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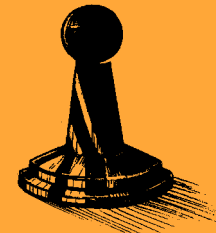
IF YOU WORK WITH YOUTH—
ANYWHERE IN THE WORLD—
THIS MANUAL WILL SHOW
YOU HOW TO USE GAMES TO
TEACH ABOUT REPRODUCTIVE
HEALTH AND SEXUALITY.



Games

..... F O R

Adolescent Reproductive Health



Includes 45 games, tips on getting started, guidance on creating your own games, ready-to-use card sets, and the research and theory behind it all.

AN
INTERNATIONAL
HANDBOOK

PDF version

www.path.org

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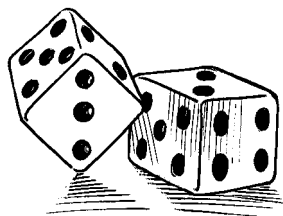
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Introduction

Why Games for Reproductive Health?	5
Why are Games So Effective for Reproductive Health Education?	6
How to Use Games for Health	9

Games to Play and Adapt

Icebreakers, Energizers and Refreshers	13
Card Games	17
Game Show Games	21
(Based on) Board Games	25
Whole Body and Action Games	28
Mind and Word Games	33
Simulation, Story and Drama Games	36
Arts and Crafts Games	40

Creating Your Own Games for Reproductive Health

42

Resources

Books and Electronic Resources	45
Ideas for Specific Game Content	47
Ready-to-Use Card Sets	48

Why Games for Reproductive Health?

Reproductive health is a vital aspect of growth and development throughout our lives. By offering high-quality reproductive health education that celebrates its positive power—and not just its negative side of unwanted pregnancy and infection—we offer a powerful gift of life-saving and life-affirming tools.

These tools—both information and skills—can equip youth for a lifetime of high self-esteem, physical and emotional strength, loving relationships, planned families, and positive sexuality. These tools can protect them from HIV and other sexually transmitted infections (STIs), AIDS, unwanted pregnancy, abortion, rape, and emotional and physical violence.

But teaching about reproductive health education is not always easy. It includes talking about bodies, sex, and sexuality, which takes preparation and courage. The topics can seem personal and even embarrassing to many of us. And youth don't always seem interested in focusing on the "distant" health consequences of their actions.

Supported by research and theory

Teaching expert David Elkind warns that "the greatest pedagogical error is to throw answers, like stones, at the minds who

have not yet asked the question." Rather than focusing only on potentially serious consequences, we need to take the time to build interest and curiosity, and allow learners to actually work through the subject matter themselves. Choosing educational methods that engage learners in the complex issues of human sexuality and reproductive health help ensure the information will be taken to heart—and used.

Teens are too cool for games. Or are they?

"On book tour, psychiatrist Alvin Rosenfeld said on U.S. television that parents should make time to play games with their teenagers. The producer called him an idiot. "Come on, you think my daughter is going to play Monopoly with me?" she asked.

The next day she telephoned Rosenfeld to apologize. Turns out she retrieved a dusty old Parker Brothers game from a closet the night of the taping and her 14-year-old daughter enthusiastically joined in. 'We're finishing it up tonight.' she confessed."

(The Washington Post, July 2, 2001)

Games are a proven way to attract and hold attention. They are universally loved and have been played since the dawn of civilization. Games get people to relax; generate an upbeat mood; challenge players to embrace the subject matter; keep the energy level high throughout a "lesson;" encourage participation and input from everyone; suit diverse learners; and are often free or inexpensive. The only limits to games are time and imagination.

This book is designed to fuel the imagination of educators with guidance, tips, and 45 games that are fun, easy-to-use and educational. Collected from experts and organizations around the world, these games can meet the needs of a wide range of programs, places and types of players, from Kalamazoo to Timbuktu.

"Games give everyone a chance to laugh. That's no small thing."

Colette, age 17,
U.S.A.

What is a game?

“A game is an interactive structure that requires players to struggle toward a goal.”

Salon Magazine

Why are games so effective for reproductive health education?

The educational effectiveness of games is supported by direct research, as well as established theories of educational design, health and sexuality education, and communication. For example, PATH conducted qualitative research on the educational value of two sexuality education board games (*Safari of Life* and *Young Man’s Journey*) with 560 players in eleven countries. We found overwhelming enthusiasm for the games from players and teachers, as well as indications of meaningful engagement and increased understanding of the subject matter. (For more information, visit www.path.org.)

Educational Design Theory

Unlike many traditional educational techniques, games can tap into both higher and lower order thinking skills. These range from critical thinking to retaining and recalling information—all vital to reproductive health. (Critical thinking is a process that has been described as the ability to recall, comprehend, apply, analyze, synthesize and ultimately evaluate subject matter.) A fundamental reason for this versatility is that game playing is inherently participatory; this “interactivity” has been well established in many fields as the hallmark of all good teaching.

Games are excellent vehicles for maximizing experiential learning, i.e. learning through experience. Many modern educational efforts describe a continuous cycle of learning: Concrete Experience ⇨ Reflection ⇨ Abstract Conceptualization ⇨ Active Experimentation. Games present opportunities for learners to work through structured experiential sequences together, within the safe setting of game playing and imagined reality. Games can include simulated characters and social situations; opportunities for teammates and players to weigh options and imagine outcomes; time to reflect on the ramifications of choices; facilitated reinforcement of putting values into action; and analysis of interpersonal processes that mimic real life.

Games have potential to serve people with learning disabilities. Disability experts recommend the use of “innovative technologies” like games because they create adjustable and variable ways of

conveying information, ideas, and allowing students to work in their own style of learning.

Game effectiveness is supported by other educational theories as well. Theories that focus on learner-centered group work and interaction are especially relevant to the pressing reality of reproductive health education. This reality is that success comes only when learners actually apply their knowledge in life, within the larger “group” settings of family, friends, romantic relationships and communities. In addition to this parallel, research has indicated that socially-based learning can have a significant positive effect on retention. Games are often specifically cited as an excellent medium for applying these types of learner-centered philosophies.

