

### **Section Three: How Am I Going to Get There?**

# LIFE PLANNING SKILLS

## A CURRICULUM FOR YOUNG PEOPLE IN AFRICA

### GHANA VERSION

## **SECTION THREE: HOW AM I GOING TO GET THERE?**

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## UNIT 7: TEENAGE PREGNANCY

### PURPOSE AND OBJECTIVES

This unit describes the different ways an unwanted pregnancy can be avoided. It also explains how early pregnancy affects teenagers and their families, and presents options a teenager has when pregnancy occurs and the consequences of these choices.

**By the end of this unit, participants should be able to:**

- ➔ Explain how to prevent an unwanted pregnancy.
- ➔ Understand the consequences of early pregnancy and the options that are available for pregnant teenagers.
- ➔ Explain how a pregnancy occurs and suitable contraception for teens.
- ➔ Better understand how to make good decisions for themselves.
- ➔ Speak more comfortably about contraception.

**ACTIVITIES**

Warm Up – Robot Testing	<i>10 minutes</i>
Bag of Dreams	<i>15 minutes</i>
Consequences of Teenage Pregnancy	<i>120 minutes</i>
Good Decision Making	<i>60 minutes</i>
How Pregnancy Happens	<i>30 minutes</i>
How Contraception Works	<i>90 minutes</i>
Discussing Contraception	<i>45 minutes</i>
Options Available to Pregnant Teenagers	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**7 hours, 15 minutes**

**ACTIVITY 7.1****WARM UP – ROBOT TESTING****Purpose:**

To get participants moving around the room in a relaxed way.

To have fun before engaging in intense discussions.

**Time:**

10 minutes

**Steps:**

1. Divide the participants into groups of three.
2. Two people in each group should act as robots and the other as a “robot tester.”
3. Let all the robots start moving at the same time, walking in the same direction.
4. The testers should follow their two robots and control their robots’ movements by simply touching either their right or left shoulder.
5. The testers must try to stop their own robots from crashing into obstacles such as walls, chairs, or other robots.
6. Stop the game when it is clear that participants are having fun and are relaxed.
7. If time allows you can let the “robots” and “testers” change places or do the activity at another time during the training programme, so that each person gets a chance to be a “robot” and a “tester.”

**ACTIVITY 7.2****BAG OF DREAMS****Purpose:**

To examine how our behaviour affects our plans.

To acknowledge that today's actions affect us in the future.

**Time:**

15 minutes

**Materials Needed:**

- Paper bags (so they cannot be seen through); one per participant

**Steps:**

1. Write the following statements on two separate pieces of paper and place one inside a paper bag:
  - a. You just found out that your girlfriend is pregnant.
  - b. You just found out that you are pregnant.
2. Label each bag "F" or "M" for each female or male participant.
3. Divide participants into pairs and give each one a paper bag. Tell them not to open the bags. Make sure that participants get the right one according to their sex.
4. Ask participants to do the following:
  - a. Close their eyes and think about their hopes, dreams, and plans for the future. Tell them that what is in the bag is something that could have a big influence on their hopes, dreams, and plans for the future.
  - b. Share their hopes, dreams, and plans for the future with their partner. Allow five minutes each for this sharing to take place.
  - c. Open the bags and read the statement inside.
  - d. **Discuss the effect of the statement on their hopes, dreams, and plans.**
5. After five minutes bring the group back together and encourage general discussion around point "d." Add any additional information and clarify issues.



**ACTIVITY 7.3****CONSEQUENCES OF  
TEENAGE PREGNANCY****Purpose:**

To discuss the effects of teenage pregnancy as shown in the video “Yellow Card” and relate these to real life.

**Time:**

120 minutes

**Materials Needed:**

- “Yellow Card” video

**Steps:**

1. Show the “Yellow Card” video.
2. After the first 45 minutes, ask participants if they would like a “stretch break.” If yes, take a five-minute break.
3. Take a short ten-minute break at the end of the video, before the discussion.
4. When the group is back ask them to raise any comments or questions that they have about the video, and discuss these or use the following questions to stimulate discussion:
  - a. From the video, what are the consequences of teenage pregnancy?
  - b. Why do you think that Tiyane and Linda:
    - i. Decided to have sex?
    - ii. Did not use protection?
  - c. What were the challenges or difficulties that Tiyane faced in the video?**
  - d. How did the decisions that he made affect his life? Others?
  - e. How do the issues shown in the video relate to real life?**
  - f. What key lessons can we learn from the video?**

**NTF:**

**If pressed for time, ask only the questions in bold to stimulate effective discussion.**

5. Summarize and highlight the following points.

**Key points:**

- **People do not always plan to have sex. Sometimes they find themselves in situations where it seems like the right thing to do.**
- **Young people need to consider the consequences of their actions seriously, before engaging in sexual intercourse.**
- **Sexual activity/intercourse has many risks. We must think carefully before deciding to have sex.**

**LINKING SENTENCE**

Teenage sexual activity is risky. Remember that avoiding or postponing sexual intercourse is always the most effective way to prevent sexual risks. If and when a person decides to have sex he or she should bear in mind the possible consequences and make responsible decisions for herself or himself, and her or his partner.

**ACTIVITY 7.4****GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions to practise applying a good decision-making model to real life situations.

**Time:**

60 minutes

**NTF:**

**If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:**

- **Remind participants about the model, referring to the particular unit where it was done.**
- **Start with step 10.**

**Steps:**

1. Ask the group the question, "Under what situations or conditions does a person make a decision?"
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge or challenging situation.
  - d. When there is a problem.
3. Use the following "Presentation Notes" to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically.



## PRESENTATION NOTES

We make decisions every day of our life without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

**D**efine the problem or **CHALLENGE** you are facing.

**E**xplore the **CHOICES** that you have.

**C**hoose one of the above choices.

**I**dentify the **CONSEQUENCES** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to page 68 in their workbooks.

### NTF:

**For semi-literate youth, do the following:**

- Choose and brief youth to do the role-play.
- Ask participants to get into pairs or small groups of threes and do the activity.
- Each pair or small group should present their decision as a short skit.



## WORKBOOK ACTIVITY

### GOOD DECISION MAKING

Read through the scenario below and use the 3C's model (Challenges, Choices, and Consequences) previously discussed to come to a decision.

#### Scenario

You and your boy/girlfriend had unprotected sex some time ago. You are both worried about pregnancy because there has been no menstrual period since then, and it has been a month already. What should you do?

1. What is the **CHALLENGE** that you are faced with?

2. What are your **CHOICES**? Think about these and write three of them in the space below.

#### Choice 1:

---



---

#### Choice 2:

---



---

#### Choice 3:

---



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3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?
5. Why did you make this decision?
6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
  - a. First, identify the problem or challenge that you are faced with.
  - b. Next, think of the choices that you have and write at least three of these down.
  - c. Next, identify both the possible negative and positive consequences of each choice.
  - d. Look at the choices and consequences that you have listed and make a decision.
  - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.
9. At the end ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.

10. Summarize and highlight the following points.

**Key points:**

- The best decisions are made when we have all the facts.
- We must think of all the consequences of any choice, but especially any negative consequences there may be.
- People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.
- It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of consequences and we have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.

**LINKING SENTENCE**

Decisions about sex and sexuality are among the most difficult ones to make. Adolescents need to take time to get the facts about how engaging in sexual intercourse may affect them. Let us now look at how pregnancy happens.

**ACTIVITY 7.5****HOW PREGNANCY HAPPENS****Purpose:**

To understand the facts about conception and the role that the male and female organs play.

To discuss special cases of pregnancy and what causes them.

**Time:**

30 minutes

**Steps:**

1. Divide participants into three or four small groups. Give each group flipchart paper and assorted markers.
2. Tell each group to do the following:
  - a. Look at the posters showing the male and female reproductive organs (Unit 2: Adolescent Development).
  - b. Think back to the discussions we had before about the reproductive organs and how they function.
  - c. Discuss and show on flipchart paper how you think pregnancy happens.
  - d. You have ten minutes to complete this.
3. Choose one person from the group to present at the end.
4. After ten minutes bring participants back together and let each group present the outcome of their discussion. Ask participants to hold their comments for general discussion at the end of all the presentations.
5. When all the groups have finished, invite questions and comments from participants. List questions that are raised and inform participants that you will try to address these in the presentation.
6. Use the following “Presentation Notes” to explain each step.





## PRESENTATION NOTES

### HOW PREGNANCY HAPPENS

About once a month, one ovary releases an egg. This is called ovulation. This is the time that a woman is fertile and most likely to become pregnant if she has sexual intercourse. Because it is very difficult to know in advance when ovulation will happen, it is possible to get pregnant any time a woman has sexual intercourse.

Once the egg leaves the ovary, it begins to travel through the Fallopian tube, making its way to the uterus (womb). When a male and female have sexual intercourse, a fluid called semen comes from the male's body. The semen carries sperm in it. A sperm is very small. If the male ejaculates during sex, the sperm are left in the vagina. If he does not ejaculate, sperm may still be in the vagina from the sexual fluid that comes out of the penis. This is called "pre-ejaculation." Sperm can move on their own. They swim up through the cervix, into the womb and into the tubes, looking for the female egg. If a female's egg(s) is/are in the tubes at this time, the sperm may find it/them. When one sperm joins with one egg, this is called **fertilization**. A fertilized egg can grow into a foetus, and that is pregnancy. Pregnancy can happen whenever there is unprotected sexual intercourse between a man and woman. Unprotected means when no method of contraception is used to prevent pregnancy.

Because the fallopian tube is small, only the joining takes place there. The fertilized egg then travels into the womb and settles into the soft part on one side of the womb. This is called **implantation**.

7. Ask participants if they have any questions and discuss these. Be sure to check that questions raised during the first discussion have been addressed.
8. Use the notes provided below to describe special cases of pregnancy.



## PRESENTATION CONTINUED

## HOW PREGNANCY HAPPENS

**Special Cases of Pregnancy**

**Ectopic pregnancy** happens when the joined sperm and egg remain in the tube and begin to grow. This may be for different reasons, such as when the tube is blocked. The foetus begins to grow in the tube, but because the tube is small, it can burst without warning. This is very dangerous and must be treated as an emergency in a hospital. In most instances the foetus dies and the woman stands to lose that fallopian tube. It is still possible to become pregnant with one tube.

**Twins** are formed in two ways. Sometimes one fertilized egg splits into two foetuses resulting in *identical twins*. They are called identical because they come from the same egg. Sometimes the two foetuses do not separate completely, but remain joined at some part. The babies are then born joined to each other and are called *conjoined or Siamese twins*. When this happens, the babies will have to be separated by an operation.

Twins may also be formed when the woman's body releases two eggs at once. If both eggs are fertilized separately, two foetuses can develop. These are called *fraternal twins*.

If a couple is having trouble conceiving, a doctor may suggest **artificial insemination**, in which sperm from a man is put into the woman's vagina. A more complicated technique is called "in vitro" or "test tube" fertilization. It is when sperm is taken from the male and an egg is taken from the female, and fertilized in a lab—outside of the mother's uterus. Once the egg has been fertilized, it is then put into the uterus so that the foetus can grow normally.

9. Summarize and highlight the following points.

**Key points:**

- **Pregnancy happens if a female and male have unprotected sexual intercourse and the sperm from the male body meets an egg in the female body. This is called fertilization.**
- **As long as a male's body is producing enough sperm he can make a female pregnant. It does not matter what age he is.**
- **Female eggs are released once a month. If an egg meets a sperm and becomes fertilized, it will attach itself in the uterus/womb and grow into a baby.**

**LINKING SENTENCE**

Now that we understand how pregnancy happens, it is important to understand how to prevent unwanted pregnancies. If young people choose to engage in sex, they need to be informed about the different methods of contraception, how they work, and which ones are most appropriate for them.

**ACTIVITY 7.6****HOW CONTRACEPTION WORKS****Purpose:**

To look at contraceptive methods that are suitable/appropriate for teenagers.

To discuss how contraception works to prevent pregnancy and discuss different methods of contraception.

**Time:**

90 minutes

**NTF:**

**You should have as many samples as possible of different methods of contraception for this activity.**

**It is useful to invite a nurse or medical person to give the factual presentation. S/he could also address questions related to advantages and disadvantages of each method.**

**If conducting the activity alone, ensure that you know the facts about the different methods so as to address participants' questions properly.**

**Steps:**

1. Ask the group how pregnancy can be prevented, then brainstorm as a group on the common (known to them) methods of contraception available in Ghana.
2. List these on the chalkboard or flipchart paper and discuss those that are proven methods and those that are myths.
3. Encourage discussion about these methods and give factual information. Add any that are missing such as rhythm or traditional methods. The facilitator should clearly distinguish between scientifically proven and mythical methods.
4. Ask participants to share their views on how each method works and which, if any, they think are most suitable for teenagers. Make a note of key words from the responses.
5. Use the following "Presentation Notes" to clarify and give factual information.



## PRESENTATION NOTES

### SUITABLE CONTRACEPTION FOR ADOLESCENTS

Contraception is birth control. Most methods are chemicals or devices designed to prevent pregnancy. Others, like abstinence, are a behavior.

Contraception works in three main ways:

- a. Complete avoidance of sexual intercourse; abstinence
- b. Hormonal methods; interfere with either the ovulation process, the sperm or the egg
- c. Barrier methods; prevent the sperm and egg from meeting

There are a number of contraceptive methods recommended for adolescents to use. These are:

- Abstinence
- The pill (oral contraceptives)
- Contraceptive injections
- The male condom
- The female condom
- Spermicides
- Emergency contraception

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them are permanent, and none cause a woman or man to be sterile. No method is completely effective, except abstinence. Therefore, there is a risk involved when using any method. Ideally, the choice of a contraceptive method should be made with the partner's involvement.

**Abstinence:** Completely avoiding sexual intercourse. It is an important choice for those adolescents who are not ready for sexual intercourse and its risks of pregnancy, STIs, or emotional challenges. This method does call for self-discipline and respect for each other's wishes. The responsibility rests with both partners.

**The pill (oral contraceptives [OCs]):** These are hormonal methods, including the combination and mini-pill. The mini-pill is not advisable for teenage use. These pills contain hormones that change the body in a number of ways to prevent pregnancy, e.g. suppress and prevent ovulation and alter the movement of the fallopian tubes. This method does not protect against STIs, including HIV.

**Contraceptive injections:** These work similarly to the pill. There are two types of injections; one that gives protection for 8 weeks and another for 12 weeks. This method does not protect against STIs, including HIV and AIDS.

**Male condom:** The rubber sheath rolled onto the erect penis before sexual intercourse prevents the sperm from entering the vagina. It is more effective at preventing pregnancy if used with a spermicide. Used properly, condoms can effectively protect sexual partners from contracting STIs, including HIV.

**Female condom:** This is inserted into the woman's vagina before sex. A ring holds the condom in place during intercourse and catches the man's sperm so that it does not enter the vagina. Used properly, female condoms can effectively protect sexual partners from contracting STIs, including HIV and AIDS.

**Spermicides:** These kill or immobilize sperm so that they are prevented from moving towards the egg. This method does not protect against STIs, including HIV and AIDS.

**Emergency contraception:** This is a special dose of OC pills that is taken within 72 hours of unprotected sexual intercourse. This pill dose may cause a disruption in the menstrual cycle. It is highly effective. It is especially useful in the following situations:

- Rape
- Contraceptive method failure, e.g. a broken condom
- A single act of unprotected sex

With all contraception, it is important that partners are counselled, especially in cases where the sexual intercourse was either unplanned or unprotected. Each person must get the facts and make his or her own decisions, considering the disadvantages of each method against an unwanted pregnancy.

Common side effects and symptoms vary with the different methods but particularly with OCs and injections girls and women may experience:

- Headaches
- Irregular menstrual cycles
- Stomach cramps
- Nausea (sometimes vomiting)
- Weight loss or weight gain

6. At the end of the presentation invite questions and comments from participants and discuss these.
7. Divide participants into small groups according to the number of samples of contraceptives that you have.

8. Give each group one of the contraceptive samples, and other information such as pamphlets if available, and ask them to discuss:
  - a. How this method prevents pregnancy.
  - b. What the advantages and disadvantages are of using this method.
  - c. How this method prevents a woman from becoming pregnant in the long term.
  - d. What fears or concerns they have about this method.
9. Bring all the groups together. Ask each group to select one participant to report out about the method their group has just discussed.
10. Be sure the participants understand this session well and be sure to correct any misinformation. Ask for questions or clarifications from other participants when appropriate.
11. If possible, organize a visit for the whole group to a local clinic where they can see and examine these methods.
12. Summarize and highlight the following points.

**Key points:**

- **Abstinence is a form of contraception.**
- **Other contraceptives are generally hormonal or barrier methods.**
- **Different people experience different side effects of contraception, and some may have none at all.**
- **The rhythm method is not usually suitable for teenagers because it involves more pregnancy risk and does not help prevent STIs, including HIV and AIDS.**
- **The safest form of contraception is the one that provides protection against unwanted pregnancy and STIs. That means abstinence or either condoms alone or condoms with another method such as OCs or injections.**

**LINKING SENTENCE**

It is important to know the different available methods of contraception and how they work. But it is not easy to raise the issue of contraception with your partner or parents. Sex is still considered “taboo” in many communities and this makes it difficult to talk about it. For this reason, many young people find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.

**ACTIVITY 7.7****DISCUSSING  
CONTRACEPTION****Purpose:**

To look at how to raise the issue of contraception with partners and parents.

**Time:**

45 minutes

**NTF:**

**Depending on the number of participants and the time, choose only some of the scenarios to do. You can select the groups, and copy and cut the scenarios to give them to the groups beforehand.**

**Steps:**

1. Divide participants into single sex groups of three or four people and give each group one of the following scenarios and instructions.

**Instructions**

In your groups do the following:

- a) Read through the scenario.
- b) Discuss how you would deal with or discuss the problem/situation.
- c) Prepare a sketch to show the scenario and solution.
- d) You have 20 minutes to do this.

**Scenario 1. Girl group**

You are a 15-year-old teenage girl who is experiencing painful menstrual cramps. A health worker who visited your school told you that sometimes using the contraceptive pill stops the cramps or makes them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

**Scenario 2. Boy group**

You and your girlfriend have been having sex regularly for a few weeks. You do not use a condom every time but you hope that she is using the pill or something else so that she does not become pregnant.

**Scenario 3. Girl group**

A number of your teenage friends have become pregnant. Your mother takes you to the family planning clinic and tells the provider to put you on contraception. You are a virgin and did not expect this from your mother, plus you are not planning to have sexual intercourse anytime soon.



**Scenario 4. Boy group**

Your father finds a condom in the pocket of your pants that are waiting to be washed. He calls you and starts questioning you about your sexual activities. He knows you have a girlfriend but does not think that you should be having sex. You and your girlfriend are not having sex and have decided that you are not ready for sex until you finish school. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

2. After 20 minutes bring the groups back together. Let each group take turns presenting their scenario.
3. At the end of each scenario invite questions and comments from the observing participants about the approach and solutions presented.
4. After all the presentations/scenarios have been done, have a general discussion. You may use the following questions to get the group started:
  - a. Do most youth want to be able to discuss issues of contraception with parents or partners?
  - b. Why is it difficult for teens to raise these issues with parents or partners?
  - c. How can these problems be addressed?
5. Summarize and highlight the following points.

**Key points:**

- **Contraception is the responsibility of both partners.**
- **Although difficult, it is good if parents can be included in discussions about contraception.**
- **More young people need to communicate and exercise their right to abstain from sexual intercourse.**

**LINKING SENTENCE**

Most parents find it difficult to accept that their child is now a young man or woman and might be having sexual intercourse. If necessary, it may be helpful to ask another member of the family or a health or social worker to help you talk to your parents, rather than hiding and doing risky things.

Also, bearing in mind that apart from abstinence no method is 100 percent safe, it is good to have your partner's and parents' involvement in your decision to use contraception. That way, should you or your partner accidentally become pregnant you will know that your parents and partner will be able to help you discuss your options and support the decision that you make.

**ACTIVITY 7.8****OPTIONS AVAILABLE TO PREGNANT TEENAGERS****Purpose:**

To discuss the different choices that a pregnant teenager may have and look at the advantages and disadvantages of each.

**Time:**

45 minutes

**Steps:**

1. Ask participants to brainstorm on the following question, “What choices does a pregnant teenager have?”
2. List the responses on flipchart paper and encourage general discussion.
3. If the word “fostering” comes up, discuss what it means. If it does not, add it to the list and ask participants to share their understanding of the word.
4. Use the following “Presentation Notes” to provide some possible options that a pregnant teenager has to consider.

**PRESENTATION NOTES****OPTIONS AVAILABLE TO PREGNANT TEENAGERS**

There are a few options available to teenagers who become pregnant:

- a. Termination of pregnancy (abortion). Abortion is illegal in Ghana.
- b. Adoption.
- c. Single parenthood.
- d. Marriage.
- e. Fostering.

**a. Termination of pregnancy (abortion)****Facts to consider**

- Abortion can evoke emotional responses.
- Abortion is illegal in many countries.
- Many religions do not support abortion.
- Some people have very strong feelings for or against abortion.

Some reasons for choosing abortion include:

- To finish education.
- To save the family name.
- To keep the pregnancy a secret.
- To please the boyfriend.
- To pursue other goals.
- To be more financially secure before having a child.
- To protect the mother's health.
- In cases of rape or incest.

