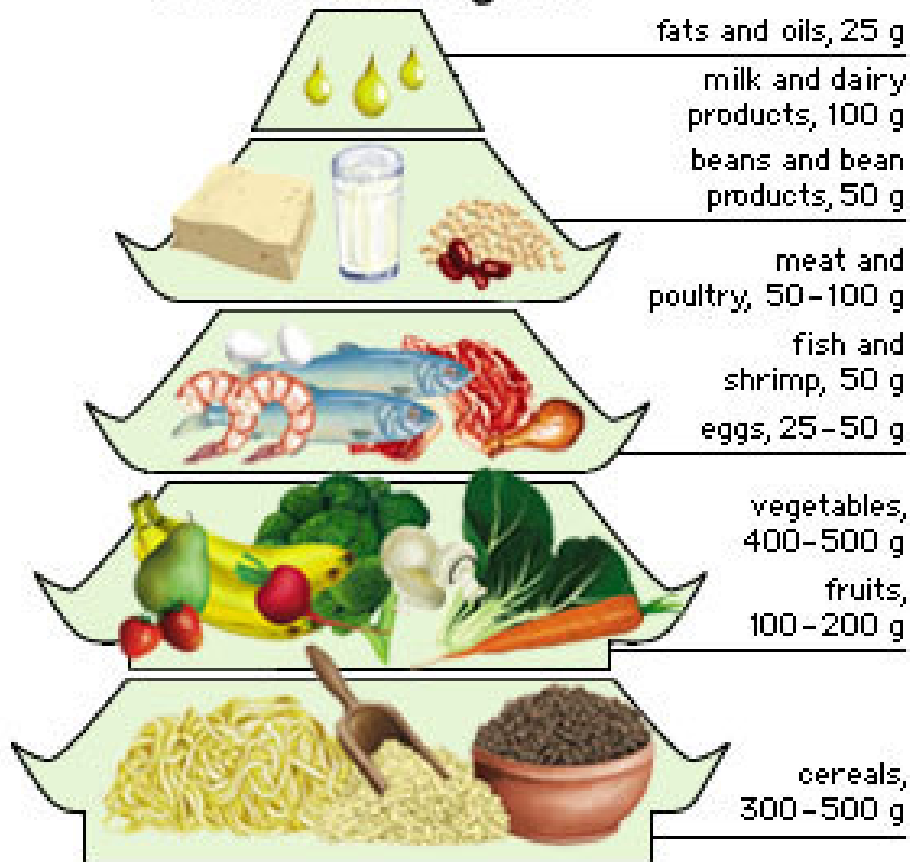
1. Pass out one small piece of paper and a pen to each participant. Ask participants to think of the four food groups (ask if everyone remembers them and review if need be) and to arrange them in order on their papers from the group they eat the most of to the group they eat the least of, ranking them 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

© 2005 Encyclopædia Britannica, Inc.



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:

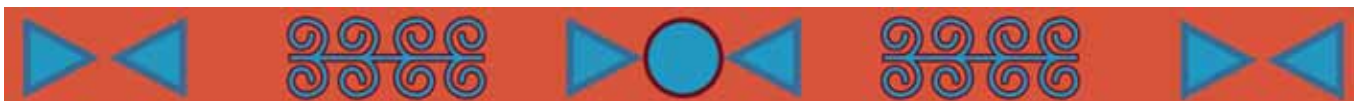
Healthy eating	Clean and safe water and food	Keeping clean
It is good to eat a variety of foods from each food group every day (ask participants to recall the food groups and examples from previous sessions).	Only drink water that is from a clean source, or boil water for at least 5–10 minutes to kill 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
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

References

- Behague S, Christenson K, Martin S, Wysong M. Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum. Nairobi: PATH; 2006.
- Burns AA, Lovich R, Maxwell J, Shapiro K. Where Women Have No Doctor: A Health Guide for Women. Berkeley: Hesperian Foundation; 1997.
- Centre for Development and Population Activities (CEDPA). Choose a Future! Issues and Options for Adolescent Girls. Washington, DC: CEDPA; 1996.
- The Center for Population Options. When I'm Grown: Life Planning Education for Grades 5 & 6. Washington, DC; 1992.
- Chinese Nutrition Society website. Accessed 2/25/08. <http://www.cnsoc.org/asp-bin/EN/?page=8&class=93&id=145>.
- EngenderHealth, Planned Parenthood Association of South Africa. Men as Partners: A Program for Supplementing the Training of Life Skills Educators. 2nd edition. New York: EngenderHealth; 2001.
- Gopinath CY, Kiranga M, Obyerodhyambo O, Schmidt K. Discussion Guides for Peer Educators [Impact project]. Nairobi: PATH; 2003.
- Instituto Promundo, ECOS, PAPAI, Salud y Genero. Project H: Working with Young Men series. Rio de Janeiro: Instituto Promundo; 2002.
- The Kenya Scouts Association and PATH. Reproductive Health Manual for Scout Leaders. Nairobi: PATH; 1999.
- McCoy K, Wibbelsman C. The Teenage Body Book. New York: Perigee; 1999.
- Nemours Foundation website. Accessed 2/22/08. <http://www.kidshealth.org/>.
- PATH. AYA [African Youth Alliance] Life Planning Skills: A Curriculum for Young People in Africa series. Washington, DC: PATH; 2003.
- PATH. Community Health Workers' Manual for APHIA II Western [AIDS, Population and Health Integrated Assistance Program, Western Province, Kenya]. Nairobi: PATH; 2007.
- PATH. Spring Bud Healthy Development Life-planning Skills Manual, Grade 4. Beijing; 2006.
- PATH. Spring Bud Healthy Development Life-planning Skills Manual, Grade 7, Beijing; 2006.
- PATH. Spring Bud Healthy Development Life-planning Skills Manual, Grade 9, Beijing; 2006.
- Raising Voices. Rethinking Domestic Violence: A Training Process for Community Activists. Kampala; 2004.
- United States Department of Agriculture MyPyramid website. Accessed 2/21/08. <http://www.mypyramid.gov/>.