Constructivism focuses on fostering responsibility for shared decision making by all members of class community. Learners practice expressing ideas in a clear and acceptable way, in a dialogue fashion with classmates. The focus on social negotiation is especially applicable to health education.

Discovery learning methods are based on the beliefs that:

- Regular opportunities to discover knowledge for themselves teach students how to learn.
- Sharing thoughts, ideas and problem solving techniques causes students to grow intellectually.

The *Social Transformation* model was the genesis of a movement that led to the unprecedented declaration by more than 250,000 people to abandon the destructive ancient practice of female genital cutting. This model is community-based, non-directive, focused on dialogue, values local tradition, and builds on personal experience—all elements that can be well served by game media.

Teaching through games is clearly linked to these theories for many complex reasons. Games foster participation, self regulation and autonomy through voluntary acceptance and submission to rules. Opportunities for conflict resolution frequently arise during games—involving both the rules and the educational content. Games allow educators to play at an equal level while still providing facilitation. Finally, games sow fertile ground for teachable moments. As soon as a game begins, the traditional hierarchy of the classroom or family is set aside—a useful educational dynamic, especially considering that the parent or educator is not going to be present when the learner makes many of his/her most critical health decisions in life.

Health and Sexuality Education Theory

The fun and relaxed atmosphere of games typically fosters active and positive participation of players. This atmosphere and interactivity supports established elements of quality communication about sexuality including: dialogue, listening, clarity and specificity, askability, honesty, and open lines of exchange.

Games handily remove the greatest barrier to sexuality education: SILENCE. Research in the United States and many other countries yields a common refrain: educators, parents and other adults want help. They believe sexuality education is important but don't know how to go about it. Their discomfort is contagious to youth. We must overcome this barrier—especially since research findings tell us that meaningful adult relationships protect youth health and well being.

Games can specifically support the important goal of discussing values. Well-meaning adults and parents often want to discuss the links between sexuality and values with youth, but lack the informa-

tion and confidence to do so. They are concerned about how to share their values while still allowing space for youth to embrace or modify them. However, an open discussion of values and morals does not have to be oppressive. In fact, values are the basis on which many reproductive health decisions are made—youth need to meaningfully explore the connections between their beliefs and their health behaviors. Games are an excellent way to create an atmosphere light and safe enough to honestly express ideas, fears, and questions.

Games can be designed to support recommended elements and strategies for effective sexuality education. The Sexuality Information and Education Council of the United States (SIECUS) calls for a broad sexuality approach including integrated components that address social skills, self esteem, information, critical thinking, values and how they apply to life, and community input and support. (For more information, visit www.siecus.org.)

In addition to educational theory, game use is supported by health behavior theories. Games can be part of an educational effort to affect individual health behavior and community norms,

introduction

What is Sexuality?

“Sexuality includes not only physical and sexual desires, but also issues of identity, societal and gender roles and human relationships, including those with family, peers and partners.”

FOCUS on Young Adults Project

Multiple Intelligences and Games

Game technology reaches out to the *Multiple Intelligences* as presented by Howard Gardner in his 1993 book of the same title. The use of games and processes involving the verbal, kinesthetic and creative talents of the participants captures learning opportunities at multiple levels within each of the intelligences.

Intrapersonal and Interpersonal Intelligences – These two intelligences often give the biggest test of all in game technology. Good facilitation should allow ample time for reflection and self-learning. Paired discussions and group work can then provide the opportunity to generalize observations to real life communication issues.

Spatial and Kinesthetic Intelligences – Movement, problem solving using space and time, team games, and dexterity games all involve tactile kinesthetic learning. For some people, whole body movement enables greater focus and understanding, and helps to anchor the learning.

Logical-Mathematical Intelligence – Quickness of mind during discussion enables some people to find solutions to

games in an instant. Strength in this intelligence can often amaze other, more verbal participants who are not as gifted in grasping sequence, order and logical solutions.

Linguistic Intelligence – The gift of language and the use of words can make or break a game as can the interpretation by participants. As rules are read, solutions offered and discussions rage, words, and their use become the focus, and listening becomes an important key to learning.

Musical Intelligence – The use of music to set the context, involve participants, and emote feelings is instrumental in creating memorable and lasting learning.

Courtesy of Learnology Limited, New Zealand.
For more information: www.learnology.co.nz

introduction

“I firmly believe in the power of play as a tool for learning.”

Diane Loomans,
The Laughing
Classroom

through a focus on information provision, skill building, values clarification and increased communication. These elements have been shown to foster healthy behavior, according to the following health behavior models: *Health Belief Model*, *Theory of Reasoned Action*, *Stages of Change Model*, and *Social Learning Theory*. (For more information, see Nutbeam reference.)

Sexuality Experts List Reasons: Why Games?

- Increased key message retention
- Decreased anxiety
- Increased group cohesiveness
- Get people talking
- Help youth learn from each other
- Energize players
- Take players' minds off troubles
- Teach social skills
- Build thinking skills
- Offer “back door” counseling opportunities
- Chance to “show off” knowledge
- Lighten up the setting
- FUN!

“We are looking for ways to do behavior change communication work without talking to people about health risks. We want to engage people—we don't necessarily need to be serious and scary, especially with youth. Tools that help keep the focus positive and upbeat, even fun, are great.”

—Josselyn Neukom, *Population Services International*

A View on Games from India

“Popular pastimes (card games and board games) are not only fun but also very familiar in India. Familiarity and fun helps to dissolve some of the tensions inherent in the issues being discussed. Heated debates and fervent competitions ensure attentiveness, participation and shedding of barriers.

Games are a useful tool to inform and “teach” through participation. Games allow participants to reason with and convince each other; everyone gets a chance to hear themselves as well as the views of others. The role of the educator then becomes that of a facilitator rather than a “teacher.” Playway [i.e. educational games] methods ensure deeper understanding of certain issues that may pass unnoticed in a lecture session.”