Illegal termination of pregnancy (sometimes called “back street abortion”) is more common than some people realize. Health risks include maternal death and infertility. The emotional and physical risks are higher and the girl is less likely to be counselled before or after the procedure.

#### **b. Adoption**

There are two types of adoption: adoption where the biological mother or parents of the child know the identity of the adoptive parents, and adoption where she/they do not know the identity of the adoptive parents.

#### **Facts to consider**

- Giving up a child for adoption may be a very traumatic decision for the mother and family.
- Agencies involved with adoption are not there to “take the baby away” but to assist people in making the right decisions.
- The ultimate decision rests with the teenage mother; whether 11 years old or 18, she has to sign the legal papers.
- Once legal papers are signed, adoption becomes final. This usually takes three to four months after delivery.
- The young mother may go to a home for unmarried mothers that may assist her in making her decision
- She may experience some emotional stress or hardships after the adoption if she:
  - Was forced into a decision.
  - Kept it a secret and is later found out.
  - Is rejected by her family or community.

Some reasons for choosing adoption include:

- Termination of pregnancy is against the girl's principles.
- She wishes to keep the pregnancy a secret.
- She wants to finish her education.
- She wants to please her family.
- The child may have a better chance in life with another family.
- The girl may be able to start a new life.

**c. Marriage**

A marriage that takes place because of unplanned or unwanted pregnancy is often referred to as a “shotgun marriage” because it happens so fast and often under pressure from the girl’s or boy’s family.

**Facts to consider**

- Few teenagers realize the enormous responsibility of parenting.
- Poor employment opportunities cause financial difficulties for young parents.
- The child may be resented and seen as a cause of isolation from friends.
- The young parents may mourn the loss of missed opportunities.
- Young parents may feel trapped.
- If they live with their own parents, they may have no privacy.
- Emotional immaturity contributes to an inability to cope and to instability in the relationship.
- The pressures of young parenthood may lead to marital conflict.

Some reasons for choosing marriage include:

- Parents force it on the young people.
- The young parents want to give the child a name.
- The young parents feel it is their payment for making a mistake.
- The young parents want to leave their unhappy homes.
- The young parents may feel it was “meant to be.”

**d. Single parenthood**

This is a more common choice among teenagers but often they find that their education, career, and marriage opportunities may be restricted because of it.

**Facts to consider**

- A child is a 24-hour responsibility—this is often not seriously considered by young people.
- A young parent’s earning capacity is limited, resulting in a lower socio-economic lifestyle and fewer advantages in life.
- A young parent is frequently unable to afford babysitters and entertainment.
- Single parenthood often results in social isolation and loneliness.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother continues living at home, it may result in confusion of roles with her own parents and eventually lead to conflict.
- The adolescent father
  - May experience conflict regarding his rights.
  - May be the “forgotten factor.”
  - Must decide on the child maintenance payment.

Some reasons for choosing single parenthood include:

- The belief that it is a more acceptable choice.
- The girl’s own parents may help raise the child.
- Either the boy’s or girl’s parents may want a grandchild.

- The young mother has unrealistic ideas about having and supporting a baby.
- The young parent may think it is his/her “payment” for making a mistake.

**e. Fostering**

This is sometimes not considered a favourable option, mostly because some people think it is traumatic for both the child and the foster parents when the biological mother retrieves the baby.

Some reasons for choosing fostering include:

- The teenage mother is able to finish her education.
- The teenage mother is able to take responsibility when she is more prepared or ready.

5. At the end of the presentation ask if there are any comments or questions and discuss these.
6. Tell participants that the presentation is on pages 71-73 in their workbooks and encourage them to read through it when they have more time.
7. Summarize and highlight the following points.

**Key points:**

- **Pregnant teenagers have several options to choose from.**
- **Everyone involved (the adolescent parents and their immediate families) must consider the different choices and the consequences, and make any decision based on this.**
- **The final decision rests with the pregnant teen (sometimes with the consent of her partner and parent/s).**

## UNIT 7: TEENAGE PREGNANCY

### CONCLUDING NOTES

Teenage pregnancy is just one of the consequences of unprotected sexual intercourse and, as discussed, it brings a number of problems and difficulties for both teenagers and their families. Adolescents therefore need to give more thought to the consequences of their actions before engaging in sexual intercourse and to avoid having unplanned and unprotected sex. Abstinence is a method of contraception that is very effective. There are other contraceptive methods that are suitable for young people, who should communicate about abstaining and contraception before engaging in sexual intercourse. Another major result of unplanned or unprotected sex is the risk of getting an STI, including HIV.

**ACTIVITY 7.9****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of our choices about getting involved in early sexual activity.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back on behalf of each group.**

**Make sure to give each group the questions that they are to answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this activity?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their choices about getting involved in early sexual activity.
3. Ask participants to turn to page 74 in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around teenage pregnancy that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about early sexual activity and teenage pregnancy? You will not be asked to share this with anyone.
5. Write your commitment in the space below.

### NTF:

**For semi or low-literate groups do steps 1 and 2 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about teenage pregnancy.



## UNIT 8 : SEXUALLY TRANSMITTED INFECTIONS

### PURPOSE AND OBJECTIVES

This unit aims to help participants understand about sexually transmitted infections (STIs) and encourages them to delay their first sexual activity. Those who are already sexually active are encouraged to use condoms correctly each time they have sex. The unit also helps to build important communication skills that young people need to be able to discuss and negotiate their sexual needs or preferences. It also looks at other ways to express sexual feelings other than sexual intercourse, and examines the relationship between a person's self-esteem and her or his ability to protect herself or himself.

**By the end of this unit, participants should be able to:**

- ➔ Explain basic facts about STIs.
- ➔ Correct misinformation about unprotected sexual intercourse and its consequences.
- ➔ Explain how to use abstinence and condoms to reduce the risk of STI transmission.
- ➔ Practise communication skills related to STI prevention.
- ➔ Discuss the importance of self-esteem for behavioural change.
- ➔ Identify where in the community sexual health services are located. (Optional)
- ➔ Explain, through field experience, how it feels to seek services, condoms, and other methods of risk reduction in the community. (Optional)

**ACTIVITIES**

Warm Up – Front to Front/Back to Back	15 minutes
Myths About STIs	35 minutes
Facts About STIs	90 minutes
Telling Our partners	60 minutes
Condom Use	90 minutes
Saying “No” to Peer Pressure	90 minutes
Conversation Circle & Commitment	20 minutes
Teen Services Safari (Optional)	240 minutes

**6 hours 40 minutes  
(+ 4 hours optional)**

**ACTIVITY 8.1****WARM UP – FRONT TO FRONT/BACK TO BACK****Purpose:**

To acknowledge adolescents' right to question and challenge things, especially if uncomfortable about something, so that they can make clear choices for themselves.

**Time:**

15 minutes

**Steps:**

1. Divide the group into pairs.
2. Start by calling out points of contact for partners to make with each other, e.g. "knee to knee," or "ear to ear."
3. Participants must do as instructed.
4. When the facilitator calls out the word "change," everyone has to find a new partner, including the facilitator.
5. The person left without a partner becomes the new caller and the game continues.

**NTF:**

**The game will come to a stop on its own if someone calls out something uncomfortable like "nose to nose" or "lips to lips." If not, call out something that you know the participants will be reluctant to do and stop the game at that point.**

6. Allow a few minutes to discuss how participants felt about the activity, especially when asked to touch parts of the body that they did not feel comfortable touching.

**ACTIVITY 8.2****MYTHS ABOUT STIs****Purpose:**

To assess participants' understanding, knowledge, and beliefs about STIs.

**Time:**

35 minutes

**Materials Needed:**

- Three signs marked “True,” “False,” and “Don’t Know/Unsure”
- Sticky tape or Prestik

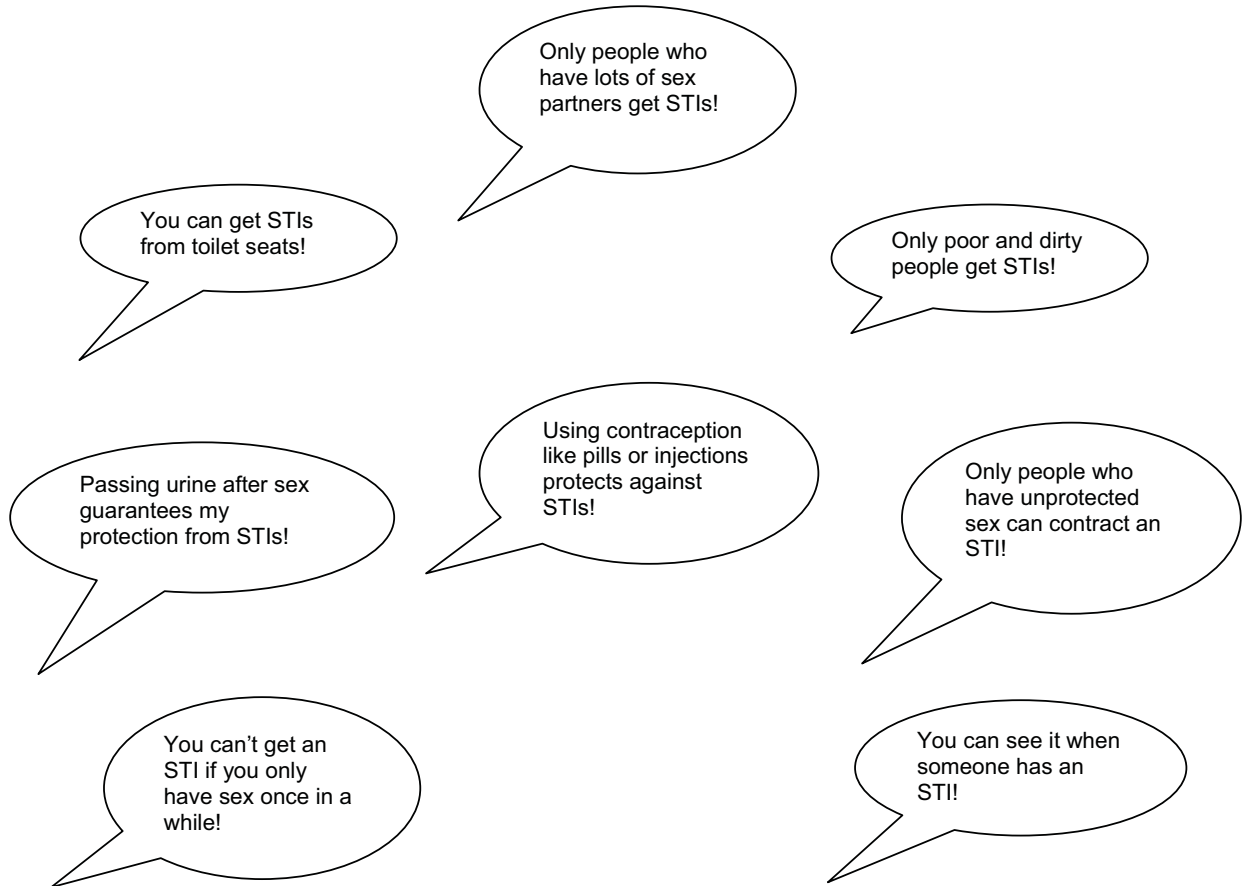
**NTF:**

Before starting the activity write the words **SEXUALLY TRANSMITTED INFECTIONS** (or **STIs**) and **SEXUALLY TRANSMITTED DISEASES** (or **STDs**) on the flipchart or chalkboard. Ask participants to share their understanding of what the two terms mean. Clarify by explaining that they both refer to the same thing—infections that are passed through sexual activity—but that “STI” is the preferred term because you can have an infection even though there are no signs or symptoms of disease. It is less stigmatising and it is important to treat our brothers and sisters who are suffering with respect and understanding.

**Steps:**

1. Brainstorm on the question “What are myths?” Discuss for a short while and give examples.
2. Write the letters **STI** at the top of a sheet of flipchart paper.
3. Ask for volunteers to say what the letters stand for and write their answers. Affirm the participants’ responses if correct or give the correct information if the responses are incorrect.
4. Place the three signs marked “**True**,” “**False**,” and “**Don’t Know/Unsure**” at different places around the room.
5. Explain to participants that you are going to call out a list of statements, and that they should move to the sign that shows what they think about each statement.

6. Call out one of the following statements and give participants time to move. You can also substitute any of the following for other statements about STIs that you are used to or have used before.



7. When participants have gathered around the signs they should talk amongst themselves and discuss the following question, "Why do I feel this way about the statement?"
8. Call out a second statement and repeat the process for as many of the statements as time allows.
9. After ten minutes bring participants back together and encourage general discussion around the statements and feelings of the group.
10. Refer participants to the discussion of myths at the start of the activity and ask them to mention other myths they know of that relate to STIs.
11. Discuss these and any other questions or comments. Use the "Presentation Notes" for a reference for the discussion.



### PRESENTATION NOTES

**Passing urine after sex guarantees my protection from STIs!** Myth. Germs (bacteria and viruses that cause STIs) enter the body very quickly. Urinating does not eliminate them.

**Only poor and dirty people get STIs!** Myth. Anyone who engages in unprotected sexual intercourse can get an STI—rich or poor.

**Only people who have lots of sex partners get STIs!** Myth. Anyone who has sexual intercourse can get an STI.

**You can see it when someone has an STI!** Myth. Many STIs have no signs or symptoms.

**You can get STIs from toilet seats!** Myth. Most germs that cause STIs cannot live in the open air or outside the human body.

**Using contraception like pills or injections protects against STIs!** Myth. Only condoms protect against both STIs and pregnancy.

**You can't get an STI if you only have sex once in a while!** Myth. Any time you have unprotected sexual intercourse you can get an STI.

12. Summarize and highlight the following points.

#### Key points:

- **A myth is a story that people believe about something or someone but is not based on fact. In most cases it has been passed on through generations and from community to community.**
- **We need to know the facts about STIs, not the myths, so that we can make the right choices and decisions.**

#### LINKING SENTENCE

Unfortunately, STIs are common. They are easy to get if people engage in unprotected sexual activity. If detected early enough, most STIs can be cured and all of them can be treated. It is therefore important that we know the facts so that we can avoid getting STIs and know what to do if we get infected.

**ACTIVITY 8.3****FACTS ABOUT STIs****Purpose:**

To learn how STIs are spread and how they can be prevented.

To look at signs and symptoms of STIs.

To discuss the effects and consequences of STIs.

**Time:**

90 minutes

**Steps:**

1. Brainstorm with the group:
  - a. Examples of STIs
  - b. Common names for STIs
2. List the responses on a separate sheet of flipchart paper.
3. Divide participants into four groups and ask each group to discuss the following:
  - a. How does a person know if s/he has an STI?
  - b. What should a person do if s/he suspects they may have an STI?
  - c. What may happen if an STI goes for a long time without being treated?
  - d. How can STIs be prevented or avoided?
4. Whilst groups are working, prepare a sheet of flipchart paper as below.

Signs & Symptoms	What to Do	Consequences

5. After ten minutes bring the groups back together. Ask each group to report back.
6. Use the following information to give key facts about the common STIs, especially those that are common amongst youth. If participants bring up HIV/AIDS, acknowledge that it is an STI, and tell them they will learn much more about it in the next unit.

## UNIT 8: SEXUALLY TRANSMITTED INFECTIONS

**ED INFECTIONS** (STIs) have been around for a long time, but in recent years new ones such as HIV, and the number of people suffering from STIs has increased. The table below lists some of the most information about each of them.


	<b>Gonorrhoea</b>	<b>Chlamydia</b>	<b>Candida (yeast)</b>	<b>Pubic lice</b>
	Sexual contact	Sexual contact	Can occur in women who have not had physical contact	Sexual contact, close physical contact, sharing the same bed or clothing
	Drip, clap, dose		White, Oedepua	Crabs
months months y years	1-10 days	1-3 weeks	No set timeframe	Immediately
less sore re a rash all and the ways easy	<b>Women:</b> Many have pelvic pain, painful urination, vaginal discharge, or fever, <b>or no symptoms</b> <b>Men:</b> Painful urination, discharge, or drip from penis <b>or no symptoms</b>	<b>Women: No symptoms or</b> pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse <b>Men: No Symptoms or</b> DISCHARGE from penis, painful urination	<b>Women:</b> Thick white discharge, swelling of vulva, painful and frequent irritation, itching around genitals <b>Men:</b> Swelling, redness, itching of the penis	<ul style="list-style-type: none"> <li>Itching in the area of the chest or genital hair</li> <li>Lice crawling and small eggs (nits) on hair and clothing</li> </ul>
	Antibiotics	Antibiotics	Vaginal cream for women Cream for men	Special shampoos or lotions, and all bedding and clothing must be washed in hot soapy water
tion s s f HIV on e born ILLBORN	<ul style="list-style-type: none"> <li>Pelvic infection</li> <li>Infertility</li> <li>Blindness in baby</li> <li>Sterility in men</li> <li>Risk of tubal pregnancy</li> <li>Facilitation of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Severe infection of reproductive organs</li> <li>Facilitation of HIV transmission</li> </ul>	Severe itching Burning when wee	Skin irritation



## UNIT 8: SEXUALLY TRANSMITTED INFECTIONS

Herpes	Hepatitis B	Venereal Warts	Scabies
<ul style="list-style-type: none"> <li>• Sexual contact</li> <li>• Body fluids</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual contact</li> <li>• Body fluids</li> </ul>	<ul style="list-style-type: none"> <li>• Skin-to-skin contact with venereal warts</li> <li>• Sexual contact</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual contact</li> <li>• Close physical contact</li> </ul>
	Jaundice	Warts	
	1-6 months	1-6 months	1 month
Sores break out on the skin. Sores can be found on the mouth, genital area, or sex.	<b>Stage 1:</b> Flu, fatigue, weight loss, painful joints <b>Stage 2:</b> Jaundice – the skin and whites of the eyes are yellow <b>Stage 3:</b> Gradual recovery	<ul style="list-style-type: none"> <li>• Small painless bumps grow on the genitals, with a slight itching or burning</li> <li>• They may be inside the vagina in women and the urethra in men</li> <li>• There may be no outward signs; Women need a <u>PAP SMEAR</u> to tell</li> </ul>	<ul style="list-style-type: none"> <li>• Itching at night</li> <li>• Red lines in the skin as the scabies burrow</li> <li>• Ulcers develop after scratching</li> </ul>
The virus stays in the body for life. The virus is not fatal, but it can cause liver disease and it can be passed on to others.	<ul style="list-style-type: none"> <li>• Life-long infection</li> <li>• Rest and healthy food</li> <li>• A vaccine can be given to prevent this infection</li> </ul>	Removed by burning, freezing, or minor surgery, but this does not cure the infection	Special cream (all clothing and bedding to be washed before applying the cream), and repeat after three days
The virus goes away with treatment, but it can reappear when the person is ill or stressed.	<ul style="list-style-type: none"> <li>• Associated with liver cancer</li> <li>• Can cause liver disease and death</li> <li>• Can be passed on to a baby</li> </ul>	<ul style="list-style-type: none"> <li>• Grow large and spread</li> <li>• Can lead to cervical cancer</li> <li>• Can be passed on to a baby</li> </ul>	Spreads all over the body

7. Go through the information in the table and allow questions and discussions as you go. Check that the group understands any words that look like THIS.
8. Make sure that participants understand the infections presented and that any concerns and/or fears are addressed.
9. Refer participants to page 78 in their workbooks.



**WORKBOOK ACTIVITY**

**GOLDEN RULES OF STIs**

If you think you may have an STI, you should:

1. Go for treatment as soon as you think something is wrong or you notice something that is not right/normal with your body.
2. Tell anyone with whom you have had unprotected sexual intercourse that you may have an STI. Both of you must be treated to avoid re-infection.
3. Finish the course of medicines given. Go back for a check-up to make sure the infection is gone.
4. Avoid sex or use a condom properly each time you have sexual intercourse.
5. Go back to the doctor if you do not feel better.

10. Spend a few minutes discussing this and address any questions or comments that come up.
11. Summarize and highlight the following points.

**Key points:**

- **Anyone can get an STI.**
- **STIs can be spread through unprotected sexual intercourse or sexual activity.**
- **Both partners must be treated to make sure that there is little chance of re-infection.**
- **Abstinence or properly used condoms are the only methods of preventing transmission of an STI.**
- **Most STIs can be cured, but some, such as herpes and HIV, have no cure.**

**LINKING SENTENCE**

STIs happen because people engage in unprotected sexual intercourse. STIs are common among adolescents. If a person suspects that s/he may have an STI, s/he should go for treatment rather than leave it untreated. It is a fact that a person with an STI is more likely to get HIV or spread HIV more easily.

Although we may feel scared or nervous to go to a clinic, it is the best thing to do to make sure that we are properly treated. It is not easy to practise the golden rules but we must try so that we can protect ourselves and our partners.

**ACTIVITY 8.4****TELLING OUR PARTNERS****Purpose:**

To identify the importance of informing partners if a person has an STI.

To look at ways of how to tell partners about STIs.

**Time:**

60 minutes

**Steps:**

1. Refer participants to the golden rule of STIs #2 “Tell anyone with whom you have had unprotected sexual intercourse.” Ask them to explain why this is important.
2. Divide participants into four to six same sex groups and give them paper to write on.
3. Ask them to turn to page 79 in their workbooks.

**WORKBOOK ACTIVITY****HARD TALK**

Read the following scenario and follow the instructions below:

**Scenario**

You have been itching around your genitals for a few days, and now you have a slight discharge as well. You went to the clinic and were told that you have an STI. The doctor gave you medicine and said you should bring your partner for treatment as well. How would you raise this with your sex partner?

**Instructions**

- a. Imagine that you are now going to tell your partner.
- b. Discuss how you would tell your sexual partner that you have an STI.
- c. Choose one person from your group to role-play your responses. S/he will team up with a participant from the other group and present the role-play.
- d. You have 15 minutes to do this.

4. Mix a male and female group together to share their discussion. Each group should:
  - a. Decide which partner (male or female) has an STI and will be telling the other partner.
  - b. Talk about what they shared in the single sex group and prepare their role-play to show this.
5. The two actors from each group should do the role-play at the front of the room. Other participants should observe and listen without interruption.
6. At the end of the role-plays encourage general discussion around how easy or difficult it is to talk to your partner about STIs as shown in the role-plays. Ask participants to discuss how they would like to be told by their sex partner that s/he has an STI.
7. Summarize and highlight the following points.

**Key points:**

- **Although difficult, it is important to let our partners know if we have an STI so that s/he can be treated as well.**
- **A person may have an STI and not have any signs or symptoms for a long time.**

**LINKING SENTENCE**

It is difficult to talk about sex as well as STIs. We can see why it is important, however, to let our sex partners know if we are infected, but that does not make it any easier to do. It is therefore important that we practise talking freely and honestly with our partners about anything, including our fears or feelings about our relationship with them. This makes it easier to develop the trust and mutual understanding needed to discuss sexual issues.

**ACTIVITY 8.5****CONDOM USE****Purpose:**

To examine the effectiveness of condoms as a means of protection.

To learn how to use a condom properly.

**Time:**

90 minutes

**Materials Needed:**

- Male and female condoms—two male and one female per participant
- Wooden willies (penis models)—one per participant
- Model of female reproductive system (if available)

**Steps:**

1. Brainstorm with the group on reasons why people use or refuse to use condoms. List the responses on the blackboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask each participant to turn to page 80 in their workbooks.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.

**WORKBOOK ACTIVITY****WHY NO CONDOMS?**

- Below is a list of common reasons that many young people give for not wanting to use a condom.
- With your partner, read through and **discuss** ways that you could reply to say why you should use a condom.
- Choose one reply that you feel is a good one and write it in the space provided.

Statements	Replies
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill; you don't need a condom.	
c. I'm a virgin.	
d. I can't feel a thing; it's like wearing a raincoat.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once...I promise to use one next time.	
l. I won't have sex if you want us to use a condom.	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

- When participants are finished bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.

**NTF:**

**If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion around the others.**

7. Explain to the group that they will now have a chance to demonstrate using the male and female condom.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward. If they are uncomfortable, let them talk about their feelings.
10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a male condom properly. Remember to talk about proper disposal as well.

**NTF:**

**If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.**

11. Give each participant a wooden willy and a new male condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well then give each participant a female condom to see how it works (or practise if a model is available).
13. At the end let participants say how they feel about being able to use a condom properly.
14. Tell participants that steps to using a condom properly are on page 82 of their workbooks.
15. Encourage general discussion, including a discussion on buying and storing condoms.
16. Refer participants to page 83 in their workbooks.





### GOLDEN RULES OF MALE CONDOM USE

Learn the following tips on how to use a condom properly:

- Check the expiry date on the packet. Never buy a condom that has no date stamp or is outdated.
- Use a condom only once. A new condom should be used for every sexual act.
- Do not have “a little sex first” before putting on a condom.
- Buy latex condoms that have a teat or nipple at the tip, as this acts as a reservoir for the semen and helps keep the condom from bursting.
- If the condoms are not lubricated, do not use lubricants with an alcohol, oil, or petroleum base, such as baby oil or Vaseline® as this will cause the condom to break.
- Use water-based lubricants such as K-Y Lubricating Jelly®.
- Do not use or buy condoms if the wrapper is broken or dried out.
- Do not cut the condom pack with scissors or rip it with teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers to pull the wrapper apart.
- Store the condom in a cool, dry place.
- Never leave condoms in the glove compartment of a car, or in a wallet, or pocket that is close to the body as sunlight and heat destroy them.
- If condoms are kept in a bag or pocket as a precaution, regularly check the expiry date and condition, and replace when necessary.

**REMEMBER: If the condom is not on then the penis is not in!**

17. Go through the points one by one then check if there are any questions or comments and discuss these.
18. Remind participants to use the **Question Box** or **Anonymous Wall** if they have questions that they do not wish to raise in the group.

19. Summarize and highlight the following points.

**Key points:**

- **Abstinence and condoms are the only prevention against both pregnancy and STIs.**
- **Always check the expiry date when buying condoms and before using them.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

**LINKING SENTENCE**

If we are to prevent the spread of STIs we must stop having unprotected sex. It is a fact, not a myth that STIs are common amongst many young people. If we cannot avoid sex altogether then we must protect ourselves and our partners by using a condom each time we have sexual intercourse.

Remember that it is your choice to have unprotected sex and risk infection, or to use a condom correctly and for each sexual round. Try not to let friends or others influence you to make the wrong decisions.

**ACTIVITY 8.6****SAYING “NO” TO PEER PRESSURE****Purpose:**

To look at pressure situations that young people may find themselves in and practise saying “no.”

**Time:**

90 minutes

**Steps:**

1. Choose participants to act out the following scenarios.

**NTF:**

**Copy and cut out the scenarios to give to participants.**

**SCENE 1**

**Actor 1 (male):** You are at a party with your good friend Bamfo. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed. Use every way you know how to say “no” to Bamfo.

**Actor 2 (male):** You offer Kofi a smoke of your weed. You can see he is not sure and you keep pushing for him to try some. Stop trying to force him if he manages to convince you that he really does not want to.

**SCENE 2**

**Actor 1 (female):** Your two best friends both have sexual intercourse with their boyfriends. You know this because they are always telling you what they did over the weekend. Your boyfriend has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you do not think that you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it” with. Use every way you know to say “no” to your boyfriend.

**Actor 2 (male):** You and Ramatu are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it and you really want to “get it on” with her. Try to convince Ramatu to have intercourse with you.

**SCENE 3**

**Actor 1 (female):** You and Naana are good friends. Her boyfriend Jake drives a nice car and takes you both to bioscope and parties. You know that Jake likes you because he has told you so. One Easter weekend Naana goes to visit her aunt in Cape Coast. Jake invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school who try to change your mind. Use every way you can think of to get your friends to understand why you said no and to realize that you are not going to change your mind.

**Actors 2 and 3 (females):** Your friend Debbie has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Debbie and Naana, Jake's girlfriend, are good friends but you think that Debbie should still go out with Jake. After all, Naana's gone away for four days. Try to convince Debbie to go to the party with Jake.

2. Give each actor her or his role only. They must not know who the other actor or actors in the given scene is/are playing.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to body language.
4. At the end of each act invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
  - How convincing was the person saying "no"?
  - What did s/he do that could be done differently?
  - What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
  - How can a person say "no" verbally, with words? List the responses.
  - How can a person say "no" non-verbally, with facial and body expressions? List the responses.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say "no" that the group brainstormed, and ask them to act those out. The following are some that you can use as well.

#### **Verbal**

- Say "no" and leave it at that.
- Say "no" and repeat it.
- Say "no" and give a reason.
- Say "no" and give an excuse.
- Say "no" and suggest an alternative.
- Say "no" and laugh it off with a joke.

#### **Non-Verbal**

- Use your body to signal "no" (e.g. stand back, hold up your hands, shake your head).
- Use your face to signal "no" (e.g. make a face, frown, grimace, look disgusted with the idea).
- Leave. Walk away and make it clear you want nothing to do with the situation.

8. At the end ask if there are any questions or comments and discuss.
9. Summarize and highlight the following points.

**Key points:**

- **There are many different ways to say “no.”**
- **Youth need to practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

## **UNIT 8:**

### **SEXUALLY TRANSMITTED INFECTIONS**

#### **CONCLUDING NOTES**

Unfortunately STIs are very common among young people, and they are taking an ever-greater toll on health. Although most can be cured, others, such as HIV cannot. You cannot tell if someone has an STI by looking at them. Prevention is the best measure—if we cannot avoid sexual intercourse altogether, we must protect ourselves and our partners by using a condom each time we have sexual intercourse. Although it is sometimes easy to give in to pressure from friends, we must always try to think for ourselves and make the right choices and decisions that are good for us.

**ACTIVITY 8.7****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to protect ourselves against contracting a STI.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back on behalf of each group.**

**Make sure to give each group the questions they are answering or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that was learnt from this activity?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of STIs.
3. Ask participants to turn to page 84 in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around STIs that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about STIs? You will not be asked to share this with anyone.
5. Write your commitment in the space below.

**NTF:**

**For semi or low-literate groups do steps 1 and 2 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about STIs.



**ACTIVITY 8.8****TEEN SERVICES SAFARI  
(Optional)****Purpose:**

To explore the kind of sexual and reproductive health services available to young people in the community.

**Time:**

4 hours

**NTF:**

This activity can be done at the end of the training on STIs if there is enough time. Some preliminary research into available STI service centres in the communities, e.g. STI clinics, should be done before sending the youth out to do this activity. Use the findings to assign youth to a particular facility. You can also assign youth to visit chemist shops or other places that sell condoms.

**Steps:**

1. Divide participants into pairs. Make sure that there is one assertive person and mix the sexes if possible.
2. Ask each pair to turn to page 86 in their workbook.

**WORKBOOK ACTIVITY****TEEN SERVICES SAFARI**

When you go to the facility you have been assigned, use the questions below to gather information. Both of you can write the responses in your own workbooks.

Name of place visited: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Hours services available: \_\_\_\_\_

Time spent visiting the facility: \_\_\_\_\_

Are services available specifically for teens? \_\_\_\_ Yes \_\_\_\_ No

If special teen services are available, what are they? List below:

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**EMPLOYEE INTERACTION**

Title of staff member or employee interviewed: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Response to questions: \_\_\_\_\_ Positive \_\_\_\_\_ Negative

**LOCATION AND ACCESS**

1. Where is the facility located? Tick those that apply.

\_\_\_\_\_ Near public transportation.

\_\_\_\_\_ Close by; easy to get to.

\_\_\_\_\_ Near village.

\_\_\_\_\_ Near where youth hang out.

\_\_\_\_\_ Separate youth section from adult section.

\_\_\_\_\_ Located in an area that gives a teen full privacy.

\_\_\_\_\_ Other: \_\_\_\_\_

2. Are there any signs to identify services? \_\_\_\_Yes\_\_\_\_ No

If yes, what does the sign say? \_\_\_\_\_

3. Were any of the signs made especially to attract teens for programmes, contraceptives, or services? \_\_\_\_\_

4. Are all services and programmes found in one place? \_\_\_\_Yes \_\_\_\_ No

5. How did the receptionist and/or staff treat you when you asked for information or special teen services?

\_\_\_\_\_  
\_\_\_\_\_**NOTES**

You can write any additional notes in this space.

3. When the group comes back together ask the participants to share their experiences and findings.
4. Use the following guiding points to stimulate discussion.
  - a. How do you feel about seeking out these services? Were the facilities “youth friendly”?
  - b. How were the girls’ experiences different from that of the boys?
  - c. If you ever needed treatment for STIs or contraceptives such as condoms, would you go to any of these facilities?
  - d. Would you recommend any of these facilities to other teens? Why?

**CONCLUDING NOTES**

Not many facilities offer “youth friendly” services, but there are many organizations that do. Adolescents must remember that it is their right to access basic health services, and they must assert their right to these services.



## UNIT 9: HIV AND AIDS

### PURPOSE AND OBJECTIVES

This unit aims to promote understanding about how HIV is mainly transmitted (through sexual activity) and about how it causes AIDS. The unit examines facts and myths about HIV and AIDS and helps to equip young people with relevant skills and knowledge that they can use to make informed choices and educate their peers. The unit also puts great emphasis on living positively with HIV and addressing the stigma that is associated with being HIV-positive.

**By the end of this unit, participants should be able to:**

- ➔ Explain basic facts about HIV and AIDS.
- ➔ Correct misinformation about transmission and prevention of HIV infection.
- ➔ Understand and be able to explain safer sex behaviours.
- ➔ Know and explain how to live positively with HIV and AIDS.

**ACTIVITIES**

Warm Up – Lifeboat	<i>10 minutes</i>
Sensitising Activity – Marking Time	<i>15 minutes</i>
Understanding HIV and AIDS	<i>45 minutes</i>
HIV and Unprotected Sexual Activity	<i>60 minutes</i>
How HIV Makes You Sick	<i>45 minutes</i>
Risky Behaviours	<i>50 minutes</i>
Saying “No” to Peer Pressure	<i>90 minutes</i>
Safe and Safer Sex Practices	<i>45 minutes</i>
Condom Use	<i>90 minutes</i>
Showing Care and Support	<i>40 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**8 hours 30 minutes**

**Note: Resource notes on HIV and AIDS can be found at the end of the unit.**

**ACTIVITY 9.1****WARM UP – LIFEBOAT****Purpose:**

To have fun and move around the room.

**Time:**

10 minutes

**Steps:**

1. Ask participants to stand and form a circle.
2. Explain that they are on a sinking ship. They have to get into lifeboats, but there may not be enough room for everyone.
3. Explain that the lifeboats can only carry small groups of people.
4. They have to listen carefully for the number of people who need to group themselves and do so quickly so as not to miss the boat.
5. Announce that the first lifeboat is leaving and call out the number that should be in a group, e.g. "The lifeboat is taking groups of threes, or fives, or sevens." Choose numbers according to the size of the entire group.
6. Give the participants five seconds to get into groups. Anyone left outside a group, or any groups that are more or less than the number you called are then out of the game.
7. You then make a new announcement for the next lifeboat and call a new number for participants to form new groups.
8. Continue until participants are relaxed and they have all had fun playing the game.

**ACTIVITY 9.2****MARKING TIME****Purpose:**

To help participants realize that anyone can be infected with HIV.

To start to think positively about the letters H, I, and V.

**Time:**

15 minutes

**Steps:**

1. Using a red marker go around the group and write one of the letters **H**, **I**, or **V** on the palm of each participant's hand. Write **H** on the first person's palm, **I** on the next, **V** on the next, **H** on the next, and so on until each person is marked.
2. Ask participants to think about HIV, study their mark and take turns describing what they thought and felt while studying it.
3. Point out that the original meaning of the word "stigma" is a "mark on the skin ... made by cutting, branding, burning, pricking, or puncturing" and drawing red blood.
4. Conclude the activity by having participants place their arms across their chest to hug themselves while they close their eyes and make a silent wish.



**ACTIVITY 9.3****UNDERSTANDING HIV AND AIDS****Purpose:**

To assess participants' general knowledge and understanding of HIV and AIDS.

To provide factual information about HIV and AIDS.

**Time:**

45 minutes

**NTF:**

**You can get a co-facilitator who is experienced in the field of HIV and AIDS to assist you with the factual information, or you can invite someone from the local clinic or another relevant institution to assist. Also, read the Background Information for Facilitators on page 304 before beginning this unit.**

**Steps:**

1. Divide participants into small groups and ask each group to discuss the following questions, "What is HIV?" and "What is AIDS?"
2. After five minutes bring the groups back together and ask groups to give their responses. List these on the chalkboard or flipchart paper.
3. Acknowledge participants' responses and give a presentation on HIV and AIDS.
4. Start the presentation by writing the letters "H.I.V" and "A.I.D.S" on the chalkboard or flipchart paper. Discuss and explain the terms.
5. Use the following "Presentation Notes" to give factual information on HIV and AIDS.



## PRESENTATION NOTES

### FACTS ABOUT HIV AND AIDS

#### What Is HIV? What Is AIDS?

HIV stands for Human Immuno-deficiency Virus. It is a germ that lives in humans and attacks the immune system.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a disease that happens to someone infected with HIV. It is when the body's immune system, the body's defence against infection and disease, is so damaged by HIV that it is too weak to fight off any infection.

#### How Is HIV Transmitted?

HIV can be spread from one person to the next in three ways:

- Through unprotected sexual activity with a person infected with HIV.
- Through contact with blood that is infected with HIV, for example, through sharing of needles or blades, or a blood transfusion of untested blood.
- From a mother to her unborn or newborn child.

#### Where Does HIV Live in the Body?

HIV is found in large numbers in sexual juices, blood, and breast milk. HIV can be passed from one person to the next through coming into contact with sexual juices during unprotected sexual intercourse, contact with infected blood, or from an infected mother to her unborn or newborn baby. Not all babies born to HIV-positive mothers get HIV. There are medicines (called antiretrovirals [ARVs]) that help prevent mother-to-child transmission of HIV.

#### How Does HIV Make You Sick?

Our bodies have many different parts, and every part has an important job to do. For example, the heart pumps the blood around, the brain thinks, the lungs breathe air, the breasts make milk, etc. We have a very important system in our bodies called the immune system. The job of this system is to protect and defend the body against germs and diseases. It also helps to heal the body after sickness or injuries.

The immune system is like our body's army. We cannot defend ourselves against germs when this army gets weak.

The HIV "germ" slowly damages the immune system if it gets into a person's body. This means that the body starts to lose its power to defend itself against other germs, such as tuberculosis (TB). It also loses its power and strength to heal itself. Slowly HIV gets stronger and stronger, while the immune system gets weaker and weaker.

The person starts to feel sick when HIV has broken down most of his or her immune system. This may take many years to happen. This person with a very weak immune system is then said to have AIDS.

The person with AIDS is very weak and can get sick very easily from many different germs.

### **Signs and Symptoms**

Many people who are infected with HIV do not know they are infected because they feel and look healthy. It takes many years for the signs of HIV infection to show up, and this usually happens when a person becomes ill from other diseases. Some of the most common signs include:

- Weight loss
- Severe diarrhoea
- Sores in the mouth
- Thrush
- Coughs that take a long time to get better
- Swellings
- Fever
- Sweating

### **How to Tell if a Person is HIV-Positive?**

Being HIV-positive means that a person is infected by HIV, as shown by an HIV test. It is impossible to know if a person is infected with HIV by checking the way the person looks. The only way to know is to have a special test done that will show whether or not there is HIV infection.

### **How Can HIV Be Prevented?**

HIV infection can be prevented by:

- Not having sexual intercourse.
- Only having sex with one partner when both you and your partner have been tested to determine that neither of you has HIV.
- Not sharing needles for intravenous drug use.
- Using a condom correctly every time you have sex.
- Not having body piercing or tattooing, or getting cut with needles, razors, or other sharp objects that may not have been sterilized.

### **STIs, including HIV and AIDS**

Most STIs can be treated at any clinic, but AIDS cannot. It is important to treat STIs because a person with an STI can more easily get HIV or pass HIV on to someone else.

There is no cure for AIDS, but many people infected with HIV live long and healthy lives. These are the basic facts about HIV. It is important to read more and find out as much as possible because the information about HIV and AIDS keeps changing everyday.

6. At the end, check if participants understand. Ask if there are any questions or comments and discuss these.
7. Summarize and highlight the following points.

**Key points:**

- **HIV is spread mainly through unprotected sex.**
- **There is no cure for AIDS.**
- **It is impossible to tell if a person has HIV by looking at him or her. Only a special test can tell.**
- **Having an STI makes it easier to spread or get HIV.**
- **The main way to prevent the spread of HIV is to not have sexual intercourse. Using a condom properly each time you have sexual intercourse greatly reduces the chances of getting HIV.**

**LINKING SENTENCE**

Just like a virus causes the flu, a virus called HIV causes AIDS. Though most people recover from the flu, AIDS is a disease that has no cure. For a long time people did not know the difference between HIV and AIDS, and that is one reason why there is so much fear and stigma associated with HIV and AIDS. Another reason why there is so much shame and fear is because HIV is spread mainly through sexual activity.

**ACTIVITY 9.4****HIV AND UNPROTECTED SEXUAL ACTIVITY****Purpose:**

To understand how engaging in unprotected sexual activity can spread HIV.

**Time:**

60 minutes

**Materials Needed:**

- Index cards and pencils – one per person (or a piece of paper per person)

**Preparation:**

Write each of the following statements on one index card only.

**Z: Shake hands with any three people in the room.**

**Get any three participants to put their signatures on your card.**

**X: Shake hands with any three people in the room.**

**Get any three participants to put their signatures on your card.**

Prepare no more than three index cards with the following statement.

**W: Do not shake hands with anyone but try to get at least three signatures.**

Write the statement below on the remaining index cards. Put a small “c” on the bottom right corner of some of these cards (at least three or four cards should have “c” listed on them).

**Ask any three participants to put their signatures on your card.**

**NTF:**

**X = HIV-infected**

**Z = Infected with genital herpes, an incurable STI**

**W = Choose to abstain**

**C = Used a condom**

**Steps:**

1. Give the card marked “**Z**” to one participant and the card marked “**X**” to another participant.
2. Give the cards marked “**W**” to three participants. Give the remaining cards to other participants.