Thoughtshop Foundation, West Bengal, India

How to Use Games for Health

The Game Equation:
Fun + Educational substance =
Good educational game.

Part One: Putting the FUN in educational games.

Simple and silly ways to create an upbeat atmosphere set a positive tone to begin play, and creates energy for both educators and learners.

Before the Game: Setting the Atmosphere. A friendly and funny atmosphere cues learners to relax, and can begin to set a tone of warmth and safety. Little touches can go a long way. Stock up on amusing props, or make your own. Silly hats or crowns can be cut out of paper, labeled with absurd titles like “King of the Lions” or “Grand Poobah.” These can be given to game players or winners to wear. People of all ages love toys like spinning tops, superballs, juggling items (beanbags, oranges), cars, toy animals and characters, and modeling clay. Other fun items are stickers, magic and string tricks, costume jewelry and masks. Art supplies can be provided for making nametags, including colored paper, pens, crayons and glue. A tape player or source of music adds to the pleasant atmosphere.

“Using music and activities that get people moving around the room is always energizing. I also use markers that are bold colors and even scented. (Mr. Sketch has great markers).”
—Linda Morales, *Project Concern International*

Useful game supplies to have on hand. Many games can be played without supplies, however, the tactile and colorful aspect of these materials can enrich game play. Supplies can also be used to stimulate imagination when making up new games. These supplies can be homemade, or purchased at toy stores, “dollar stores,” and anywhere that sells games. Stock up on prizes too.

- Dice (Use boxes to make homemade dice, including great big ones. Also, other ideas or commands can be written on the sides of the dice instead of numbers.)
- Play money.

- Game pieces: pebbles, shells, individually wrapped candies, plastic (poker) chips, coins, dried beans (large lima are best), beads. One expert even recommends goat pellets where supplies are scarce!
- Deck(s) of cards.
- Prizes: candy, small toys (superballs, keychains, plastic animals, playing cards), certificates, pens, school supplies, honors (name posted, crown awarded, everyone bows), no homework, or even a round of applause.

Forming Teams

When youth pick their own teams, feelings can be hurt. Direct the process yourself. Examples: Have players count off and gather with others of the same number. Have everyone write down an item from a category, e.g. color, fruit, or animal; all show answers at the same time and form the teams accordingly. Draw cards (e.g. if there are four teams, use the four suits of a deck of cards). Count “Potatoes” or “Eenie Meenie Miney Moe.” Pick names from a hat. Flip a coin.

Scoring systems

- Appoint scorekeepers to track points on the chalkboard or paper on the wall.
- Throw pennies, stones or candies into a box for each team, to be counted at the end of the game.
- Create paper puzzles, each with the same amount of pieces; players receive pieces instead of points, and race to complete their puzzles. If scoring takes place as a contest over days or weeks, the puzzles in various stages of completion can be mounted on the wall.
- Set up a “racetrack”—each point scored enables the team to move their car/horse/piece ahead on the track.
- Set up a bulletin board that tracks student or team scores over time.
- Award play money throughout the game or at the end.

For contests, e.g. putting on plays or creating art:

- Audience members vote or clap loudest for their favorites.
- Olympic-style judges hold up cards.
- Audience members interpret the intended message, with points awarded for the contestants that best expressed their idea.
- Teachers or community members serve as judges.

Part Two: Putting the SUBSTANCE in educational games

Make a Difference! A Plea for Bravery. Obviously youth of different ages, maturity levels, backgrounds and cultures are ready for different levels of information and details. Use your judgement as to which of these games are appropriate for your youth and your educational goals. *But remember—as health educators have found again and again, in country after country—people (including the parents of adolescents) are anxious to discuss reproductive health and sexuality issues in a constructive way but do not feel able or empowered to do so!* Silence around these critical issues can have grave physical and emotional consequences. You can help by introducing these issues with these games. You might be surprised at just how grateful your players are to you—both young and old.

Know the “big-picture” purpose of your game. Every game should have a goal: what is the intended outcome? Keep the game’s objectives clear before, during and after the game, to enable you to take advantage of teachable moments, discussion opportunities and to keep the game on track. Simple fun, group energizer, player bonding, or a pleasant break are all valid game objectives too. See the Resources section at the end of this publication for suggestions of substantive content and topics.

Games can be tailored to support these recommended components of effective sexuality and reproductive health programs (as described by The Sexuality Information and Education Council of the United States):

- Sexuality and information provision
- Attitudes and value clarification
- Relationship and interpersonal skill building
- Responsibility issues exploration

Games are well suited to other program uses as well:

- Normalize communication about sexuality, build comfort level
- Break the ice (loosen up learners, help them become acquainted)
- Energize/Refresh (early morning, after lunch, as a break within dense learning activities)
- Foster group bonds, build teams
- Build self esteem (through participation, teamwork, victory, and games specifically about self esteem)
- Conduct formative research (finding out about levels of knowledge, attitudes, and values)
- Create and maintain a positive atmosphere

Based on years of gaming experience, Linda Morales of Project

Concern International advocates starting every training or group meeting with some type of icebreaker, as a step toward building “dynamic ambiance,” especially useful in situations where people don’t know each other well. She watches carefully throughout program activities for moments when content is heavy or participants are becoming tired or hungry, and uses games to help the group relax or become more lively, as needed. Morales also finds games useful for reviewing critical material, including just before a post-test, or as a refresher “to help participants remember key points while dissipating stress levels.” Overall, the experience of Morales and many others illustrates the real potential of games for reaching specific objectives—including those related to both technical content and program dynamics.

Foster respect. Set initial ground rules by telling the players that they will be expected to listen well and show respect for each other. If a player becomes disrespectful through comments, inappropriate laughter, or poor listening skills, bring them back in line, with the help of other youth as needed.

Game expert Alanna Jones distributes play money before game playing, in an exercise called “The Cost of Sarcasm.” If a player is disrespectful, they must pay the “victim.” While a roll of the eyes may cost \$50, a rude comment can cost much more. This can also be played with clothespins that players attach to their clothes at the beginning of the game. Disrespect costs clothespins. For added incentive, allow players to trade in clothespins at the end of the game for prizes or sweets.