3. Tell participants to keep the special instructions on their cards a secret and to follow the instructions.
4. Ask the group to stand, move around the room and follow the instructions on their card.
5. Tell participants that when they have achieved the task on their card they should return to their seats.
6. When all the participants are back at their seats, ask the people with “**Z**” and “**X**” written on their cards to stand up. Ask them to call the names of the three people who signed their cards and get these people to stand up.
7. Ask everyone who shook hands with these persons to stand up. Ask everyone who shook hands with a person that is standing to stand up and so on.
8. Continue this until all the participants are standing except for the three who received cards marked “**W: Do not shake hands with anyone but try to get at least three signatures.**”
9. Now tell the group to pretend that the person with the card marked “**X**” was infected with HIV and that instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures s/he collected.
10. Do the same for the card marked “**Z**” (genital herpes).
11. Ask those who are still seated why they did not stand up. Someone should say/read what the instruction was on their card. Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from HIV and STIs.
12. Ask participants to check if they had a “c” written on their card. If so, tell them they can sit down.
13. Explain that fortunately these people used condoms properly during sexual intercourse and therefore were not at great risk of being infected.
14. Let the participants sit down and remind them that this was just a game.
15. Use the “Presentation Notes” below to encourage discussion and clarify facts about how HIV is spread.



## PRESENTATION NOTES

### HOW A PERSON CAN CONTRACT HIV

#### 1. Unprotected sexual intercourse or activity

This is the **most common way** that HIV is spread. HIV is found in the semen or vaginal juices of a person who is HIV-positive. During sex, the virus can pass into the other person's sexual juices or through the thin membrane in the sex organs. It can also pass through any sores, cuts, or scrapes that a person may have on their sex organs, for example, a person with an STI may have sores, which will make it easier for HIV to get into the body during sex.

#### 2. From mother to child

HIV can pass into the baby if a pregnant mother is HIV-positive. HIV can also be passed on to the baby through breast milk. There are now medicines available (called antiretrovirals [ARVs]) that help stop the spread of HIV from the mother to the baby.

#### 3. Through contact with contaminated blood

HIV can pass from one person to another through his or her blood. By sharing razor blades or other cutting tools that are not properly cleaned, or by injecting drugs and sharing needles people can get infected with HIV. If blood is not tested before a blood transfusion, it is possible to get HIV, but most places now test blood for the HIV virus before it is given to sick people.

### HOW HIV IS NOT SPREAD

Many people are scared of HIV because they still do not understand how it is passed from one person to another. Everyday contact with people is safe. HIV is not spread in the following ways:

- Kissing.
- Hugging or touching.
- Sneezing or coughing.
- Sharing plates, cups, spoons, etc.
- Sharing toilets, baths, or showers.
- Swimming in pools.
- Shaking hands.

16. Ask participants if they have any questions or comments and address these.

17. Allow participants to share their feelings about the activity and stimulate discussion. The following guiding questions can be used:
  - Did anyone not want to exchange signatures or shake hands but felt pressured to do so? Why?
  - How does this activity relate to real life?
  - How did person “X” and person “Z” feel when they found out they were infected? How did others feel towards them?
  - How did the people with “W” manage to get signatures without shaking hands?
  - How did the people feel who discovered they escaped infection because they used condoms?
  - How did others feel at the thought that they might be infected?
18. Ask if there are any questions or comments and discuss these. Check that participants are feeling OK after the activity. Remind them again that it was only a game.
19. Distribute blank index cards to each participant and remind them that they can either use the **Anonymous Wall/Question Box** to post sensitive questions or statements, or they can find time to talk to you later on.
20. Summarize and highlight the following points.

**Key points:**

- **HIV is spread mainly through unprotected sexual intercourse.**
- **Many people often choose or decide to have sex without thinking of the consequences.**
- **The spread of HIV can be greatly reduced if people stop having unprotected sex.**

**LINKING SENTENCE**

HIV continues to spread fast because people are still having unprotected sex. Remember that no one can tell if a person has HIV by just looking at him or her. Many times people with HIV do not even know themselves that they have the virus, and so they unknowingly pass it on to others. Once a person is HIV-positive then that person has the virus for life, and will need to change their lifestyle to keep the immune system strong enough so that s/he does not get full blown AIDS.



**ACTIVITY 9.5****HOW HIV MAKES YOU SICK****Purpose:**

To understand the immune system and how it works.

To examine what HIV does in the body and how it causes illness.

**Time:**

45 minutes

**NTF:**

**If working with a small group (12 to 15 participants), reduce the body soldiers to two and the flu virus to one.**

**Steps:**

1. Ask for nine volunteers to play the following parts in the drama:
  - a. One healthy young woman or man (Liz/John)
  - b. Three body soldiers
  - c. Two flu virus
  - d. One TB germ
  - e. One health worker or nurse
  - f. One HIV virus
2. Narrate the story as follows, and ask the actors to play their parts as you read.

**DRAMA: HOW HIV WORKS IN THE BODY**

**Actor:** Liz/John

**Narrator:** This is Liz/John. S/he loves partying with friends and enjoys life to the fullest.

**Actor(s):** Body soldiers

**Narrator:** These are Liz's/John's body soldiers. They are part of the immune system. They are armed to the teeth and always on the lookout for any germs that want to attack. They fight them off with everything they have so that Liz/John does not get sick.

**Actor:** Flu virus

**Narrator:** With the change of season and everybody getting sick, it is hard for Liz/John not to get the flu. Here comes the flu virus. But the body soldiers fight back and fight hard. They know the flu virus and know exactly what to do to get rid of it. After a while the flu virus goes away and Liz/John is back to her/his healthy self again.

**Actor:** TB

**Narrator:** One day Liz/John gets TB. The immune system also fights off the TB and with a bit of medicine from the local clinic, Liz/John's body is able to win the fight and TB is defeated.

**Actor:** HIV

**Narrator:** Liz/John does not know it, but the person they are about to have unprotected sex with is HIV-positive.

There it goes, the HIV virus enters the body silently—there is nothing whatsoever to tell Liz/John that they have just been infected. The body soldiers know though and they start to fight, but this is a new virus and they are not sure how to beat it.

John/Liz continues to enjoy life, partying and having fun, whilst her/his body soldiers continue trying to fight off the HIV with everything they can think of. They have been fighting for a long time now and nothing seems to work. HIV continues to slowly win the fight and the body soldiers start to get weak.

**Actor:** Liz/John

**Narrator:** After a while Liz/John starts to suspect that something is wrong because s/he has been having a runny nose and a slight temperature. It must be the flu again so she/he buys some flu medicine at the pharmacy.

**Actor:** Flu

**Narrator:** But then here comes the real flu virus. The body soldiers see it coming and try to fight it off but they are just too weak.

**Actor:** TB

**Narrator:** Then TB attacks again and it is just too much for the body soldiers. They can no longer fight off all these germs because HIV has weakened them too much. They eventually die.

**Actor:** Liz/John

**Narrator:** With all these germs in her/his body, Liz/John is not well at all. S/he starts to feel really sick and cannot seem to get better. Sometimes s/he has diarrhoea, sometimes fever, sometimes there is a rash. S/he just does not know what is wrong. With the body soldiers dead, Liz/John has no way to fight off any germ at all and s/he eventually dies.

3. At the end of the drama remember to de-role the actors by reminding them that they are back to being participants and that no one in the group is a body soldier, a virus, or a germ.
4. Ask participants to share their understanding of the drama and what were the key messages they learnt. Also discuss what they think people with HIV can or cannot do.
5. Ask participants to turn to page 90 in their workbooks. Ask for volunteers to read the different paragraphs.



## WORKBOOK ACTIVITY

### FROM HIV TO AIDS

Read through the following facts on HIV and AIDS. The facilitator will give you time to ask any questions that you have.

A person who is HIV-negative has a lot of healthy body cells called CD4 or T-cells (our body soldiers) in his or her immune system. This person is said to have a high “CD4 count.” A person who is infected with HIV also has a high CD4 count in the beginning, but this gets lower as HIV starts to attack and destroy the immune system.

A person with HIV can have the virus for a very long time before s/he starts feeling sick. Some people may feel a bit sick soon after being infected and may think that s/he has the flu, but many people can be HIV-positive for as long as eight years or more and not know that something is wrong.

From 2 to 12 weeks after a person is infected with HIV by having unprotected sex with an HIV-positive person (or other ways, such as sharing needles), a blood test will **not** show that the person is HIV-positive. This is because there are not enough special cells that the body produces to fight off infections (called antibodies) in the body to be detected by the test. During this time, however, the person can continue to spread the virus through unprotected sexual activity. The virus also continues to destroy the CD4 cells, weakening the immune system in the process.

Although the person does not feel or look ill, the body is getting weaker and cannot fight off infection as well as it could before. The longer the person goes without knowing that s/he is HIV-positive, the sooner s/he may develop AIDS because s/he is less likely to take extra care of his or her body. A person who is HIV-positive should avoid smoking and drinking because cigarettes directly affect the lungs and alcohol affects the blood stream. This helps to weaken the immune system.

A person who is HIV-positive can get sicker and sicker as the virus reproduces itself (multiplies) and continues to destroy the immune system. When there are more viruses in the body, the less healthy body soldiers there are. When there are many HIV virus particles in the body and the number of CD4 cells is low, the person is said to have a high “viral load” and low “CD4 count.” This is when the person starts to get AIDS. When there are not enough CD4 cells to fight infection it is easier for other sicknesses like TB and pneumonia to attack the body, making the person sick and likely to die much faster.

6. Invite general comments and questions and discuss these. Make sure participants' concerns have been addressed and that they understand the immune system and how it works.
7. Remind participants to post any sensitive questions in the **Question Box** or on the **Anonymous Wall**.
8. Summarize and highlight the following points.

**Key points:**

- **HIV attaches itself to healthy cells and destroys them.**
- **The more HIV there is in the body, the fewer healthy cells there are.**
- **A weak immune system makes it easier for other infections and diseases to happen.**
- **A person can live with HIV for a long time and look and feel healthy.**
- **The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS.**
- **There are medicines that a person can take to slow down the spread of HIV in the body, and to strengthen the body cells. This can delay the person from developing AIDS. But, these medicines can be very costly and are not always available.**
- **There is no cure for HIV infection and AIDS.**
- **There is no vaccine to prevent HIV infection.**

**LINKING SENTENCE**

Most people who contract HIV do so because they have unprotected sex. Changing this behaviour is the only thing that will protect us from getting infected. We need to stop engaging in risky sexual behaviours so as to protect ourselves from HIV and other STIs.

**ACTIVITY 9.6****RISKY BEHAVIOURS****Purpose:**

To examine different sexual behaviours and discuss the levels of risk involved.

To look at how much at risk there is in certain behaviours.

**Time:**

50 minutes

**Materials Needed:**

- Four signs with the following words written on them: “Definitely a Risk,” “Probably a Risk,” “Probably not a Risk,” “Definitely not a Risk”
- Index cards or pieces of paper
- Sticky tape
- Pens/pencils

**Steps:**

1. Prepare the four signs that say “Definitely a risk,” “Probably a risk,” “Probably not a risk,” and “Definitely not a risk,” as well as index cards or pieces of paper with the following behaviours written on them (one on each card):
  - a. Abstaining from sexual intercourse.
  - b. Sharing needles for drug use.
  - c. Sharing needles for ear piercing.
  - d. Intercourse without condoms.
  - e. Kissing.
  - f. Getting a blood transfusion.
  - g. Donating blood.
  - h. Using a public telephone.
  - i. Shaking hands with an HIV-infected person.
  - j. Hugging a person with AIDS.
  - k. Being close to a person with HIV who is coughing.
  - l. Going to school with a person who has AIDS.
  - m. Being born to a mother who is HIV-positive .
  - n. Sharing a toothbrush or comb with a person who is HIV-positive.
  - o. Being bitten by a mosquito.
  - p. Sexual intercourse with a person using a condom.
  - q. Being breastfed by a mother who is HIV-positive.
  - r. Deep or french kissing.
2. Explain to participants that assessing risk of transmitting HIV from an infected to a non-infected person is based on the following facts:

- a. If person A is infected with HIV, he or she has sufficient quantities of HIV in his/her sexual fluids (semen or vaginal fluids), and his/her blood to infect a sexual partner.
  - b. The virus is also found in other bodily fluids such as saliva and tears, but not in sufficient quantities to infect another person, for example, through mouth-to-mouth kissing.
  - c. In order to infect another person, the virus in A's sexual fluids and/or blood has to enter the bloodstream and/or pass through the mucous membranes of that person (e.g. inside the person's penis or vagina).
  - d. HIV cannot pass through unbroken skin, or through unbroken latex condoms.
3. Give a few participants a statement each (no more than three at a time). After reading the card aloud, ask them to tape the card under one of the signs "definitely a risk/not a risk," etc.
  4. Ask them why they have put the card under that particular sign. Check if the group agrees.
  5. Give another two or three participants a different statement each and follow the above procedure, correcting any misinformation until all or as many of the cards have been placed. Refer to the following guidelines for clarification.

**Definitely a Risk**

- Sharing needles for drug use.
- Sharing needles for ear piercing.
- Having intercourse without condoms.

**Probably a Risk**

- Getting a blood transfusion (the risk here will be specific to the location; find out about your local blood transfusion HIV-testing procedures).
- Being breastfed by a mother who is HIV-positive.

**Probably Not a Risk**

- Deep or french kissing (if both mouths are healthy, not bleeding).
- Sharing a toothbrush or comb (no blood involved).
- Kissing.
- Having intercourse with a person using a condom (if it is used correctly and is unbroken).

**Definitely Not a Risk**

- Being close to a person with HIV who is coughing.
- Abstaining from sexual intercourse.
- Donating blood.
- Using a public telephone.
- Shaking hands with an HIV-infected person.
- Hugging a person with AIDS.

- Going to school with a person who has AIDS.
- Being bitten by a mosquito.

Remember that there is a degree of risk with almost all activities that involve any kind of intimate or sexual interaction. This of course depends on a number of factors like whether or not there is broken skin, etc.

6. Encourage discussion for a few minutes then ask participants to turn to page 91 in their workbooks.



### WORKBOOK ACTIVITY

#### AM I AT RISK?

1. Read through the following sentences and ask yourself the following questions. Write “Y” for yes, “N” for no, or “U” for unsure on the line next to each one according to what you believe.
2. Explain how you can reduce your personal risk of getting pregnant (or impregnating someone), or getting an STI, including HIV. Write in the space below or use the blank pages at the end of this unit.

#### ***Am I at risk if...***

- I hug, kiss, or massage a friend? \_\_\_\_\_
- I do not protect myself when handling blood? \_\_\_\_\_
- My sexual partner has unprotected sex with others? \_\_\_\_\_
- I drink beer or other kinds of alcohol? \_\_\_\_\_
- I masturbate myself? \_\_\_\_\_
- Mosquitoes bite me? \_\_\_\_\_
- Semen or vaginal fluid touches my outer (unbroken) skin? \_\_\_\_\_
- I have unprotected sex with more than one person? \_\_\_\_\_
- I have been treated and cured of an STI in the past? \_\_\_\_\_
- I share a razor with someone? \_\_\_\_\_
- I only have sex with one partner? \_\_\_\_\_

I do not always use a condom when having sex? \_\_\_\_\_

I do not know if my sexual partner is HIV-infected or not? \_\_\_\_\_

Think of how you can reduce your risk of getting pregnant (or getting a girl pregnant) or of getting an STI, including HIV. Write your thoughts in the space below.

I can reduce my chances of being at risk by ...

7. When all are finished bring participants back together. Go through the list of statements and ask participants to indicate what their responses were.
8. Clarify and give factual information where necessary and use the following questions to stimulate discussion:
  - a. Does knowing that some things are definitely or probably a risk worry you?
  - b. Did you learn any new information? Do you have any questions about any behaviours we did not list today?
  - c. If you were explaining information on risky or non-risky behaviour to a friend, what would you say first?
9. Summarize and highlight the following points.

**Key points:**

- **Abstinence is the only completely safe sex behaviour. Condom use can only be considered “safer.”**
- **There is a degree of risk with most sexual activities that we do, especially sexual intercourse! This depends on whether there is broken skin on our partner or us, and includes things like small cuts or scrapes, many of which might not be visible.**
- **Having unprotected sex with one partner is risky because we cannot be 100 percent sure that that person is having sex with only us.**
- **Knowing our own HIV status can help minimize the risk of HIV transmission, if we take actions to avoid spreading it.**

**LINKING SENTENCE**

Sometimes it is difficult to tell just how much at risk we may be. Not all behaviour is clear-cut, so we may find ourselves doing something that unknowingly exposes us to getting HIV. Remember that as long as a person has unprotected sex with someone whose HIV status is unknown, that person is putting herself or himself at risk. It is therefore important not to give in to peer pressure and end up engaging in sexual activity that puts us at risk.



**ACTIVITY 9.7****SAYING “NO” TO PEER PRESSURE****Purpose:**

To look at pressure situations that young people may find themselves in and practise saying “no.”

**Time:**

90 minutes

**NTF:**

**There is no need to repeat this activity if it was covered in Unit 8 with the same group of participants. Just refer and refresh participants' knowledge using the key points.**

**Steps:**

1. Choose participants to act out the following scenarios.

**NTF:**

**Copy and cut out the scenarios to give to participants.**

**SCENE 1**

**Actor 1 (male).** You are at a party with your good friend Bamfo. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed. Use every way you know how to say “no” to Bamfo.

**Actor 2 (male).**

You offer Kofi a smoke of your weed. You can see he is not sure and you keep pushing for him to try some. Stop trying to force him if he manages to convince you that he really does not want to smoke.

**SCENE 2**

**Actor (female).** Your two best friends both have sexual intercourse with their boyfriends. You know this because they are always telling you what they did over the weekend. Your boyfriend has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you do not think that you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it with.” Use every way you know to say “no” to your boyfriend.

**Actor 2 (male).** You and Ramatu are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it and really want to “get it on” with her. Try to convince Ramatu to have intercourse with you.

**SCENE 3**

**Actor 1 (female).** You and Naana are good friends. Her boyfriend Jake drives a nice car and takes you both to bioscope and parties. You know that Jake likes you because he has told you so. One Easter weekend Naana goes to visit her aunt in Cape Coast. Jake invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school who try to change your mind. Use every way you can think of to get your friends to understand why you said no and to realize that you are not going to change your mind.

**Actors 2 and 3 (females).** Your friend Debbie has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Debbie and Naana, Jake's girlfriend, are good friends but you think that Debbie should still go out with Jake. After all, Naana's gone away for four days. Try to convince Debbie to go to the party with Jake.

2. Give each actor her or his role only.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to body language.
4. At the end of each scene invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
  - How convincing was the person saying "no"?
  - What did s/he do that could be done differently?
  - What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
  - How can a person say "no" verbally, with words? List the responses.
  - How can a person say "no" non-verbally, with facial and body expressions? List these.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say "no" that the group brainstormed and ask participants to act these out. The following are some that you can use as well:

**Verbal**

- Say "no" and leave it at that.
- Say "no" and repeat it.
- Say "no" and give a reason.
- Say "no" and give an excuse.
- Say "no" and suggest an alternative.
- Say "no" and laugh it off with a joke.

**Non-verbal**

- Use your body to signal “no” (e.g. stand back, hold up your hands, shake your head).
- Use your face to signal “no” (e.g. make a face, frown, grimace, look disgusted with the idea).
- Leave. Walk away and make it clear you want nothing to do with the situation.

8. At the end ask if there are any questions or comments and discuss these.

9. Summarize and highlight the following points.

**Key points:**

- **There are many different ways to say “no.”**
- **Youth need to practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

**LINKING SENTENCE**

It is so easy to have unprotected or unplanned sex. This is the main way that HIV is being spread and more young people are becoming infected. It is hard for some people not to have any sexual activity at all so the next best thing is to know which activities are relatively safe, and how to protect yourself.

**ACTIVITY 9.8****SAFE AND SAFER SEX PRACTICES****Purpose:**

To discuss what sexual behaviours or practices are considered safe in terms of STI/HIV infection.

To examine the degree of risk involved in practicing certain behaviours.

**Time:**

45 minutes

**Steps:**

1. Write the words **SAFE** on the chalkboard or sheet of flipchart paper.
2. Ask participants to discuss what the word means to them with the person sitting next to them. Ask them to share their thoughts with the group and write down the key points.
3. Write the word **SAFER** on a different space on the chalkboard or a separate sheet of flipchart paper.
4. Ask participants to discuss what the word means to them with the same person.
5. Divide participants into two groups to discuss the following:
  - a. Group 1: What sexual behaviour is considered “safe”? Why?
  - b. Group 2: What sexual behaviour is considered “safer”? Why?
6. Bring the groups back together to discuss and share their responses. Make a list of the activities presented under “safe” and “safer.”

**NTF:**

**Be sure to discuss the “ABC” message, “Abstain, Be faithful, and Condomise” if it is not raised, and let participants examine what each part of the message means and how safe it is.**

7. Facilitate a general discussion and intervene to give factual information as needed.
8. Use the following “Presentation Notes” to clarify and summarize “safe” and “safer” sex.



## PRESENTATION NOTES

### SAFE AND SAFER SEX

The word “safe” means no risk or negative consequence. The word “safer” means the reduction of risk or negative consequence. In the sexual connotation, safe means no risks or negative consequences at all.

In general, there are several risks or negative consequences linked to sexual intercourse of any kind. These include pregnancy, STIs (including HIV), cervical cancer, and emotional hurt or exploitation. As long as there is sexual intercourse, there is a measure of risk involved. Condoms reduce the risk of transmission of STIs, including HIV and AIDS if used properly, but there is no guarantee.

Emotional hurt and exploitation is probably the most difficult to prevent, but entering into a sexual relationship for the right reasons and at the right time, rather than to please others, can reduce this risk.

Safer sex includes remaining faithful to only one partner who is faithful to you, taking a sexual history before having sexual intercourse and/or using other forms of sexual expression, such as mutual masturbation in the place of sexual intercourse. The benefits of safer sex behaviours or practices are that they provide a chance to:

- Get to know each other better and to develop trust and affection, so that each individual can do what s/he feels is right for her/him, rather than doing what is “expected.”
- Explore the whole body as a source of pleasure.
- Experience romance and courtship.

Therefore, one can conclude there is no such thing as truly safe sex. In sexual relationships therefore people are encouraged to practise safer sex.

9. Check if there are any questions or comments and discuss these.

10. Ask participants to brainstorm different ways to practise safer sex and list these on flipchart paper.

11. Summarize and highlight the following points.

**Key points:**

- **Sexual intercourse involves emotional, psychological, and physical risks.**
- **Absolute abstinence is the only way to be completely safe from risk.**
- **Being faithful is only safe if both partners are completely faithful to each other, and are not HIV-positive.**
- **Condoms reduce the risk of pregnancy and STIs (including HIV) but only if used properly.**

**LINKING SENTENCE**

Part of practicing safer sex is being able to negotiate for condom use. Let us now look at people's attitudes towards condoms and talk about the myths related to these. We will also demonstrate how to use the male and female condom so that each of us knows how to do this.

**ACTIVITY 9.9****CONDOM USE****Purpose:**

To examine the effectiveness of condoms as a means of protection.

To learn how to use a condom properly.

**Time:**

90 minutes

**Materials Needed:**

- Male and female condoms—two male and one female participant
- Wooden willies (penis models)—one per participant
- Model of female reproductive system (if available)

**NTF:**

**If you have already done this activity with the same group in Unit 8, you do not have to do it again. You can ask them to repeat the golden rules of condom use and re-emphasize that apart from total abstinence from any sexual activity, condoms are the only protection against STIs, including HIV and AIDS.**

**Steps:**

1. Brainstorm with the group on reasons why people use or reject condoms. List the responses on the chalkboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask each participant to turn to page 93 in their workbooks.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.



## WORKBOOK ACTIVITY

### WHY NO CONDOMS

- Below is a list of common reasons that many young people give for not wanting to use a condom.
- With your partner, read through and **discuss** what you could say about why you should use a condom.
- Choose one reply that you both feel is a good one and write it in the space provided.

Statements	Answers
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill; you don't need a condom.	
c. I'm a virgin.	
d. I can't feel a thing; it's like wearing a raincoat.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once... I promise to use one next time.	
l. I won't have sex if you want us to use a condom	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

- When participants are finished bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.



**NTF:**

**If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion around the others.**

7. Explain to the group that they will now have a chance to practise using the male and female condom.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward. If they are uncomfortable, let them talk about their feelings.

**NTF:**

**If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.**

10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a condom properly. Remember to talk about proper disposal as well.
11. Give each participant a wooden willy and a new male condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well then give each participant a female condom and let each see how it works (and practise if a model is available).
13. Refer participants to pages 82 and 83 in their workbooks for information on proper condom use and golden rules.
14. At the end let participants say how they feel about being able to use a condom properly. You can also encourage a general discussion about buying and storing condoms
15. Remind participants to use the **Questions Box** or **Anonymous Wall** for any queries/comments they may have.

16. Summarize and highlight the following points.

**Key points:**

- **Abstinence and condoms are the only prevention against both pregnancy and STIs.**
- **Always check the expiry date when buying condoms and before using them.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

**LINKING SENTENCE**

If we are to prevent the spread of HIV and AIDS, we must stop having unprotected sex. It is a fact, not a myth that this is the fastest way that the virus is spreading, and we can see that more and more people are being infected, especially young people.

We need to protect ourselves and to give care and support to those who are already infected. Let us now look at what kind of support a person living with HIV needs.

**ACTIVITY 9.10****SHOWING CARE AND SUPPORT****Purpose:**

To look at what an HIV-infected person needs to do to live positively with the virus.

To examine how we can support a person who is living with HIV or AIDS.

**Time:**

40 minutes

**Steps:**

1. Ask participants, "What should you do if someone you know, a family member or friend, is HIV-positive?"
2. List the responses and discuss these. Remind participants to be sensitive as they do not know who in the group may be living this experience.
3. Use the following "Presentation Notes" to clarify any misconceptions and give factual information.

**PRESENTATION NOTES****CARE AND SUPPORT OF PEOPLE LIVING WITH HIV AND AIDS**

First you must know that you cannot get AIDS from living with someone who is HIV-positive unless you have unprotected sex with him or her, or expose yourself to her or his blood.

A person that is HIV-positive needs:

- a. **To be encouraged to live positively.** S/he needs to feel that there is hope for a good life and that being HIV-positive is not the end of life. Friends and family members play a key role in keeping the person's hope alive.
- b. **Love and support.** S/he needs to know that s/he is still part of a family and will not be pushed away or rejected. It is good for the person if s/he continues to live with the family and carry on with normal activities.

- c. **To practise safer sex (protected sex).** S/he needs to know how to use a condom properly and to understand the need to always have protected sex. This is to prevent her/him from becoming re-infected with another strain of HIV or getting an STI, which will make her or him sicker and could cause her or him to get AIDS quicker. It also protects the person with whom s/he is having sex.
- d. **Counselling and medical care.** There are many other things that the person needs to do to live positively with HIV. S/he should talk to a counsellor, medical doctor, or social worker that will be able to offer her or him the information s/he needs and tell her or him where to go for more help.
- e. **To continue being part of the family and community life.** It is important that the person is given the chance to continue work, training, or study so that s/he does not feel useless. S/he should try to live a normal life and do the things that s/he likes to do as this keeps her/his self-esteem up and helps build a positive outlook on life.

- 4. At the end, ask if there are any questions or comments and address these. Remind participants about the **Question Box** or **Anonymous Wall** so that they can post any other questions they may have.
- 5. Summarize and highlight the following points.

**Key points:**

- **We cannot get HIV through casual contact, so it is OK to be friends with a person that is HIV-infected.**
- **A person living with HIV should not be isolated or rejected. This breaks the spirit and makes it difficult for that person to have hope or believe that s/he is worth being alive. Stress from this kind of mistreatment may contribute to the breakdown of the immune system and the rapid development of AIDS.**
- **More than anything, having someone to talk to is very important to a person living with HIV or AIDS.**

## UNIT 9: HIV AND AIDS

### CONCLUDING NOTES

HIV infection and AIDS are serious challenges facing youth today. There is no cure for the deadly disease AIDS, so prevention is the only solution.

Fortunately, AIDS is an avoidable disease. You can avoid AIDS by abstaining from sexual intercourse. If you are already having sex, use a condom correctly with each and every act of intercourse, and you will greatly reduce your risk.

It is also important to remember that anyone can get HIV, and this does not make her or him a different person. We need to treat people with HIV just as well as we treat everyone else. The illness will be with us for a long time and we need to give support to our affected friends and family especially if they become ill.

**ACTIVITY 9.11****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to protect ourselves from becoming HIV-infected.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back on behalf of each group.**

**Make sure to give each group the questions that they are to answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following.
  - a. What is one very important piece of information that you learnt from this activity?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of HIV and AIDS.
3. Ask participants to turn to page 95 in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around HIV and AIDS that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about HIV and AIDS? You will not be asked to share this with anyone.
5. Write your commitment in the space below.

### NTF:

**For semi or low-literate groups do steps 1 and 2 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about HIV and AIDS.

## BACKGROUND INFORMATION FOR FACILITATORS

**Note: If resources are available you may want to photocopy parts of this information for your participants.**

The topic of HIV and AIDS can seem overwhelming. It seems like every day the newspapers report a new development about the disease. This material provides basic background information about HIV and AIDS, as of 2002.

Fortunately, although scientists and epidemiologists keep generating information that refines our understanding of the disease, the basic information about how the virus works and how infection can be prevented has remained the same for quite some time.

The term “HIV infection” is used to describe the infection that causes AIDS. Someone who is HIV-infected and has no symptoms is called “asymptomatic.” People infected with HIV can be asymptomatic for many years, but are still able to pass the virus on to others without knowing it. A person who is HIV-infected and has some symptoms of illness related to this infection, but is not yet diagnosed with AIDS, is said to have “symptomatic” infection. A person is considered to have AIDS only when they have a certain group of opportunistic infections that add up to the proper medical diagnosis of AIDS, such as certain types of pneumonias or cancers, or if their T-cell/CD4 cell count (a laboratory test that indicates how healthy the body's immune system is) has fallen below a certain level (often around 200).

### **Tips for Teaching About HIV and AIDS**

Teaching young people about HIV and AIDS is likely to be professionally and personally challenging. Everyone has feelings and values about the concerns the AIDS epidemic raises. You may not be comfortable with some of the issues that participants raise. Examine your discomfort but try to put this aside during the activities. The most important thing is to assess how the young people are thinking and feeling, and start with that—correcting misinformation and providing helpful information for all their current or potential situations.

It is important to acknowledge the wide range of sexual experience in a classroom or group of young people. Some will be dating, while others may not yet be interested in romantic relationships. Some teenagers will have had intercourse, and some will never have kissed anyone. Some teens may have good reasons to believe that they have been exposed to HIV, while others may fear they contracted it from mosquitoes. Teens may have friends or relatives with AIDS and some may have parents whose behaviour puts them at risk.

Many young people are afraid of AIDS and that fear may keep them from protecting themselves. Reduce this fear by emphasizing that AIDS can be prevented; not becoming infected is within their control. Teens can feel empowered by understanding they have the ability to practise behaviours that prevent them from becoming infected.



One subtle, yet powerful, way to help youths consider delaying sexual intercourse is to change the language normally used to discuss sexual behaviour.

Teens who are having intercourse are usually described as “sexually active.” The message conveyed to a teen (who may see “sexual activity” as an important part of their passage into adulthood), is that only sexual intercourse (placing the penis inside the partner's vagina or anus) really constitutes the behaviour of a “sexually active” person! Try to be specific when talking about sex, and use the term “sexual behaviour” to describe the range of sexual expression from fantasy to social interaction, from touch to masturbation. All pleasurable activities do not create risk of unwanted pregnancy and STIs.

Young people need explicit information about the specific sexual behaviours that put them at risk of HIV infection. Since most young people experiment with some types of sexual behaviour, you can help them to understand which ones are safer and which ones are risky.

You can help young people understand the risk of becoming infected and how to practise safer sex. Any type of sex between two **uninfected** partners is safe from HIV infection. The difficulty is that most people, teenagers or adults, do not know if they have been exposed to the virus. “Knowing someone well” or “asking your partner about AIDS” is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is infected just by looking at her or him. Avoid emphasizing that “monogamous” relationships as safe (i.e. those where both partners are faithful to each other), since young people think each time they have a relationship with one person, and they are faithful, they are being monogamous. Having one faithful relationship after another is called “serial monogamy,” and each new partner can be a risk to the other.

Help young people to understand that there are many ways to express sexual feelings—ways that do not risk unplanned pregnancy or STIs, including HIV. These include touching, fantasizing, caressing, massaging, and masturbating. Talking, kissing, whispering, hugging, singing, dancing, and holding hands are also ways of showing and receiving affection from a partner.

Strategies for avoiding penetrative sexual intercourse (abstinence) are an important component of AIDS education. Young people need to know that putting the penis into the vagina is not the only way to give or receive sexual pleasure. You do not have to come up with the ideas; ask the youth to come up with their own ideas. Try to assess what lies behind the young people's need to have sex or desire to have sex (if they express this desire). Does it have more to do with their need for basic affection or attention? Young people also need guidance on expressing affection, and receiving it, through non-sexual ways.

Be realistic about the numbers of young people in the programme who are having sexual intercourse. In a group of 16-year-olds, half are likely to be virgins and half are likely to be having sex. Those who have sexual experience need explicit information about how to protect themselves. Those who are virgins need to be empowered to remain virgins as well as to prepare for the eventuality of sexual intercourse.

Young people need to know that most protected sexual activities are called “safer sex,” not “safe sex” because, even with precautions, only avoiding all vaginal and seminal fluid, or blood contact between partners is 100 percent effective. Using condoms when having intercourse with an infected partner, or a partner who does not know his or her HIV status, can only be considered “safer.”

Latex condoms have been proven to be an effective barrier to HIV. They can, however, break or leak, especially when used incorrectly. Although condoms are not a 100 percent safeguard against the spread of HIV or for preventing pregnancy (since they may break or slip off if used incorrectly), they do offer the best protection there is during penetrative sexual intercourse. Most of the problems associated with condoms have to do with incorrect use—so spend time on this section of the unit.

People can lower their risk of becoming infected with HIV or other STIs by understanding exactly how to use a condom correctly, and being certain to use one every time they have sex. Many young people feel even safer if they use another method of contraception, besides a condom, to increase the effectiveness against pregnancy.

When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another youth leader if necessary.

If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your organization, school, or community who could more appropriately facilitate the HIV and AIDS education activities in this unit. Remember, even if we try to tell all the youth in our community about the risk of HIV and AIDS, and we encourage young people to abstain from sexual intercourse, many will still go ahead and have sex before marriage, or before they are emotionally ready.

Between the two alternatives—pre-marital sex with risk of HIV and AIDS, or teaching young people to use a condom to avoid HIV and AIDS—the more responsible alternative is the latter, to empower young people to protect themselves and their current and/or future sexual partners from death.

*--Adapted from Life Planning Education: A Youth Development Program, Advocates for Youth, Washington D.C., 1995. Updated data from UNAIDS/WHO Update, 2002.*

### **The State of HIV and AIDS**

There are over 40 million people living with HIV and AIDS worldwide, and more than 24 million of them live in sub-Saharan Africa. AIDS is an incurable disease that eventually kills the infected person. It is a disease that can now be controlled with special drugs that restrict the activity and multiplication of HIV, the virus that causes the disease. However, many of these treatments require very costly drugs, and are thus not available to most people.

HIV stands for Human Immunodeficiency Virus. The name indicates that it is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens it.

The immune system is the body's defence against disease. With a damaged defence system the body is vulnerable to a whole range of infections and diseases. The person becomes weaker and eventually dies.

AIDS stands for Acquired Immune Deficiency Syndrome. "Acquired" refers to the fact that a person gets the disease from elsewhere—a person does not just develop it spontaneously. A person gets it from another person who is infected, through contact with that person's infected blood and/or sexual fluids. "Immune" refers to the body's defence system for fighting off disease, and "deficiency" indicates a weakness in that system. "Syndrome" means a specific collection of symptoms and diseases. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that the person has a particular collection of symptoms and diseases defined medically as AIDS. An AIDS diagnosis usually means that, in order to continue to live, the person will need special care and medical support.

When AIDS emerged as a potential threat to human health some 20 years ago, it was difficult to predict how the epidemic would develop. We now know from experience that AIDS can ruin and destroy social, economic, and family life in whole villages, and in whole regions. It can throw national development into decline, make poor nations poorer, and make the lives of already stigmatized and disadvantaged groups even more desperate.

### **Why Is AIDS so Important for Young People?**

AIDS is spreading among young people in Africa faster than in any other age group. AIDS stands to kill more than half of the young adults in the countries where it has its firmest hold (such as the southern cone of sub-Saharan Africa), most of them before they finish the work of caring for their own children, or providing for their elderly relatives.

While West Africa is relatively less affected by HIV than the southern cone, prevalence rates (particularly among young people) are creeping up. About three adults in every one hundred in Ghana are already infected as of the end 2001 (3% prevalence among people ages 15 to 49 years).

In general, the infection rates in young African women are far higher than those in young men, as much as three to five times higher. One contributing factor is that older men engage in sexual activity with young girls, thereby

heightening the girls' risk of becoming infected at an earlier age than their male peers. It is also because females are more easily infected during vaginal intercourse than males.

However, the picture is not all gloom and doom. Young people have shown themselves capable—with the right support and information—of lowering the general rates of infection. A large community-based study in Uganda, a country that has been devastated by AIDS, has shown that the HIV prevalence rate among 13- to 19-year-old girls has fallen significantly since 1989.

AIDS is an avoidable disease. If a young person decides not to have sex, he or she is very likely to not become infected with HIV (unless it is contracted by other means, such as through sharing needles used for injections where one or more person sharing is infected, or receiving a transfusion of infected blood). Other than not engaging in sexual intercourse (being abstinent), a young person can reduce the risk of HIV and AIDS by always using condoms the correct way, each time they have sex.

### **How Does HIV Make Someone Sick?**

It is helpful to think of HIV infection as a continuum, starting from the moment of infection, through the first signs of sickness, to the final appearance of AIDS. This is an important concept because it means:

- Someone can be infected for a long time (even up to and over ten years) and have no symptoms and feel healthy.
- Someone can be infected and feel poorly, but not be diagnosed with AIDS.

This means that an infected person can unknowingly pass the virus on to other people, through sexual contact, or a mother may pass the infection on to her unborn child. HIV slowly weakens the immune system, which is the body's defence against infection and illness. Eventually the body is unable to fight off even mild infections and the infected person can eventually die of one or more infections or diseases. It is unclear whether everyone who is infected with HIV will develop AIDS, but researchers estimate that a very high percentage of HIV-infected people will develop AIDS. Eventually, people with AIDS die of one or more of the opportunistic infections that invade their bodies.

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection, by producing “antibodies.” However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroys key cells in the immune system itself.

### **What Does HIV-Positive Mean?**

HIV-positive means that an HIV test has shown that a person has been infected with HIV. The tests show whether the person has produced antibodies to HIV, but do not show the presence of the virus itself (these tests are rarer and more expensive). A test cannot tell when or how a person was infected with HIV.

A negative test result indicates that the body is not creating antibodies to the virus. Therefore, it is assumed that the person is not infected with HIV. There are several kinds of HIV tests. The most common tests require a sample of blood, urine, or inner cheek cells. Usually, it takes several days or weeks for a test result. Some newer tests give results within minutes. It is important to understand, however, that there is a “window period” between the time when a person is infected with HIV and when the immune system begins producing antibodies in a great enough number to be detected. So, it is possible for someone to test HIV-negative during the window period, yet still be infected with HIV and be able to transmit it to someone else. Scientists are unsure about the length of the window period; it is probably between two weeks and six months but in rare cases may be as long as three years.

### **When are People with the Virus Infectious to Others?**

People with HIV are infectious to others as soon as they are carrying the virus, even before antibodies are produced. People with HIV may not know they are infected and may look, act, and feel healthy for a long time, possibly longer than ten years. It is impossible to tell from looking whether or not a person is infected. Knowing a person well does not tell you anything about his/her HIV-positive or negative status.

### **How is HIV Transmitted?**

HIV can be transmitted from person to person through contact between the blood or mucus membranes of one person, with the infected blood, semen, vaginal fluids, or breast milk of another. Ways to get the virus include:

- Exchanging blood, semen, or vaginal secretions during sexual activity with someone who has HIV.
- Sharing circumcision knives or needles used for injecting drugs (including steroids), tattooing or ear piercing with someone who has HIV.
- (A baby) getting the virus from its HIV-positive mother through the umbilical cord, through contact with vaginal fluids and blood during birth, or through breast milk.

HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV-infected or has AIDS.
- Sharing plates, glasses, or towels used by someone with HIV or AIDS.
- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV or AIDS.
- Having someone with HIV or AIDS spit, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV or AIDS.

**What Is “Safer Sex”?**

“Safer sex” describes a range of ways that sexually active people can avoid exchanging sexual and other body fluids, thereby reducing the risk of becoming infected with an STI, including HIV. Practicing safer sex also provides birth control protection. There are many ways for loving and sexual feelings to be shared that are not risky. Some of them include:

- Hugging.
- Holding hands.
- Massaging.
- Rubbing against each other with clothes on.
- Sharing fantasies.
- Masturbating your partner or masturbating together, as long as males do not ejaculate near any opening or broken skin on partners.

There are other activities that are probably safe such as deep kissing and using a latex condom for every act of sexual intercourse. However, having any kind of sexual intercourse without using a condom is very risky. It leads to exposure to bodily fluids where HIV lives.

**What About Kissing?**

There are no reported cases of people becoming infected with HIV just from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores in their mouths. People should use common sense and wait until any sores or cuts have healed before kissing.

**Why Is Sharing Needles Risky?**

Sharing needles for injecting drugs, shooting steroids, tattooing, or ear piercing is risky because blood from the first user often remains on the needle or in the syringe. It can then be directly injected into the bloodstream of the next user. So far, injecting drugs is not a big problem in Africa as it is in Europe and North America. Of course, it is safest not to share needles and syringes but, if shared, they should be cleaned between uses with bleach and water. Bleach (such as Clorox or Jik) kills HIV. The correct procedure for cleaning needles and syringes used for drug injections is to fill the syringe with bleach, then flush the bleach through the needle into a sink, toilet, or container and repeat. Then, fill the syringe or needle with water and flush the water through the needle into a sink, toilet, or container and repeat this again.

*--Adapted from Life Planning Education: A Youth Development Program, Advocates for Youth, Washington D.C., 1995. Updated data from UNAIDS/WHO Update, 2002.*

## **UNIT 10: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL**

### **PURPOSE AND OBJECTIVES**

This unit discusses how adolescents get involved in using drugs, alcohol, and other substances and looks at ways to deal with this. It also looks at how drugs and alcohol affect a person and helps participants to apply decision-making techniques to avoid drug use by providing an opportunity to practise assertive refusal skills.