Include the reality of diversity. When discussing families, relationships, and other sexuality issues, don’t forget to consider the perspectives of females as well as males, homosexuals and lesbians, multiple races and ethnicities, and non-traditional families, such as those with adopted children, single parents, and others.

What did we learn today? Making the “learning link.” Don’t forget one of the most important aspects of gaming: what happens AFTER the play is over. Make sure time is available either immediately or soon after the game to discuss the players’ reactions in general, as well as specifically in relation to your game objectives. What did they learn? What more do they want to know? What was new or interesting? What skills did they use that they could use in real life? PATH’s Siri Wood notes the added importance of this step in cultures “with a more formal educational system, where players are often interested in theory and text-based material to support the content covered.”

Linda Morales of Project Concern International also underscores the necessity of this part of the process, especially in light of the questions that some games can leave in people’s minds. She recommends exploring people’s attitudes and thoughts, getting their key questions, and giving them the time they need to share. Morales states, “I don’t like to stop when people still have burning questions. I can’t say the exact amount of time needed, but facilitators need to be sensitive to this and if time is an issue, questions can be put on a parking lot list for later.”

Tips: Building and balancing FUN and SUBSTANCE

Get everyone involved—and comfortable. Keep an eye out for players who are not participating, and gently try to get them involved. However, ALWAYS allow them the right to say “Pass” or not participate. You may want to follow up with quiet players later, in private.

Keep the Score! This can build momentum for many groups. Score may be kept for one game or added up over many weeks and games.

Pace the game. When players get too excited, they may rush through the content. Slow them down. Or, if a game starts to drag or attention is waning, as the game manager you can encourage them to pick up the pace or be prepared to amend rules.

Keep the Competition Fun. Encourage a light atmosphere during competitive games. Establish rules of conduct as a group (letting the youth suggest and write them fosters ownership), post the list, and revisit as necessary. Model positive ways to handle winning and losing. Leave the refereeing to game participants as much as possible, referring them back to their own rules.

Play up the Cooperative Nature of Games. Many elements of game play offer chances to practice social skills and allow for individual differences.

Aim for a Combination of Chance and Skill. Adding an element of chance to skill-based games makes it more fun. This allows youth to practice skills with a bit less worry, and makes for less pressure around winning and losing.

Encourage Problem Solving. Including chances for players to decide if an answer works for them encourages creative thinking and discussion. Since so much of reproductive health behavior is linked to complex individual and social behavior, values and choices,

this topic is ripe with learning opportunities.

Set up a “Parking Lot.” When complicated, important health or sexuality issues arise, but there is not enough time to properly explore them, have the group agree to write them in the “Parking Lot” (a large piece of paper, prominently posted) and be sure to return to them later.

Offer Prizes. An inexpensive stash of fun prizes adds to game atmosphere and suspense.

Use the Test of Success. Because active participation is one of the most valuable attributes of games for education, a simple intermediate measure of success is player involvement. Are they doing most of the talking? Are most or all of the learners contributing?

Stay Creative! Take the games out into schools, other programs or the community. Create family fun nights, hold fundraisers, and try games for community outreach. Ask your players to take the games home to play with their families. Make up new games. The possibilities are endless!

(Adapted from the work of CICAT and others.)

A Touch of Koosh

An Australian teacher describes the tactile power of a Koosh ball (a type of soft, stringy, rubber ball):

“I have a class...that has a couple of ‘difficult’ students who lack concentration and always require attention. When things were getting tough and the concentration was lagging I tossed one of the girls the ball, just out of the blue! She struck up an instant rapport with it and it did wonders.

At the end of the class a very quiet Asian student who also has language problems was leaving and I tossed it to him. It was the first smile I had seen on his face all year! I felt it had made him feel one of the group.”

—From *Learnology Limited*, New Zealand.
For more information: <http://www.learnology.co.nz>

“Our five senses are incomplete without the sixth—a sense of humor.”

Author Unknown

Goal Sets

Many programs find it useful to adapt core themes for learners and educators to refer back to throughout the program. These help link different games and activities, and serve as consistent touchstones for sexuality education objectives. They can be posted prominently. Create your own set of goals, values or themes, or adapt one of the following sets.

Set One

Know the Facts.

Your body—how it works, how to nurture and protect it. (sexually transmitted infections, HIV/AIDS, pregnancy, sexual health, violence, drugs, alcohol.)

Know Yourself.

Your unique identity. (values, skills, interests, responsibilities, strengths, weaknesses.)

Know Your Goals.

Current goals—Good grades, quality friendships, family harmony, interests (sports, art, music, literature, nature, adventure, etc.), health and strength, income, job experience.

Life goals—Career, personal and family goals. Dreams. High school, college, post college education. Apprentice or train. Travel. How will you reach these goals? What might get in your way?

Know Who Can Help You—You are not alone.

Parents, teachers, positive friends, youth program staff, counselors, nurses, doctors, clinic staff, brothers or sisters, religious leaders, other relatives, hotlines, websites.

(Adapted from *The Real Game*. For information: www.realgame.com.)

Set Two

Who are you?

Identity: personality, life story, interests, values.

What are your gifts?

Strengths.

Where are you going? What do you need to get there?

Life journey and goals: How will you get there? What might get in your way?

Who helps you?

Resources: positive friends, family, teachers, religious leaders, youth program staff, nurses, doctors, supporters.

(Adapted from G.S. Hartman's *Gleaning from a Quaker Chaplain's Stories*.)

Games to play and adapt

Icebreakers, Energizers and Refreshers

Icebreakers and refreshers usually have simple rules, designed to foster group trust and personal openness. Especially useful in relation to reproductive health, these exercises increase comfort about “embarrassing” words and ideas. They are also a useful introduction or review of subject material. Thousands of icebreakers are available from teachers and trainers around the world.

1 Mr. and Mrs. Condom

Players search for a “partner” who holds their matching card.