**By the end of this unit, participants should be able to:**

- ➔ Explain the risks involved in substance use and abuse.
- ➔ Explain the effects of tobacco, alcohol, and other drugs on a person's health.
- ➔ Practise decision-making and assertiveness skills needed to avoid alcohol and other drug use.

**ACTIVITIES**

Warm Up – Copy Cat	<i>10 minutes</i>
Myths and Facts About Substance Abuse	<i>60 minutes</i>
Good Decision Making	<i>60 minutes</i>
Resisting Peer Pressure	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**3 hours, 45 minutes**



**ACTIVITY 10.1****WARM UP – COPY CAT****Purpose:**

To highlight how easily we do what others do and the need for us to start doing what is right for us.

**Time:**

10 minutes

**Steps:**

1. Tell each participant to pair up with a partner.
2. Each person should take turns being the leader.
3. Everything the leader does, the other person must copy/imitate.
4. Participants should change roles after five minutes.
5. Ask participants to share what lessons they have learnt from this activity. Keep this answer period short.

**ACTIVITY 10.2****MYTHS AND FACTS ABOUT  
SUBSTANCE ABUSE****Purpose:**

To discuss the effects of substance use and abuse.

To understand the facts about drugs and alcohol.

**Time:**

90 minutes

**Material Needed:**

- Basket

**NTF:**

**You will need to explain the physical, emotional, and health effects of alcohol and drugs, with specific focus on the impact they have on education, work, and relationships. You may ask a co-facilitator trained in this field to assist you.**

**Steps:**

1. Explain to participants that this activity will test their knowledge and understanding of how drugs and alcohol (or substances) affect them.
2. Brainstorm the following questions:
  - a. What is a drug?
  - b. What is alcohol?
3. List responses on the chalkboard or flipchart paper and discuss briefly. Use the following note to explain and define the term “drug.”

**Definition of “Drug”**

A chemical or natural substance that when used alters a person in some way. It is something that changes the body's natural routines and may affect a person's normal thought and behaviour processes.

4. Ask participants to list other substances that people take. Responses should include vitamins, medicines, etc. List these and tell the group that we are now going to look at truths and myths about drugs and alcohol use.
5. Ask participants to list names of common drugs that they know. They can mention names of local drugs as well. Encourage discussion around how these drugs affect youth.

6. Divide the group into pairs and ask them to sit together. Let each pair draw a statement from the basket.

**NTF:**

**Copy and cut the statements and put them in a basket. If participants cannot read, read each statement to the pair.**

7. The pair must discuss and decide if the statement is true or false (fact or myth).
8. After a few minutes invite participants to share their responses with the group and give reasons for their answers. Encourage discussion at the end of each report back to give participants a chance to share their view on the statement.

**Statements**

1. Alcohol is not a drug.
2. Alcoholism is a disease.
3. More young people use alcohol than weed (marijuana).
4. Their friends often introduce young people to drugs.
5. Coffee, tea, and sodas contain drugs.
6. It is rare for a teenager to be an alcoholic.
7. Cigarette smoking can be addictive.
8. Drugs help people to deal with difficult situations better.
9. Substances like glue (inhalants) are basically harmless.
10. A cup of coffee and a cold shower will sober up a drunken person.

9. Use the notes below to give the participants the correct answers.

**Myths and Facts about Drugs and Alcohol**

**Alcohol is not a drug.**

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

**Alcoholism is a disease.**

**Fact.** Alcoholism is a disease; just as diabetes or epilepsy are diseases. It is a common disease in many parts of the world, including Africa. It is especially common among males. It can respond to treatment, which includes eliminating alcohol consumption completely.

**More young people use alcohol than weed (marijuana).**

**Fact.** Alcohol is the most frequently abused substance. Substances abused by young people (as well as other people) include tobacco, valium, saccharine, akpeteshie, weed, and glue.

**Their friends often introduce young people to drugs.**

**Fact.** Almost half of young people are initiated into drug use by their peers.

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

**Fact.** They all contain caffeine, which is a stimulant. Caffeine is addictive; headaches are a common sign of caffeine withdrawal.

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

**Myth.** Definitely not. Many secondary school students use alcohol regularly and many of them are addicted to it.

**Cigarette smoking can be addictive.**

**Fact.** Cigarettes contain nicotine, which is addictive. Cigarette smoking is harmful to health. It has been found that smoking is directly linked to cancer, especially lung cancer. It is especially dangerous for pregnant women to smoke, as this may affect the lungs as well as the breathing of the foetus and the development of its brain.

**Drugs help people to deal with difficult situations better.**

**Myth.** Drugs do not help people forget about their problems or reduce the pain caused by other problems. Drugs may temporarily distract users from their issues but the problems do not go away; in fact, they often get worse because a person using drugs is less able or likely to solve his/her problems.

**Substances like glue (inhalants) are basically harmless.**

**Myth.** Substances like glue or petrol can be extremely dangerous. Inhalants can cause permanent damage to organs like the liver or brain.

**A cup of coffee and a cold shower will sober up a drunken person.**

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

**NTF:**

**If working with a group larger than 20 people you can use the following additional statements.**

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

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

**Alcohol is a sexual stimulant.**

**Myth.** Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as inability to have an erection, loss of sexual feeling, or inability to have an orgasm or feel pleasure.

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

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

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

**Myth.** Ethyl alcohol affects drinkers and ethyl alcohol is present in beer as well as wine and spirits.

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

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

**Weed gets you high but is not harmful.**

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

**Alcoholism tends to run in families.**

**Fact.** Children of alcoholics are much more likely to be alcoholics than children of non-alcoholic parents. Some theories state that alcoholics have a different chemical make-up that might be passed from one generation to the next. Others argue that children imitate their parents' or other adults' behaviour, and therefore children of alcoholics become alcoholics themselves.

10. Ask participants if they have any other general comments or questions and discuss these.
11. Ask participants to get into three or four small groups and come up with a list of guidelines they could use to convince their friends not to use drugs or abuse alcohol.
12. Each group should choose a representative and share their guidelines with the others.
13. Start the feedback by letting one group give their guidelines. List these then ask the other groups to add any others that they have. Steer participants towards coming up with one list of guidelines or take a vote to decide which group list all the participants accept.
14. Ask participants to turn to page 98 in their workbooks.



## WORKBOOK ACTIVITY

### GUIDELINES FOR AVOIDING DRUGS & ALCOHOL

Copy the list that the group came up with. Learn these so that you can teach your friends how they can stay away from drugs and alcohol.

#### Guidelines:

15. Ask participants if there are any questions or comments and address these.
16. Summarize and highlight the following points.

#### Key points:

- Substance abuse causes emotional and psychological problems.
- Drugs and alcohol have addictive tendencies.
- Prescribed drugs should only be taken as they are prescribed. (Be cautious of self-medicating.)
- Herbal and other preparations should be taken with caution.
- Most young people are introduced to drugs and alcohol by friends and family members.
- Alcohol and drug use is a major contributor to broken relationships and families.
- Respect yourself; do not harm yourself by abusing substances.
- Do something healthy and positive instead of using drugs or alcohol.

### LINKING SENTENCE

Knowing information about drugs and their dangers is not enough to help young people resist pressure to start using them. Young people need certain skills to be able to cope with peer pressure. These skills include decision-making, communication, and assertiveness. Let us now look at good decision-making skills.

**ACTIVITY 10.3****GOOD DECISION MAKING****Purpose:**

To look at the (unconscious) process we go through when we make decisions and to practise applying a good decision-making model to real life situations.

**Time:**

60 minutes

**NTF:**

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- Remind participants about the model, referring to the particular unit where it was done.
- Start with step 10.

**Steps:**

1. Ask the group the question: "Under what situations or conditions does a person make a decision?"
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge or challenging situation.
  - d. When there is a problem.
3. Use the following "Presentation Notes" to introduce the decision-making model.  
Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically.



### PRESENTATION NOTES

We make decisions every day of our life without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

**D**efine the problem or **CHALLENGE** you are facing.

**E**xplore the **CHOICES** that you have.

**C**hoose one of the above choices.

**I**dentify the **CONSEQUENCES** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to page 99 in their workbooks.

#### NTF:

For semi-literate youth, do the following:

- Choose and brief youth to do the role-play.
- Ask participants to get into pairs or small groups of threes and do the activity.
- Each pair or small group should present their decision as a short skit.





## WORKBOOK ACTIVITY

### GOOD DECISION MAKING

Read through the scenario below and use the 3C's model (Challenges, Choices, and Consequences) previously discussed to come to a decision.

#### Scenario

Your best friend drinks a lot of alcohol and is often drunk at parties. One weekend at her/his house s/he is really drunk and starts trying to force you to drink with her/him. You feel really uncomfortable but do not want to lose the friendship. What do you do?

1. What is the **CHALLENGE** that you are faced with?

2. What are your **CHOICES**? Think about these and write three of them in the space below.

**Choice 1:**

---



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**Choice 2:**

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**Choice 3:**

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3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?
5. Why did you make this choice?
6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
  - a. First identify the problem or challenge that you are faced with.
  - b. Next, think of the choices that you have and write at least three of these down.
  - c. Next, identify both the possible negative and positive consequences of each choice.
  - d. Look at the choices and consequences that you have listed and make a decision.
  - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.

9. At the end, ask participants to discuss briefly how easy or difficult they found the model to use. Allow general discussion about the model.
10. Summarize and highlight the following points.

**Key points:**

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve your goal.**

**LINKING SENTENCE**

It is not always easy to make the right choices and decisions, especially when we are influenced by what our friends are doing. When facing a tough challenge, and unsure of the decision to take, we can talk to someone whose opinion we respect, such as a friend, elder, auntie, teacher, etc. The final decision however, is ours to make so we must be clear about the consequences of our actions. Let us now practise making decisions about drug use.

**ACTIVITY 10.4****RESISTING PEER PRESSURE  
TO ABUSE SUBSTANCES****Purpose:**

To use real-life examples of how to deal with being pressured to use drugs or alcohol.

**Time:**

45 minutes

**NTF:**

**Prepare each of the following as separate letters. You can copy them and cut them so that each group gets only the one they are working on.**

**Steps:**

1. Divide participants into three groups.
2. Give each group one of the letters below. Write the instructions on the chalkboard or flipchart paper so that all the groups can see them.

**Group 1**

Dear Aunt Mary,

My friend has begun to hang around with older boys who sell drugs. He comes to me and tells me that he makes a lot of money doing nothing except “keeping” some drugs for his new friends. He tells me that he can get me in on the action, and that there is little or no danger to me. He's always flashing lots of cash around and lately was wearing a nice gold watch and chain. I could use some extra money because I do not get much money from my parents, but I am not sure about selling drugs. What should I do?

Adams

**Group 2**

Dear Aunt Mary,

I am 16 years old and my best friend is 20. We get along very well even though she is so much older than I—we have a lot of fun together. There is only one thing that I do not like and that is, my best friend smokes weed. Whenever I visit her at her home or we go to a party she is always trying to get me to smoke. I have told her that I do not want to but now she is starting to avoid me and make excuses when I say let's go out. She even called me a chicken the other day and said I was acting like a kid. I really like her and wouldn't like to lose her as a friend. What should I do?

Ramatu

**Group 3**

Dear Aunt Mary,

My cousin and I are very close—her parents died when she was five years old and she has been living with us ever since. Some people even think we are brother and sister because we go everywhere together. Recently my cousin made a new friend at school and now spends a lot of time with her. I caught the two of them sniffing cocaine at the back of the house one day, and since then, my cousin's been trying to get me to try it. She keeps telling me how good it makes you feel and says that if I continue to be so “goody goody” she won't hang out with me anymore. What should I do?

Robert

**Instructions:**

- a. Using the good decision-making model in your workbook, try to reach a decision that your group agrees on.
  - b. When your group has reached a decision, write a letter responding to the one you read, advising the person what to do and why. Be sure to list at least three choices that s/he has.
  - c. Choose a representative from your group to report back to everyone. S/he will be asked to read the letter that your group wrote and to describe how the group came to the decision.
  - d. You have 15 minutes to do this activity.
3. When the groups are finished let each one give its presentation.
  4. Encourage general discussion at the end of each presentation before moving on to the next group.
  5. Use the following to stimulate discussion:
    - a. How difficult or easy was it to make these decisions?
    - b. Which one do you think was the toughest decision to make?
    - c. What were the “worst-case consequences” for each of the situations?
  6. Summarize and highlight the following points.

**Key points:**

- **Many young people get involved in drugs and alcohol, or are influenced to try drugs and alcohol by their friends.**
- **Resisting peer pressure calls for self-esteem; a strong love of ourselves and a commitment to be true to ourselves and our values.**
- **Our decisions and choices affect us first—it is important for us to make the right decisions for ourselves.**

## **UNIT 10: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL**

### **CONCLUDING NOTES**

Anything that affects the mind or body is a substance. Drugs and alcohol are substances that are often abused, causing physical, emotional, and psychological problems and addiction. It is too easy to get involved in drugs and using alcohol excessively, because so many people around us are doing it. Remember that these substances are not good for the body or the mind. They may make a person feel good, but this is only for a short while, and they create a dependency that makes it hard to quit.

Although peers are important to our lives, like in everything else, we are responsible for ourselves and the decisions we make. We have to know and love ourselves enough not to want to do anything to hurt ourselves in anyway. We need to be our own best friends and be able to say “no” to peer pressure.

**ACTIVITY 10.5****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of substance abuse.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back on behalf of each group.**

**Make sure to give each group the questions that they are to answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following.
  - a. What is one very important piece of information that you learnt from this activity?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of substance abuse.
3. Ask participants to turn to page 102 in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around drugs and alcohol abuse that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about drugs and alcohol abuse? You will not be asked to share this with anyone.
5. Write your commitment in the space below.

### NTF:

**For semi or low-literate groups do steps 1 and 2 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about substance abuse.



## UNIT 11: PLANNING FOR THE FUTURE

### PURPOSE AND OBJECTIVES

This unit helps teens think about setting clear goals for their future, and identify obstacles that may affect them achieving their goals. The unit will also help young people to recognise the link between personal values and vocational choices. It presents what a curriculum vitae (CV)/resume is and how to prepare one.

**By the end of this unit, participants should be able to:**

- ➔ Recognise their short-term and long-term goals.
- ➔ Identify how their own personal values relate to potential vocational choices.
- ➔ Explain the definition of and prepare a CV.
- ➔ Define advocacy and identify how young people can get involved in advocacy for youth issues.

**ACTIVITIES**

Warm Up – The Letter	<i>10 minutes</i>
Understanding Short-Term and Long-Term Goals	<i>30 minutes</i>
Setting Goals	<i>45 minutes</i>
Understanding Values	<i>20 minutes</i>
Values and Vocations	<i>30 minutes</i>
The Career Path	<i>45 minutes</i>
Start With What You've Got	<i>40 minutes</i>
Preparing for Work	<i>50 minutes</i>
Understanding Advocacy	<i>40 minutes</i>
Advocating for Youth Issues	<i>30 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**6 hours, 10 minutes**

## ACTIVITY 11.1

## WARM UP – THE LETTER

**Purpose:**

To have fun and move around the room.

**Time:**

10 minutes

**Steps:**

1. Ask participants to sit in a circle.
2. Explain that you are the postman and you have a letter for certain people in the group.
3. Start by saying, “I have a letter for all participants wearing jeans or T-shirts or black shoes.” (Choose something common to most people in the group.)
4. Those people who fit the description then have to move and find another seat. You should also find a seat which means that someone will be left standing.
5. The person left standing becomes the postman and the game continues.

**ACTIVITY 11.2****UNDERSTANDING SHORT-TERM AND LONG-TERM GOALS****Purpose:**

To understand the difference between short-term and long-term goals and understand which is easier to achieve, and why.

**Time:**

30 minutes

**NTF:**

**Prepare a list of short-term goals and a list of long-term goals for this activity. Some examples are given in step 5 below. Make sure that there are enough goals that each participant can have one.**

**Steps:**

1. Write the word **GOAL** on a flipchart and ask participants to brainstorm around what they think the word means.
2. List the responses on the flipchart.
3. Work towards getting the group to agree on a common definition.
4. Explain that a goal is something a person works to accomplish. It may be any of the following:
  - a. Something to do
  - b. Someplace to go
  - c. Something to have
  - d. Some personal development
5. Divide participants into two groups. Write each short-term and long-term goal on a separate piece of paper and label it "A" or "B." For example:

**"A" Goals: Short Term**

I want to go to the movies on Saturday.  
 My sister wants to buy a bicycle.  
 I want to get a new pair of shoes.  
 My mom wants to go to Bishu next weekend.

**"B" Goals: Long Term**

My brother wants to get married.  
 I want to work as a computer programmer.  
 My sister is in Form 1 and wants to go to university.  
 I want to have my own business.

6. Give each participant one of the goals—there can be “A” and “B” goals in each group. You may need to develop more goals if you have a larger number of participants.
7. Ask each person to:
  - a. Read out his or her goal so that the group can hear.
  - b. Say what is common about the “A” goals and the “B” goals.
  - c. Discuss which of the two are more easily achievable and why.
8. When each group has finished let participants return to their seats.
9. Use the following “Presentation Notes” to give a presentation on short-term and long-term goals.



## PRESENTATION NOTES

### SHORT-TERM AND LONG-TERM GOALS

A goal that can be accomplished in a short period of time, such as a day, or even a month, is called a **short-term goal**. Goals to be accomplished over a longer period of time, six months or several years or more, are **long-term goals**. Both short-term and long-term goals do all of the following:

- Give direction and purpose to life.
- Make life more interesting.
- Guide decisions in life.

When a person is setting goals s/he should consider setting **S.M.A.R.T.** goals. This means the goals are:

**Specific.** The goals are clearly stated to show what is required.

**Measurable.** The goals are easy to monitor for progress and success.

**Achievable.** Each goal is realistic and can be reached.

**Realistic.** Goals are based on a person's abilities, resources, etc.

**Time specific.** There is a given time frame for achieving each goal.

Most goals are achieved step by step and not all at once.

10. At the end ask for questions or comments and discuss these.

11. Summarize and highlight the following points.

**Key points:**

- **Setting goals is a good way to focus our energy and efforts.**
- **Short-term goals are easier to achieve.**
- **Long-term goals call for more planning.**

**LINKING SENTENCE**

Goals are part of life. We all set different goals for ourselves at different stages of our lives. Understanding the difference between short-term and long-term goals makes it easier for us to set the right goals for ourselves, at the right time.

**ACTIVITY 11.3****SETTING GOALS****Purpose:**

To practise setting goals.

To analyze possible obstacles to goals and how to plan for them.

**Time:**

45 minutes

**Steps:**

1. Divide participants into small groups, and ask them to think about one long-term goal that they would like to achieve in the next five years.
2. Ask them to discuss the following:
  - a. What could delay or prevent me from achieving my goal?
  - b. How would this affect my plan?
  - c. How would I deal with this problem? What would I do?
  - d. How can I still achieve my goal or what new goal would I set?
3. After 20 minutes bring the groups back together to share responses.
4. Use the following questions to stimulate discussion:
  - a. Many adults think they can control what happens to teens. How do you feel about this? Who is actually in control of your life during adolescence? Who decides what goals you want to achieve?
  - b. When it comes to life plans, which years are more difficult to think about? Why?
  - c. Which points on your future time-line would change if you became a parent this year, or next? Describe how your goals would change and why, and who or what would be in control then.
  - d. How can you plan for unforeseen incidents?
5. Summarize and highlight the following points.

**Key points:**

- **We should be flexible in planning so that if we cannot achieve a certain objective, we can focus on another. Have alternative plans.**
- **Remember the S.M.A.R.T. way to set goals.**
- **Imagine the obstacles that could come up and plan for these.**

**LINKING SENTENCE**

Setting goals is like making decisions for our future. This is usually influenced by what values we have, so understanding ourselves and our values will make it easier to understand why we make certain decisions and plans.

**ACTIVITY 11.4****UNDERSTANDING VALUES****Purpose:**

To look at the different meanings of the word “value” and come to an understanding of what it means in the context of planning for the future.

**Time:**

20 minutes

**Materials Needed:**

- Cedi notes and coins
- Flipchart with “Values Are” written at the top of the page

**NTF:**

**There is no need to repeat this activity if you already covered it in Unit 1 with the same group of participants. Just refer and refresh their knowledge using the key points.**

**Steps:**

1. Place several cedi notes and coins of different values on the table.
2. Ask for two volunteers to come to the table and to choose a note.
3. Ask each person to say why s/he chose that particular note.
4. Thank both participants and let them return to their seats.
5. Write the word **VALUE** on a flipchart or on the board and explain that in this situation, value refers to the worth of each cedi note.
6. Ask the group to give more examples of what has value. If the group only lists material or physical things, ask for examples of something that cannot be physically seen or touched but has value. (Possible answers may include things like: respect, love, honesty, friendship, kindness, hard work, and talent.)
7. List the responses on the flipchart or board and add any of your own.
8. Use the following “Presentation Notes” to explain the meaning of values to the group.