Materials: Pairs of cards, with enough cards so that everyone in the group will get one.

Each pair consists of Mr. and Mrs. Something—condom for example—the pairs can include types of contraceptives, reproductive organs, emotions, or whatever health or sexuality concepts are relevant. If you are not going to have the group draw funny pictures of the characters, try it yourself.

Play: Shuffle and pass out the cards. Then give the players an amount of time to find their other half, and then complete an assignment. One assignment might be to draw and imagine the personalities of their Mr. and Mrs. characters. Another assignment could be

to find out several things about their partner, and then introduce them to the group. For example, “This is Kwame. His favorite color is orange, his passion in life is..., the best day in his life was..., or one of his goals in the next year is....”

—Thanks to the original Condom Queen, Linda Morales of Project Concern International.

2 Two Truths and a Lie

Players get to know and trust each other by guessing “who” the other players really are—and aren’t.

Materials: None.

Play: In groups of three to eight (depending on how much time you have), individuals take turns making three statements about themselves — two which are true; one that is a lie. After an individual makes their statements, the others in the group discuss among themselves which seem most plausible and which statement is most likely to be the lie. Once they come to consensus and explain their decision, the individual who made the statements reveals the “lie”. S/he then also provides a bit more background about the “truths” and the group describes what their perceptions were about the “lie” and the “truths.”

This game works well with people who do not know each other well. It is often surprising how relative strangers can instinctively pick up

“Laughter is
the shortest
distance
between two
people.”

Victor Borge

the nuances between truths and lies based on very little information. Likewise, the game also works well with people or groups that have been together a while and think they know one another well.

It can be difficult to get this game started because people find it hard to come up with their two truths and a lie. It may be helpful to alert a few or all of the players ahead of time to have them think of their statements so that they can give the exercise some momentum. The facilitator also could lead the first practice round by offering two truths and a lie about him/herself, setting the tone for other participants. This exercise can also be done electronically with groups that aren't physically located together.

A group with a basic comfort level and enough background on the topic can be encouraged to include truths and lies that relate to gender, sexuality, health and even reproductive health.

—Cristina Herdman of PATH always tells the truth. At least that's what her mom says.

3 The Strong Wind Blows

This game starts easy, and then encourages players to take a risk, exposing a personal vulnerability and asking others to admit the same.

Materials: A small square of paper for each player.

Play: Begin by asking players to play the game with kindness, respect and honesty. This contributes to player comfort and openness which enhances the game.

Distribute a paper square to each player and gather the group into a circle. Ask everyone to stand on their piece of paper. Stand in the middle and begin the game by saying something true about your own life, for example, "The strong wind blows for everyone who likes football." Then everyone who likes football must move from their spot and find another empty piece of paper to stand on. The person in the middle stands on a piece too, so there will always be someone left without a piece of paper to stand on. (Players may not return to the same paper they left in that turn.) The person left must take a turn in the middle.

After a few rounds, add the following changes to make it more interesting, personal and to increase the risk-taking factor of the group.

The person in the middle must fill in the () with something from their own life.

The Strong Wind Blows for (something you like about yourself).

The Strong Wind Blows for (something you want to do with your future).

The Strong Wind Blows for (something you are afraid of).

The Strong Wind Blows for (something nobody knows about you).

The Strong Wind Blows for (something related to your appearance).

The Strong Wind Blows for (what you do when you become angry).

The Strong Wind Blows for (challenge the group to take a risk).

Remember that it should be a challenge and not something people have to do. If the leader goes first for the risk taking one, then the depth of the risk may set the tone for the players to follow. Ideas for bigger risks: The Strong Wind Blows for...anyone who has lost a family member, has been depressed in the last week, has used drugs or alcohol, has lied to their parents. Remind players that it can be a risk to run as well as to be in the middle. Be prepared to follow up individually later with any player who appears to be revealing something they might like more help with.

Food for Thought: (Can be introduced before and after the game).

"What is the source of our first suffering? It lies in the moment we hesitated to speak. It was born in the moment when we accumulated silent things within us." —Gaston Bachelard, France.

"All that isolates, damns. All that associates, saves."
—Newton Arvin, USA.

"Sexuality poorly repressed unsettles some families; well repressed, it unsettles the whole world." —Karl Kraus, Austria.

Discussion: What are the kinds of things people are afraid to admit about themselves? What are common fears of youth? What are the dangers of keeping these things to oneself? What are the dangers of revealing them? Where, when and to whom are secrets and fears best revealed?

How did you feel when you were open about something difficult? Was there something that came up that surprised you or you'd like to talk more about? Do you think this game has made us closer as a group?

—This blew in from Alanna Jones' "104 Activities..." book. (See Resources section.)

4 Condom Demonstration and Icebreakers

Depending on your comfort level, these activities may seem a bit daunting. But worldwide, players have had a great time trying them out!

Materials: Condoms; wooden penis model, stick or banana, watch/clock (optional)

Play: Begin with the following introduction. “Using a condom helps prevent sexually transmitted diseases. These include gonorrhea, syphilis and AIDS. Many people do not know how to use a condom the correct way. Many people also just feel shy about using condoms. This activity helps people to learn how to use a condom. This activity also helps people to forget their shyness when talking about condoms or using them.”

Demonstration

1. Pass the condom around. Encourage people to open it, look at it and feel it.
2. Use the penis model to show the group how to use the condom.
3. Have volunteers use the penis model to practice putting on a condom. Help them if they need help and correct them if they make any mistakes. Watch people’s reactions.
4. How did people react? Discuss these reactions with the people.

Note: You may have to reuse a condom for the demonstrations or games. Be sure that everyone at the demonstration clearly understands that the condom you have is for demonstration only. Condoms should NEVER be reused after sex. Also, you may want to separate males and females. People may feel more comfortable doing this activity in two groups. If you need more condoms, see your community health worker.

Condom Icebreakers

Condom Race. Have a contest between the males and the females. See who can correctly put a condom on the penis model the quickest. This shows people how easy condoms are to use.

Condom Balloons. Have a contest to see who can blow up the biggest condom-balloon. Whoever blows up the biggest condom-balloon without popping it wins. This shows people how strong condoms are.

Stuff-the-Condom. Have people stuff the condom with oranges, apples, guava, green mangoes or other local fruit. Whoever stuffs the condom with the most fruits wins. This competition shows people how strong condoms are.

Condom Stretch. Stretch out the condom by pulling it gently, but firmly at both ends like you would prior to blowing up a balloon. Have people stretch the condom over different body parts, e.g. head, arm, foot, or leg. Whoever succeeds in stretching the condom over the largest area without popping it, wins a prize. This is great for convincing people that the condom is able to stretch to fit even the largest penises! –Linda Morales, Project Concern International

We’ve used the “Condom Stuffing” activity (using everything from guava to mangoes to watermelons; in workshops with military, health workers, refugee leaders; in settings from Sierra Leone to Pakistan) from “Tools for Life.” The activity demystifies/desexifies condoms, allows people to touch them without the inhibitions associated with sex, illustrates how big and strong condoms are, and is fun! —Susan Purdin, Columbia University



icebreakers,
energizers,
& refreshers

“Sex is
hereditary. If
your parents
never had it,
chances are
you won’t
either!”

Joseph Fischer

icebreakers,
energizers,
& refreshers

Kissing:
A means of
getting two
people so
close together
that they can't
see anything
wrong with
each other.

Erect Condom Trick. Fill a glass with carbonated water and place a condom over the glass. The gas from the water will fill the condom, making it erect. —Barbara Crook

Discussion: Did any of these activities surprise you? Did you know that a condom was capable of all this? Does this change any of your ideas about condoms or how they are used?

—Tools for Life is the source of this and many other quality health games and activities. Visit Johns Hopkins University's Center for Communication Programs at <http://www.jhucpp.org/tools/index.stm>.

5 “Down There” Bingo

A classic game becomes a learning tool by using health concepts and words instead of numbers.

Materials: Homemade Bingo cards, each containing a grid of at least nine squares. Each square contains a reproductive health term, e.g. penis, vulva, vagina, intercourse, erection, ejaculation, orgasm. There should be more overall terms than squares on the cards. Every Bingo card should have the same number of squares, but a different arrangement and subset of terms.

Each term should also be individually written on its own small card. These are the cards to pick from the Bingo basket (or hat or pot).

Pebbles, beads, stones or some kind of markers are necessary to use on the Bingo cards.

Play: Each player gets at least one Bingo card. The basket of terms is then passed around and each player has a turn blindly picking out a card and reading it aloud to the group. If appropriate, have players shout out the term loudly, say it several times, or have the whole group repeat the word joyfully in unison. Any players that have that term on their card cover it with a marker.

The first player to cover up a complete row (up, down or diagonal) or to cover their entire board shouts “Down There Bingo” and wins. Play can continue until all players have gotten Bingo. The last player left can be given a prize too!

Discussion: What does each word mean? What are slang terms for each word? Why do people use these terms? Which slang names are positive or negative? Do people use slang for other parts of their body?

—PATH Mekong staff have played this game all over Asia!

6 Word Bird

This very silly game helps players increase their comfort levels by choosing reproductive health and sexuality terms to complete an unknown story. It can be played in just a few minutes, when you have extra time or want to get a group to relax.

Materials: A prepared paragraph with missing words. Once they see how it is played, youth can take turns creating their own stories.

Play: A leader asks the group for a list of words, by type. For example, the leader might say, “Tell me a Noun.” “An Adjective.” “A Color.” “A Medical Condition.” “A Reproductive Organ.” The leader fills in the story and reads the absurd story back to the group. Finally, the group can work together to fill in what the words really should be.

Example:

Johnston felt a lot of _____ for his girlfriend, _____. But
(feeling) (girl's name)
lately they had been _____ a lot because she wanted to _____.
(verb+ing) (action)
with him, which he didn't want to because he was worried about
_____. He had a friend who had gotten it, which had
(physical problem)
caused his friend's _____ to _____. Johnston
(body part) (physical sensation)
also didn't want his girlfriend to end up having a _____.
(living creature)
After all, he wasn't ready to be a _____.
(family member)

Possible outcome: Johnston felt a lot of (dizziness) for his girlfriend (Dinky). But lately they had been (dancing) a lot because she wanted to (hop) with him, which he didn't want because he was worried about (hair loss). He had a friend who had gotten it, which had caused his friend's (nose) to (tingle). Johnston also didn't want his girlfriend to end up having a (puppy). After all, he wasn't ready to be a (cousin).

For more examples: www.elibs.com

Card Games

Card Sets: A simple, versatile game tool

Ever since the runaway success of the American board game “Trivial Pursuit,” the gaming potential of tailored card sets has been increasingly recognized. The concept is simple: a set of game cards may contain quiz questions with answers printed right on the card, open-ended questions for discussions, a challenge for the player to do something, or introduce an topic for discussion. One popular American card set series includes a wide range of decks including: *52 Ways to Celebrate Friendship*, *52 Rainy Day Activities*, *52 Things to Try Once In Your Life*, and *52 Things to Chase the Blues Away*.

Card sets are easy to develop, use, produce, and continually adapt through ongoing additions and deletions. Card sets are familiar, portable, allow for anonymous contribution from learners, and take the pressure off of learners by allowing a neutral entity to randomly introduce “embarrassing” issues. This section includes guidance on creating a *Supersets* deck of reproductive health related cards and other card games to make and play. In addition, four card sets developed by PATH—ready to photocopy and cut out—are included at the end of this publication.

Supersets Cards

The goal of *Supersets* card games is the introduction or review of information or concepts. Every time youth play games using the *Supersets*, the card contents are reinforced. The sets can be continually added to or improved.

This type of card deck contains health information presented in sets of four related cards. Five games that can be played with the deck are listed below, and youth are great at making up more. Just creating the card sets with youth can be a learning activity in itself.