## PRESENTATION NOTES

### VALUES

The word “value” means different things. One meaning is the actual worth of an object or an item in cedis. Another meaning involves a more personal aspect of worth, such as how important certain beliefs or ideas are to a person. Different things are worth more or less to different people, meaning they have more or less value. The things, ideas, beliefs, and principles that are of worth to you shape your values. Our values help to define who we are and help determine the choices we make, also called our behaviour. For example, a man who values his family cares for and takes care of his wife, children, and home life. A person who values health will try to have a healthy diet, avoid behaviours that can put her or him at risk of STIs and avoid alcohol, tobacco, and other drugs. People who value their education will try to study hard, get good grades, and pass examinations.

9. Ask for one or two more examples from the group.
10. Put up the flipchart headed “Values Are” and go through each statement giving examples and explaining how a person can tell what his or her values are.

#### VALUES ARE:

*(Prepare this on a flipchart beforehand)*

- a. Things you are for (you support) or against (you do not support).
- b. Things you have chosen on your own, with no outside pressure, i.e. no one has forced you to choose your values, although your family, friends, teachers, the media, and traditional and religious leaders have certainly influenced you.
- c. Things you believe in and are willing to stand up for before others.
- d. Things that you use to make choices and that can guide your behaviour in life.

11. Ask participants to turn to page 106 in their workbooks.



### WORKBOOK ACTIVITY

#### UNDERSTANDING VALUES MY VALUES

In the space below, write two values that are important to you.  
Two values that are important to me are:

1.

2.

12. Invite participants to share their responses with the group.
13. Encourage general discussion around the responses, focusing on who or what was the most influential person or factor in the values presented.
14. Summarize and highlight the following points.

#### Key points:

- **Values are things we believe in or support.**
- **Our values are shaped by everything and everyone around us.**
- **Values often influence the decisions and choices we make.**

#### LINKING SENTENCE

Values are influenced by a range of things such as religious teachings, culture, friends, and media, but family is one of the most important and powerful sources of messages about values. These values play an important role in shaping our lives as they influence the choices and decisions we make as we grow and develop. It is therefore important to make decisions and live life according to personal values.

**ACTIVITY 11.5****VALUES AND VOCATIONS****Purpose:**

To look at how our values influence the choices we make in the areas of education/study, further training, or employment.

**Time:**

30 minutes

**Steps:**

1. Ask participants to turn to page 107 in their workbooks.

**WORKBOOK ACTIVITY****VALUES AND VOCATIONAL CHOICES**

Here are some values you may want to consider when choosing a job.

Circle three that are important to you in choosing a job. Then draw a line through those that are not as important to you.

Helping other people	Earning a lot of money
Having job security	Adding beauty to the world
Being creative or artistic	Becoming famous
Working when you want	Finding adventure
Working with people all the time	Learning new things
Having a daily routine that changes	Having job satisfaction
Being known as a thinker/intelligent person	Influencing other people
Helping to make the world a better place	Working with new technology

2. Tell participants to form small groups of three or four and talk about jobs they like and how the values they have circled relate to these.
3. After 15 minutes, ask volunteers to share one value they circled and to give examples of jobs that reflect that value.
4. Now ask participants to turn to page 108 in their workbooks.



### WORKBOOK ACTIVITY

#### **JOBS THAT REFLECT MY VALUES**

Based on the discussion that you had in the small group, list three jobs that you might be interested in because they reflect values that are important to you. Write these in the space below.

**Job 1:**

**Job 2:**

**Job 3:**

5. When participants have finished use the following guiding questions to stimulate discussion.
  - a. How difficult was it to think of jobs that relate to the values you consider important?
  - b. Were you surprised by the jobs that fit your own personal values? If so, why?
  - c. Which work-related values are most important to your parents or friends?
  - d. Are there jobs that interest you but that were not listed under values you initially chose? Think of ways that your values can still be expressed in other jobs not listed under those values.
  - e. Ask participants to list as many different jobs as they can think of and allow discussion around these for a few minutes.
6. Summarize and highlight the following points.

#### **Key points:**

- **Our values influence how we feel about certain types of work.**
- **It is more satisfying to be in a job that is in line with our values than one that we are doing for reasons that do not coincide with our values.**

#### **LINKING SENTENCE**

There are many jobs that a person can do. If we choose a job or career that is “close to our heart” it is more likely that we will succeed in it, than if we choose to do something for reasons that are not really of value to us. Knowing our value areas is key to choosing a successful career. It is also useful to have certain basic skills and knowledge about the world of work. Let us now look at the different work options that a person has.

**ACTIVITY 11.6****THE CAREER PATH****Purpose:**

To explore the career choices that adolescents have.

To identify what adolescents need to be suitable for different careers.

**Time:**

45 minutes

**NTF:**

The acronym **EEV**, pronounced “eve,” represents **Employment, Entrepreneurship, and Volunteerism**.

**Prepare the three sheets of flipchart paper beforehand.**

**Steps:**

1. Write the words **EMPLOYMENT**, **ENTREPRENEURSHIP**, and **VOLUNTEERISM** on a chalkboard or flipchart. Ask participants to share their understanding of what the words mean.
2. Use the notes below to clarify the three words. At the end of each description ask participants to give examples of the kind of job or work that falls into that category.

**PRESENTATION NOTES****THE EEV OF A CAREER**

For an adolescent there are three main areas to think of in terms of developing a career:

**1. Employment:** You work for someone else. You are an employee and receive a regular salary. You may also receive certain benefits such as a pension fund, medical aid, travel, education/study, car allowance, etc. (although not all employers provide all these benefits). Your normal daily hours are usually 08h00 to 17h00 and there are times when you are required to work weekends and public holidays.

**2. Entrepreneurship:** You are self-employed. You have your own business and are your own boss. You sell your services or goods to people who need and can pay for them, and you set your work hours.

You may be in a partnership with someone but have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service for yourself. Anyone who uses her or his skill or talent to earn money for her/himself can be considered an entrepreneur.

**3. Volunteerism:** You carry out certain duties because you enjoy them and not because you are earning any pay or benefit. You get involved in different activities that are important to you, e.g. youth development or health issues. There is no payment for the services or assistance you offer, but sometimes you may get a small allowance. You gain valuable experience and skills through the different projects and activities that you are involved in.

3. At the end of the presentation divide participants into three groups.

**NTF:**

**Give each group one sheet of flipchart paper divided as below and instruct them to write their points under the different headings.**

**Group 1**

ADVANTAGES		
Employment	Entrepreneurship	Volunteerism

**Group 2**

DISADVANTAGES		
Employment	Entrepreneurship	Volunteerism


**Group 3**

<b>QUALITIES/SKILLS NEEDED</b>		
<b>Employment</b>	<b>Entrepreneurship</b>	<b>Volunteerism</b>

4. After two minutes ask each group to:
  - a. Leave their flipchart.
  - b. Move left to the next flipchart.
  - c. Read through and add any additional points.
5. Let the groups rotate again after two minutes until each group has had a chance to write on all three sheets of flipchart.
6. Let participants return to their seats and sit in their groups when they are done. Discuss the points written on the flipcharts and then ask them to discuss the following in their groups:
  - a. Do I have the qualities or skills needed for any of these three career areas right now?
  - b. Which of these three am I most suited for right now or when I complete school? Why?
  - c. What skills and qualities do I need most to be suitable for the other areas?
  - d. Do I need to have all the skills and qualities for any of the three areas to be suitable? Can I learn them? How?
7. Bring participants' attention back to the big group and let them share their discussions. Spend more time on question (c) and list the responses to this on a flipchart with the following heading:

<b>Career Development – Adolescents' Needs</b>

8. Stimulate general discussion by asking, "How can you achieve the skills, knowledge, etc. that you identified in 'c' above?" List responses on a flipchart. Allow a few more minutes for general discussion. Let participants share their concerns, worries, fears, or anxieties about their future options.
9. Ask participants to turn to page 109 in their workbooks and copy the list of identified needs.



**WORKBOOK ACTIVITY**

**MY CAREER NEEDS AND HOW TO ACHIEVE THEM**

Copy the list of career needs discussed in the group and the suggestions made on how to achieve them.

<b>Need</b>	<b>How to Achieve it</b>

10. Summarize and highlight the following points.

**Key points:**

- **It is hard to get employment without skills and experience.**
- **A person needs money and business skills to start his or her own business.**
- **A lot of experience and skill can be gained through volunteerism.**
- **Many employers recognize volunteer activities.**

**LINKING SENTENCE**

From this exercise it is clear that we need a lot of different things in order to be successful in employment or entrepreneurship. It is natural to feel downhearted if we think that we do not have the skills or training needed, and that it would be difficult to get these. But it is not as hard as we may think.

Let us now look at how each of us can gain more knowledge and skill without being a paid employee.



**ACTIVITY 11.7****START WITH WHAT YOU'VE GOT****Purpose:**


To identify abilities and qualities that can aid in achieving goals.

**Time:**

40 minutes

**Steps:**

1. Review the meaning of “ability” and “quality.” Ask for examples of each and check participants' understanding.
  - a. Ability is a skill, or a competence, or a talent. It may come through training or education or it may be from natural abilities.
  - b. Quality is a personal characteristic, such as enthusiasm or persistence.
2. Clarify what the two terms mean.
3. Ask participants to turn to page 110 in their workbooks.
4. Read through the instructions and make sure that participants understand the activity before they begin. Give an example of one of your abilities and qualities before the group starts.

 <b>WORKBOOK ACTIVITY</b>	
<b>START WITH WHAT YOU'VE GOT</b>	
1. Think about yourself for a few minutes then fill in the blocks below.	
<b>A. My Abilities</b> (list 3 below)	<b>B. My Good Qualities</b> (list 3 below)
Things I can do well or am great at:	
2. Choose one item from block “A” and write below how you could use this to either earn money or gain more skills or knowledge.	
3. Look at the qualities listed in block “B” and decide if you have what it takes to achieve the task you wrote in step 2 above. If yes, set one goal for yourself using one of the abilities from block “A.”	

4. If no, repeat steps 2 and 3. Do this until you have set one goal that is realistic and achievable.

5. When you are happy with your choices, write the goal you have set for yourself in the space below. You will be asked to share this with the group

**Goal:**

5. When participants are finished, invite them to share their qualities and abilities.

6. Encourage general discussion around the following:

- c. How do you feel about yourself when you look at your abilities and qualities?
- d. How do you feel when you compare your qualities and abilities with the career development needs from the previous activity? (Refer participants to page 109 in their workbooks.)

7. Summarize and highlight the following point.

**Key point:**

- **Each person has natural gifts or talents that can be used to earn money.**

### **LINKING SENTENCE**

Knowing our areas of strength is important because it helps us make realistic choices in terms of work or training, and set goals that we can achieve. In addition, there are also some basic “work tools” that are useful when planning for the world of work. Let us now take a look at what these are.

**ACTIVITY 11.8****PREPARING FOR WORK****Purpose:**

To examine and discuss the application letter and curriculum vitae (CV).

To practise preparing both documents.

**Time:**

50 minutes

**Steps:**

1. Explain the purpose of the activity and brainstorm on the following question, “What is an application letter”?
2. Discuss this briefly and summarize the explanation that an application letter is “a letter that a person writes when s/he is asking to be considered for a certain position. This may be either for employment or training.”
3. Ask participants to turn to **page 112** in their workbooks.

**SAMPLE APPLICATION LETTER**

Your address and contact numbers

P.O. Box 389  
Accra  
217-83435

20 June 2003

← **Date that you write the letter**

The Personnel Manager  
LD Electronics  
P.O. Box 2198  
Accra

← **Company and person to whom the letter is going**

Dear Sir/Madam (use the name of the person if you know it)

**RE: APPLICATION FOR TRAINEE ELECTRICIAN**

└─→ **Draws reader's attention to what the letter is about**

**Body of your letter**

I am applying for the position of Trainee Electrician as advertised in the Graphic and Times on March 25, 2003.

I completed my Electrical Technician Diploma with Wits Technikon in South Africa in 2002 and have been seeking employment since then.

For the past year I have done small jobs with different companies, but am willing and ready for full time employment. I have also done a lot of volunteer work in my community, at schools and centres that needed my service.

I feel that this job will help me build on the skills that I have gained so far and believe that I meet the requirements mentioned in the advertisement.

I am ready and willing to attend an interview at your convenience and can be contacted at the above number anytime after 14h00 daily.

I look forward to your response.

Yours sincerely,



**Your signature goes here**

Cindy Asare

4. Go through the different parts of the application letter (mainly indicated by an arrow) and let participants raise any questions that they may have.
5. Tell participants to turn to page 114 in their workbooks.



### WORKBOOK ACTIVITY

#### WRITING AN APPLICATION LETTER

Using the sample application letter as a guide, write an application letter for the position advertised below.

##### **Advertisement:**

**WANTED!!** Young man or woman to do basic office work. Will receive training on the job so no previous experience needed. Duties will include answering the phone, filing, sorting and posting mail, deliveries, and collections. Send all application letters to:

The Manager  
Benny's Office Supplies  
P.O. Box 1345  
Kumasi

**Write your application letter in the space below.**

6. At the end allow participants to share how easy or difficult they found the activity. Invite a few of them to share their letters with the group and have a general discussion.
7. Now ask participants to explain what a CV is. Discuss this for a few minutes and explain that the word CV means curriculum vitae. This is a short description about yourself that is given to someone when you are applying for a certain position. There are many styles of writing a CV but the general information usually consists of:
  - a. Personal details
  - b. Education and work history
  - c. Hobbies and Interests
  - d. Voluntary work
  - e. References
8. Ask participants to turn to page 115 in their workbooks.

**WORKBOOK ACTIVITY****SAMPLE CURRICULUM VITAE (CV)**

There is more than one way to prepare a CV. The important thing is that it has the right information in a way that is easy to read and follow. This is one way of writing a CV:

**Personal Details**

Name:	Cindy Pamela ASARE
Date of Birth:	20.01.1980
Citizenship:	Ghana
Postal Address:	P.O. Box 389, Kumasi
Phone Number:	217-83435
ID No:	BB 196550120

**Formal Education**

Tertiary: *(any studies or training that you had since leaving secondary school)*

2002	Diploma in Electrical Engineering, Wits Technikon, South Africa
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Secondary: 1995 - 1996	Bawku Secondary School – O Levels
---------------------------	-----------------------------------

**Work Experience** *(what work you have ever done that you were paid for)*

2002 to present	Freelance worker. I have done work with different households and businesses on a short-term or contract basis.
-----------------	--

**Voluntary Service** *(what work you have done that you were not paid for)*

I have worked with a number of schools and community/youth centres in my area. I helped to repair damaged cables, install electrical fittings, and make sure that circuits were working properly.

**References** *(This is where you write the names, address, and contact details of three people who are not family. These should be people who know you well and can say the type of person you are and what your work/character/abilities are like.)*

Ms Jacky Smith  
Teacher  
Kumasi Secondary School  
P.O. Box 1678  
Kumasi

Mr Francis Brown  
Manager  
General Trading Store  
P.O. Box 2877  
Kumasi

Ms Faustina Oti  
Youth Director  
YWCA Youth Centre  
P.O. Box 1222  
Accra

9. Go through the CV in detail and explain each part of it. Allow participants to raise any questions or comments that they might have.
10. Ask participants to turn to page 117 in their workbooks.



### WORKBOOK ACTIVITY

#### WRITING A CURRICULUM VITAE (CV)

Using the sample CV as a guide, write your own CV in the space below. If you need more space you can use the blank pages at the end of this unit.

#### My CV

11. At the end allow participants to share how easy or difficult they found the activity. Invite a few of them to share their CVs with the group and have a general discussion.

12. Summarize and highlight the following points.

**Key points:**

- **An application letter is used when we are applying for a certain position—either a job or to be accepted for training or study.**
- **A CV is the story of our school and work life, in an easy to read format.**
- **All information on a CV must be true and honest as people usually check with references.**
- **A smart CV is one that is written for a specific position. CVs can be changed to suit the particular position that we are applying for instead of putting all our general information into it.**

**LINKING SENTENCE**

The world of work can be a scary place if we do not feel ready enough. We need to look for opportunities to learn as much as possible about different things, so that we can develop a range of skills and get new knowledge to use when we are preparing to be part of the workforce. We also need to support and encourage each other by getting involved in activities that focus on the overall improvement of life for young people and the development of youth in general.



**ACTIVITY 11.9****UNDERSTANDING  
ADVOCACY****Purpose:**

To discuss and understand what advocacy means.

To identify how young people can get involved in advocacy.

**Time:**

40 minutes

**Steps:**

1. Write the word **ADVOCACY** on the chalkboard or flipchart paper and ask participants to share what they know or understand by this word.
2. Explain that advocacy has different meanings in different situations, but the key meaning is “to influence behaviour and attitude change by standing up for an issue on someone else's behalf.”
3. Give the following two scenarios to two participants to read aloud for the group.

**NTF:**

**Copy and cut the scenarios below to give to participants.**

**Scenario 1**


A teenage girl went to the local family planning clinic in her town to ask for information about contraceptives. The nursing sister told her that she was too young to ask for such information and sent her away. She told her that girls her age should not be asking for contraception because they should be busy with bible studies and not be thinking about boys. She does not give the girl any information.

**Scenario 2**

A young boy went to the doctor because he suspected he had an STI. The nursing sister there shouted at him whilst she was treating him, and told him that a boy his age has no right to be having sex. She said, “It is people like you who keep spreading HIV and AIDS.” She treated him very rough the whole time that he was there and when he left she told him to make sure to use a condom so that he does not make anybody sick. The boy was embarrassed because everyone heard what she said.

4. Divide participants into three small groups and give each group one of the following questions:
  - a. What is wrong in both scenarios?
  - b. In each scenario, what could the boy or girl do?
  - c. What could others do to help them?

5. Bring them back together and let them share their responses. Discuss these for a while and explain **advocacy** is when others get involved to help people know and understand their rights, and when they help people stand up for their rights.
6. Use the following “Presentation Notes” to give a presentation on advocacy.



### PRESENTATION NOTES

#### WHAT IS ADVOCACY?

Advocacy means speaking up about issues that are important and pushing for positive change. This can be done by drawing the community’s attention to an important issue and influencing social or other behaviour in a specific way. Advocacy involves working with other people and organizations to make a difference and directing decision makers toward a solution. In the case of improving the lives of youth, we advocate for a cause or an issue because we want to:

- Assist youth, family, community, and policy makers to understand key issues facing youth.
- Change or improve something for youth.
- Build support for that cause or issue.
- Influence others to support that issue by developing organized programmes.
- Influence or change legislation that affects youth.

Successful advocacy depends on a full understanding of all the issues being debated, including the rights of youth, and the strategies that can be used to support these issues. It also depends on the commitment of those advocating for change.

7. At the end of the presentation ask if there are any questions or comments and discuss these.
8. Ask participants to discuss the following briefly:
  - a. What have you learnt from this activity?
  - b. What role can you play as an advocate for youth issues and rights with your family, your school, and your community?

9. Summarize and highlight the following points.

**Key points:**

- **Advocacy is about challenging the way things are so as to bring about positive change.**
- **Advocacy addresses an issue—not a person.**
- **Young people have to stand up for each others' rights.**

**LINKING SENTENCE**

Standing up for issues we feel strongly about is a real challenge. It is not always easy, because we have to convince people to listen to what we have to say, and to believe in what we are saying ourselves. We may also face the situation where elders and adults think that we behaved badly or were troublemakers. Remember that it is important that we know our facts and are able to put them across convincingly.

**ACTIVITY 11.10****ADVOCATING FOR YOUTH ISSUES****Purpose:**

To identify what issues young people can advocate for and discuss ways to do this.

**Time:**

30 minutes

**Steps:**

1. Brainstorm on youth issues that participants think they should advocate for and write these on the chalkboard or flipchart.
2. Include the following issues if they are not mentioned and get participants' views on whether or not they are relevant:
  - a. Preventing early marriage.
  - b. Allowing pregnant girls to be allowed to return to school after delivery.
  - c. Needing accurate information on how youths can abstain from sex and/or protect themselves from STIs, including HIV and AIDS.
  - d. Providing equal opportunities for both boys and girls at home, in school, and in the community.
  - e. Eliminating traditional harmful practices such as early and/or forced marriages, bride price, and "son preference."
  - f. Protecting young girls and boys from abuse such as rape, domestic violence and sexual exploitation.
  - g. Offering better employment opportunities for youth.
  - h. Providing more youth programmes that address the important issues for youth.
3. Encourage general discussion on the points raised and try to come up with a list that all the participants agree on and accept as issues that young people can and should advocate for.
4. Refer participants to page 119 in their workbooks.

**WORKBOOK ACTIVITY****PERSONAL ADVOCACY PLAN OF ACTION**

Choose one of the youth issues listed on flipchart paper that you feel strongly about and would advocate for. Write it here:

Using information you just learnt about advocacy and what it means, think about how you can advocate for the issue you chose and answer the following questions as best as you can:

1. What can I do myself?

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2. What can I do within my family?

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3. What can I do within my school?

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4. What can I do in the community?

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5. When participants have finished ask a few to share their plans.

6. Encourage general discussion for a few minutes.
7. Summarize and highlight the following points.

**Key points:**

- **Each one of us can advocate for some issue we feel strongly about.**
- **No matter how small our efforts, we each have a role to play.**
- **Remember to “start with what you’ve got.” Family and friends are easy to reach and it will most likely be easier to get them to listen to us.**

## UNIT 11: PLANNING FOR THE FUTURE

### CONCLUDING NOTES

Adolescence is an exciting and challenging time. It brings many opportunities and many challenges. It is also a time to explore our long-term career goals, think about the strengths we have, and plan what we need to do to achieve our goals. We need to be familiar with “work tools” such as the CV and the application letter.