Create your *Supersets* deck(s). A *Supersets* deck may contain as many as 15 sets of four cards. Each card of a set contains an element of a health or sexuality issue. Set examples to inspire your imagination: Four...ways HIV is



A “testicle” for
you...
Now give me
all your
contraception
cards!

transmitted; male/female reproductive health organs; healthy habits; ways to avoid pregnancy; sexually transmitted infections (STIs); facts about types of contraception; keys to self-esteem; healthy foods. A large category, such as contraception types, may contain multiples of four, for example, eight cards. Pictures can be used in addition to or in place of words. See page 47 for more content ideas.

Production Hint: Computer-Generated Game Cards

Use a word processor to typeset the cards and print them on sheets of laser business cards. We use Avery Laser Business Cards (#5371), and most word processors (like Word-Perfect or Microsoft Word for Windows) have ready-made templates to rapidly align your cards and to print them. After you have printed the sheets you can tear them apart along the micro-perfed lines. Each sheet yields ten standard size cards. Each box produces 250 cards.

—Dr. Sivasailam “Thiagi” Thiagarajan,
Workshops by Thiagi, Inc.

Your *Supersets* cards can be printed on index cards, or cut out from paper. Thicker stock will last longer, and colored or decorated cards are extra appealing. You may want to have several decks with the same content, in which case, each deck should be a different color. The backs of the cards shouldn’t give away the content. You (and your students) can create decks containing different levels of difficulty. Make an extra, single card for each deck that says “Sorry, I’ve Got a Headache” for use with the game of the same name below.

The easiest *Supersets* design includes the title of the set category, in addition to the content. The level of difficulty is higher when the title is not included, which means the players must analyze the categories themselves in order to assemble a correct complete set.

card games

“Sex: the thing
that takes up
the least
amount of
time and
causes the
most amount
of trouble!”

John Barrymore

card games

Discussion questions: Is it difficult to figure out which cards belong together? Are there some cards that could be included in more than one set? Is there anything on the cards that you have a question about? Are there other card sets we should add? What would go on them?

The following games can be played using your *Supersets*. Ask the players to make up new games.

For an extra twist after playing any of the games, have players group the card sets into larger categories, and discuss that process. Larger categories might include STIs, the human body, contraception, and living a healthy life.

1 Inspector Collector (Authors)

Players mingle and exchange *Supersets* cards in a quest to gather a set of four cards on a topic. Cards can be tailored to any topic or level of difficulty. Any size group can play—just make more card sets!

Materials: *Supersets* deck of cards (see page 17)

Play: All players are dealt an equal number of cards. They walk around reviewing others' cards and making trades. The first to assemble a complete set wins the title of "Chief Inspector Collector." All players keep trading until all sets are assembled.

—Joyce Erickson of PATH used to play this with her Latin students.

2 Go Fish!

Up to six players sit in a circle taking turns collecting *Superset* cards to create sets.

Materials: *Superset* deck of cards (see page 17)

Play: Deal 5–7 cards per player, placing the remaining cards in a pile in the middle of the group. Players' search for sets of two or four cards in their hands. (If you are playing with fewer players,

have them search for four; have larger groups search for two.) Completed sets are placed face up in front of the player. Other players review the contents to make sure the set is acceptable. (This is more interesting when playing with a *Superset* that doesn't have the title of the category printed on the card, because more careful review is called for.)

The first to play asks another player for a specific type of card s/he needs, for example, "Keisha, do you have any cards about the ways HIV is transmitted?" If the other player has one s/he hands it over. The player gets to keep playing until someone answers "No. Go Fish!"

The player then fishes a card from the "pond" (deck in the middle) and adds it to their hand, keeping the contents secret. Players keep taking turns until all of the sets have been made. The player with the most sets wins.

3 Concentration/Memory

Players use their memory skills to match *Supersets* cards that are face-down on a table.

Materials: *Supersets* deck of cards (see page 17)

Play: The more cards used, the longer the game. Sets of cards are laid out, face down, in rows to create a rectangle or square. Taking turns, players turn over two cards at a time trying to make a match. If they do not match they are again turned face down in the same location. If a match is made, players may keep the cards. Play continues until they are again turned face down in the same location.

4 Headache (Old Maid)

Players make matches while trying not to be left holding the Headache card at the end of the game.

Materials: *Supersets* deck of cards (see page 17) including the extra "Headache" card

Play: Deal out all of the cards to up to six players. Players look for

matches of two in their hand and lay them down. Each player takes a turn selecting an unknown card from the player on his/her right. If it creates a match the player lays it down. Play continues until all pairs have been matched. The player left with the card that says “Sorry, I’ve got a headache!” is the loser. The player with the most matches is the winner.

—Card games courtesy of Judy King & Lori Stern of the Center for Interactive Curriculum & Training (CICAT).

5 Kilimanjaro Card Set

TAYOA, a youth health organization in Tanzania, invented this easy-to-make card set that combines health questions with a scoring system.

Materials: Start with the cards sets (Facts, Feelings, Quickpoints, and/or Opinions) included at the back of this book, or a set that your own group makes up, and rank them by difficulty. Tape them either to the front or back of standard playing cards—assigning the higher value cards to the most difficult questions. Designate points for face cards and Aces.

Play: If the Facts or Quickpoints cards are taped to the back of the playing cards, create games that allow players to choose cards based on value, hoping to be able to answer the question correctly. A correct answer earns those points. An incorrect answer allows the player asking the question to keep the card.

If cards have been taped to the side of the playing card that shows the numbers, adapt games like Go Fish! to include this extra element. For example, if the player asks for a Six, s/he must answer the question on the card correctly in order to win it from the other player. The possibilities are endless, especially when they’re coming from creative young card sharks!

If the Feelings or Opinions cards are used, there is no right answer, and the player can earn the card points by choosing to express a sincere answer.

—Peter Masika of TAYOA is probably playing this game somewhere in Africa right now.

6 Mindreader

A player asks questions to try to figure out what’s on a card stuck to his/her forehead.