As young people, we also need to be involved in standing up for issues that are important to youth, our community, and our nation.

**ACTIVITY 11.11****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of planning for the future.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back on behalf of each group.**

**Make sure to give each group the questions that they are to answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this activity?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of planning for their future.
3. Ask participants to turn to page 120 in their workbooks.



**WORKBOOK ACTIVITY****KEY LESSON LEARNT**

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around planning for the future that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about planning for the future? You will not be asked to share this with anyone.
5. Write your commitment in the space below.

**NTF:**

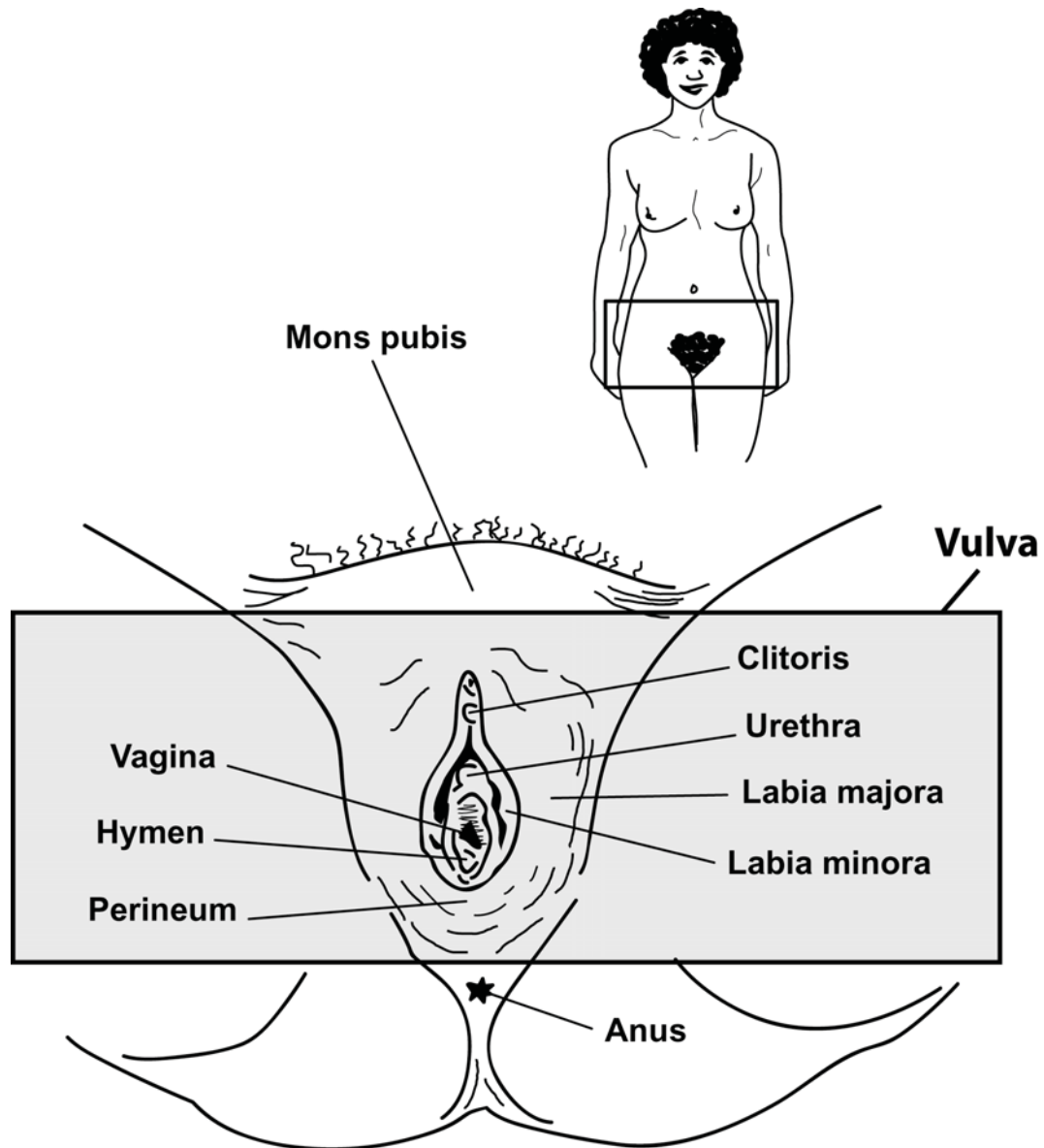
**For semi or low-literate groups do steps 1 and 2 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about planning for your future.



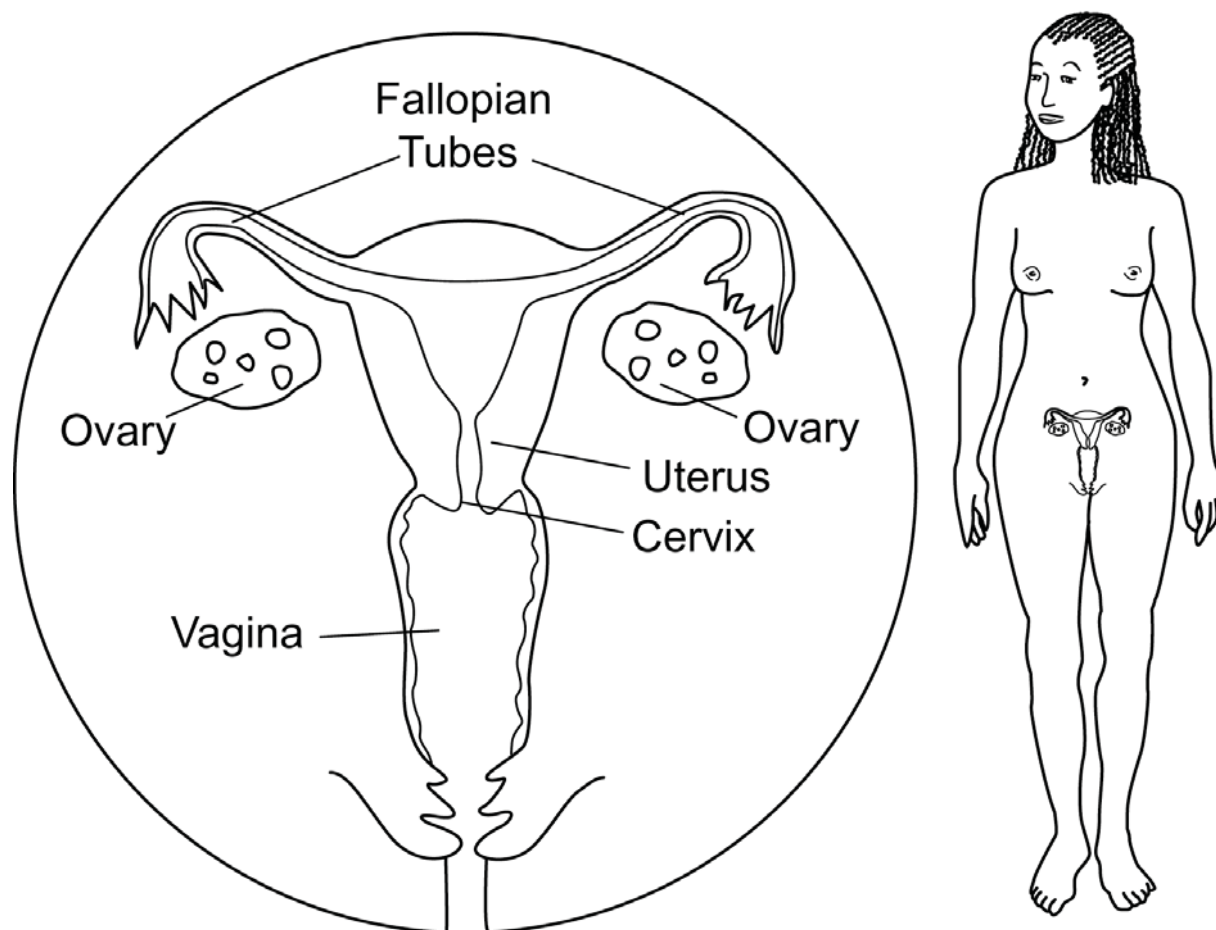
## **Annex: Posters**

## Poster 2.1: The Female Reproductive System 1

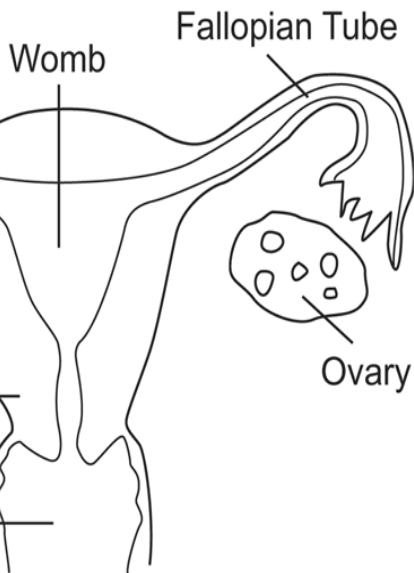


**Poster 2.2:**  
**The Female Reproductive System 2**

## **Inner Female Reproductive Anatomy**



## Period



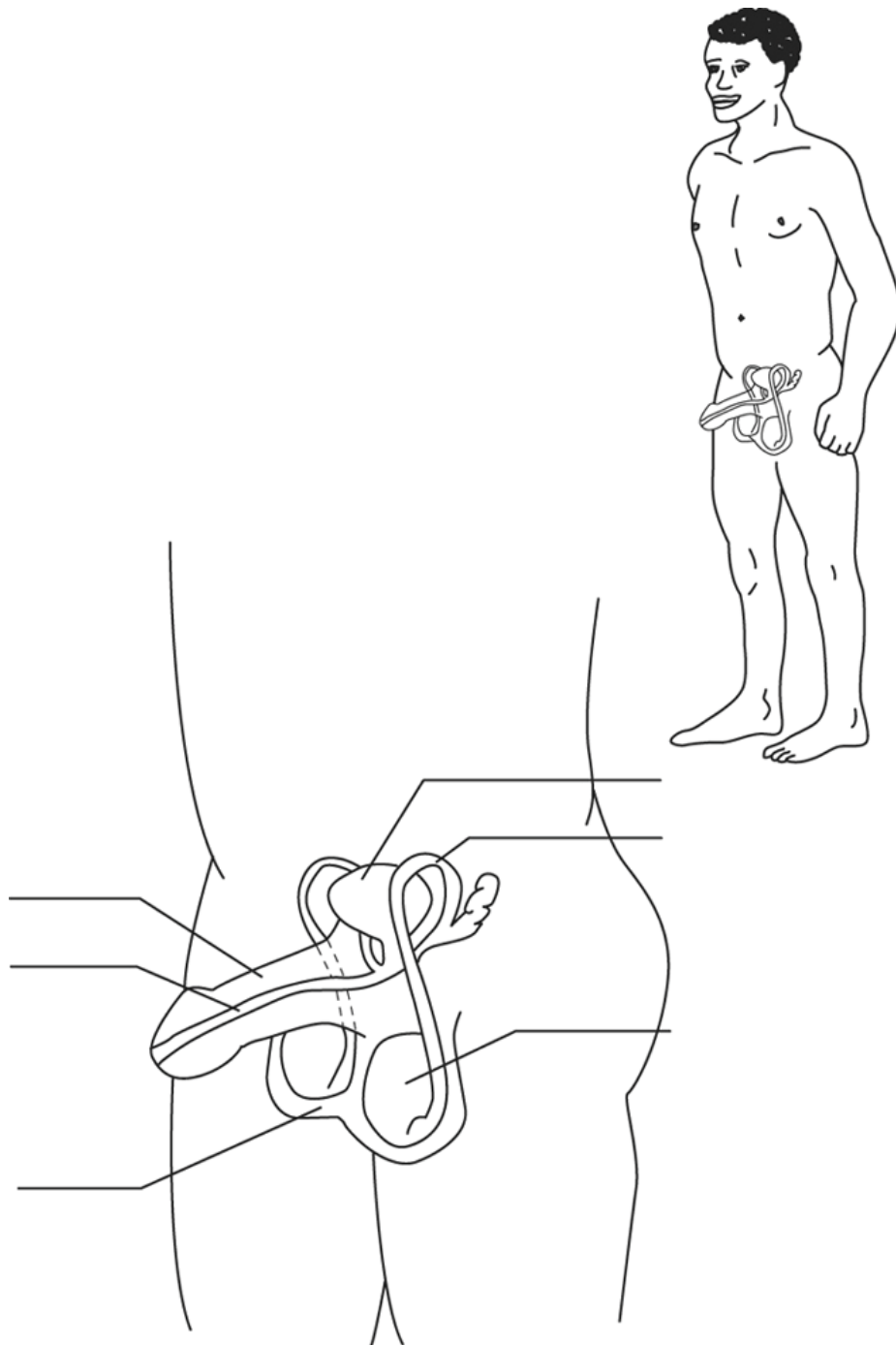
Every month, one of the ovaries releases an egg.

2. Ovulation happens when a mature egg leaves the ovary. Once the egg leaves the ovary it is caught up into one of the Fallopian tubes and begins its passage to the uterus (womb).

3. At the same time that the egg travels, the body's hormones make the inside of the womb develop a spongy surface. The egg completes its passage to the womb. If the egg has not met with a sperm on the way it dies.

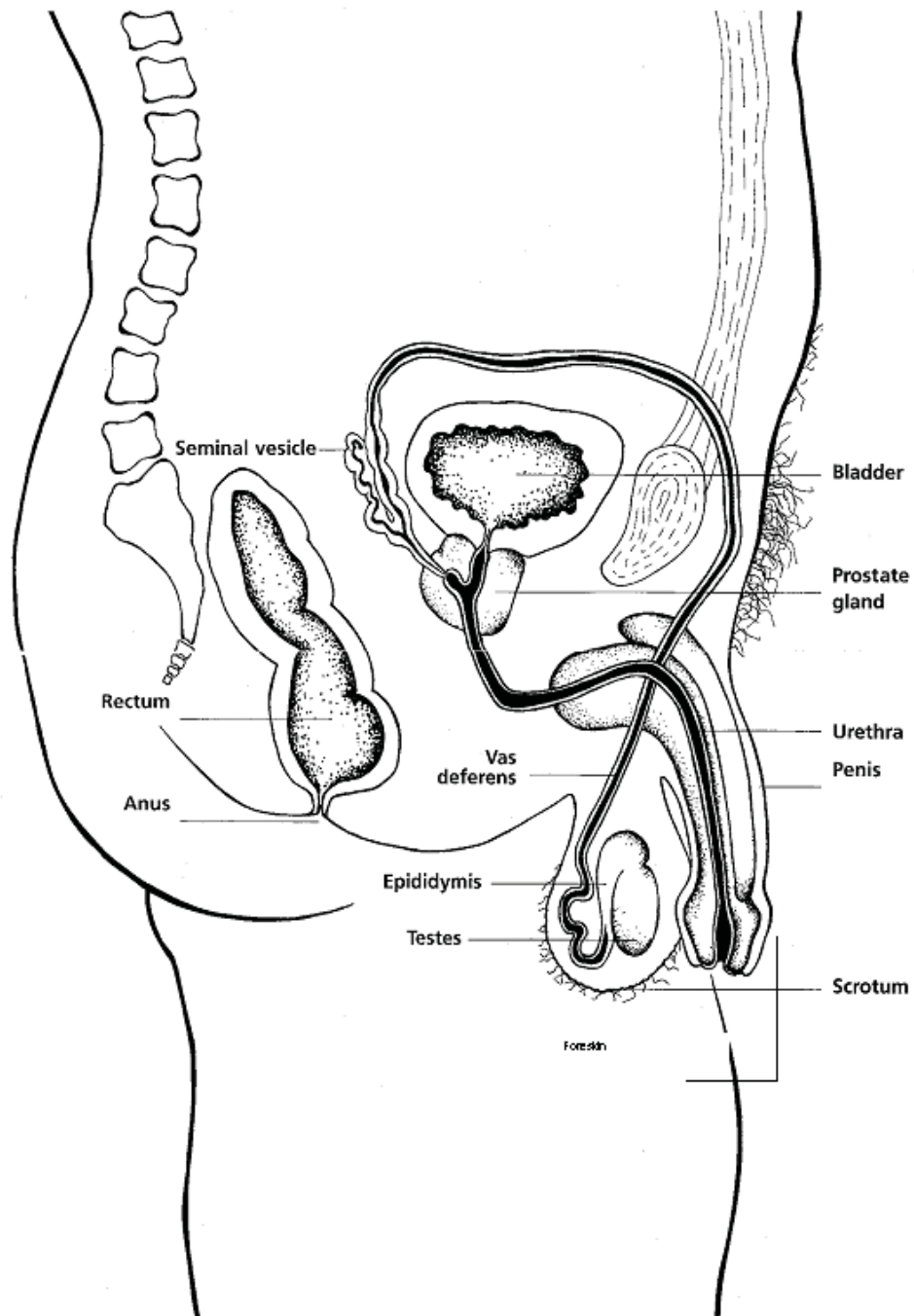
4. The egg, together with the spongy lining of the womb, is pushed out of the body through the vagina. This is the flow we can see during menstruation. The next month the cycle will start again.

**Poster 2.4:**  
**The Male Reproductive System 1**

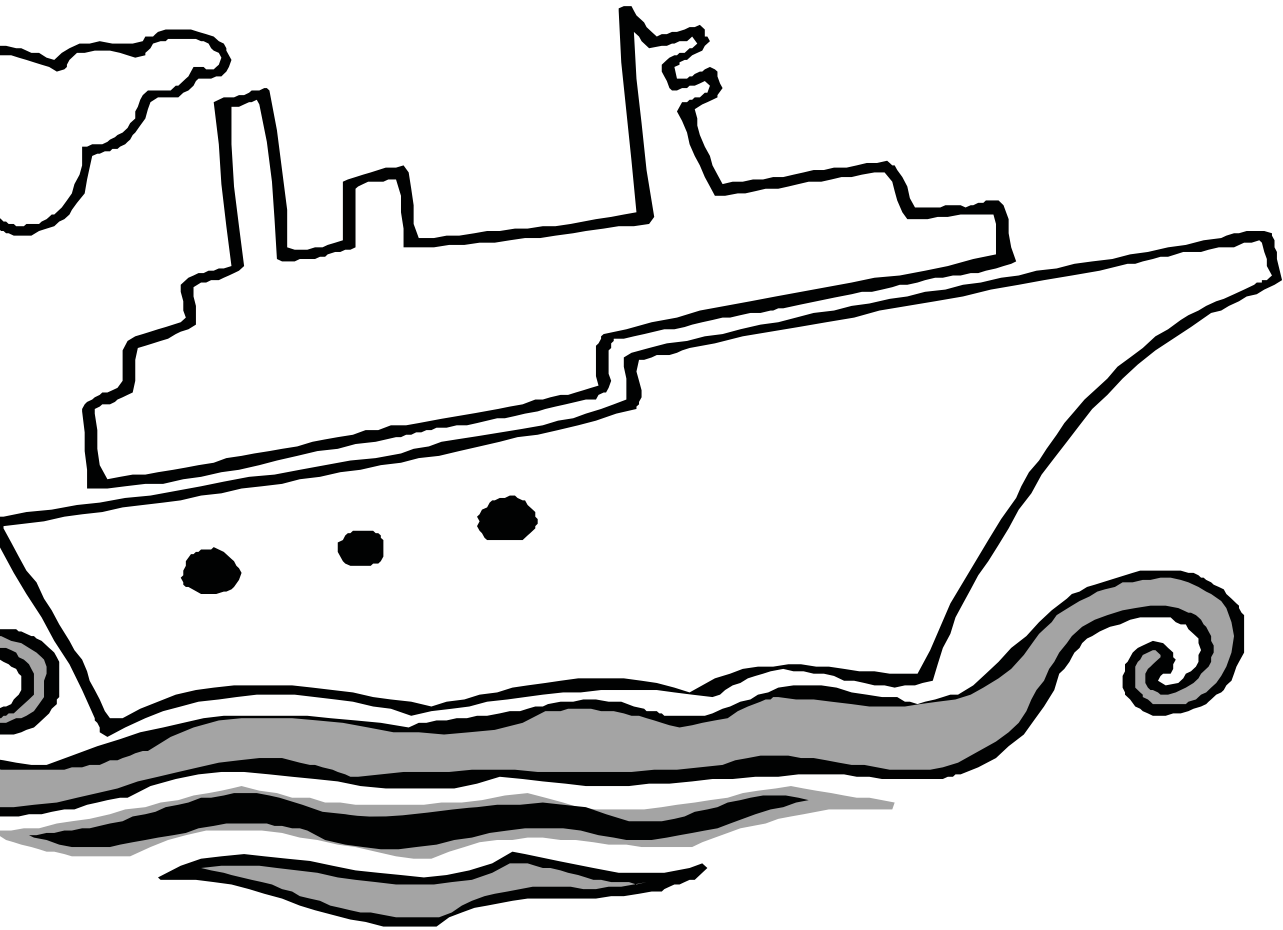


Poster 2.5:  
The Male Reproductive System 2

## The man's reproductive system







## Poster 6.2: Weighing the Options Scale

WHICH WAY DOES THE SCALE TIP?