Materials: A set of homemade cards: on each card is the name of a person, place, thing or idea related to adolescent health, sexuality or any relevant content. Examples: reproductive organs, healthy habits or foods, emotions, resources (clinic, nurse, pharmacy). You can also include items that are simply for fun, like animals, places, or pop stars. You will also need a bandana or cloth to tie card to forehead.

Play: One player picks a card and without looking at it, tucks it into a cloth tied around their head. The card is facing out so all of the other players can read it. The original player then asks a question for which only a “Yes” or “No” answer is allowed. Thus while the player may not say “What am I?” the player may ask questions like, “Do I have anything to do with sex?” and “Am I a body part?”

To add to the excitement, you may set a time limit or a limit on the number of questions (twenty-five, for example). You may also have teams take turns.

Simpler version (also known as Twenty Questions): If no materials are prepared, or you have just a few moments, whisper the mystery item to one person and have the others ask that person the questions and try to figure out what it is.

Discussion: During and after the game, look for opportunities to clarify or add to the information being discussed.

7 Domino Cards

Make a set of “dominoes” with health content instead of dots. Players then use these to play traditional domino games.

Materials: Make at least 30 “dominoes”—that is, cards divided in half by a line, with each half containing an element of an educational category, e.g. healthy habits, STIs, types of contraception, healthy ways to show love besides sex. Other silly elements can be included

card games

too, e.g. ice cream flavors, names of teachers. Create between five and nine categories, and include elements on multiple dominoes. A few of the dominoes can be “doubles,” that is, each half belongs to the same category

Play: Place the dominoes face down on the table and mix well. If there are only two players, each player draws seven dominoes. When there are more, each draws five dominoes.

The first player lays one domino face up on the table. The next lays a domino that contains a matching concept with the two matching concepts touching. If the player does not have a match for either

end of the domino chain, they must pick one from the remaining dominoes and it is the next player's turn. If the concepts on each half of a domino are the same, it may be laid sideways at the end of the chain, thus creating a branch which can be played on either end of the domino. Play continues until no one can add any more dominoes to the chain. The player left with the least amount of dominoes wins.

Discussion: Look for ongoing opportunities to discuss the content of the dominoes.

—More great ideas from CICAT, USA and IDES, Uruguay.

CASE STUDY: Fun and Games in URUGUAY

Instituto de Investigación y Desarrollo (IDES) is a small NGO from Uruguay with a long tradition of promoting social and human rights. Juan José Meré of IDES explains how the use of games can turn AIDS prevention information from cold knowledge into feelings and action:

“Since 1989, the Health Team of IDES has promoted the community prevention of AIDS through games - using them in training courses, workshops, seminars and advisory groups, in Uruguay and the border areas of Brazil and Argentina. The games are based on cards, ludo, dominoes, table or board games.

I would like to stress that this interactive strategy is a result of years of joint learning with community groups (you only need to provide an adequate space, and people offer creativity just as generously as their fellowship!). It is also a never-ending process - the games are based on the experience of the participants, who always have the last word about themselves.

Games touch the emotions. People do not change their behavior because of information or reason alone. Feelings

and everyday life must be brought into the picture. That's why we base our prevention strategy on the use of an innovative didactic tool: the Open Game.

The Open Game has three main features: it adapts to the socio-cultural situation of each social group; it is flexible enough to stress different themes (for instance, using a condom, or living with an HIV+ person); and above all it reflects and incorporates the many voices, thoughts and experiences of the participants. The game provides a mask. Each participant faces different situations which one day might become their reality. They act out their part, but consider, talk to, confront and negotiate with others.

What are these games like? One example is ‘smart dominoes’. In the traditional game of dominoes, players match pieces strictly according to numbers of dots. Their moves and thought processes are channeled through a single logic. In our ‘smart domino’ game, pieces show pictures of situations and/or statements about AIDS. There are multiple ways to match the pieces, and each person can argue for their own matching logic

according to their view of the world.

How have people been touched? Let me share a story with you. A woman, a mother of teenagers, played the ‘smart domino’ game with us. In the game the issue of infidelity arose, to which the immediate group responses were: use a condom, or deny your husband sex. After two days of crying and physical pain while this woman waited for her husband to return from a trip, she confronted him. No mention of condoms, or ban on intercourse: she simply asked why he needed other women. ‘Had we used a condom, things would have remained the same’, she said to us — as if she needed a reason to excuse her actions.

As A. Bauleo said: ‘Learning is not only the assimilation of information, but also the possibility of using it’.”

For more information, please contact Programa Sida, Instituto de Investigación y Desarrollo, IDES, San José 1238, Montevideo 11100, Uruguay. Tel +598 2 9023186, fax +598 2 9008166.

—Excerpt from HIV/AIDS Action in Developing Countries, Issue 3, February 1999. <http://europa.eu.int/comm/development/aids/html/nl0306.htm#game>

Knock, knock.
Who's there?
Intercourse.
Intercourse
who?
Intercourse of
a day, always
remember to
laugh!



Game Show Games

Based on television hits, these games can be fun and fast-paced, with entertaining roles for announcers, scorekeepers and emcees (game managers). They can be quite competitive and because they have been designed to be entertaining for spectators, are well suited to large groups of youth and even community events, including fundraisers. **Discussion during and after the games about the meaning and relevance of the terms and concepts is critical to guarantee their educational value doesn't get missed in the excitement.**

Materials: Play money is often available where games are sold or can be homemade. While these games can be played by simply keeping track of each player's score, youth find the use of the "funny money" entertaining. Also a timer or watch with a second hand is often called for.

If time and energy allow, work with youth to create a game show "set," just for fun. (Many of these games are sold as "board games," which can serve as a source of props too.)

1 Sexual Jeopardy

This reproductive health Jeopardy game has been used—from Cote d'Ivoire to Kosovo—as a review tool by Susan Purdin of Columbia University.

Materials: On board draw a large grid that looks like this:

Reproductive Health	Anatomy and Physiology	Safe Motherhood	Family Planning	Sexual and Gender-based Violence	STI/HIV/AIDS
10	10	10	10	10	10
20	20	20	20	20	20
30	30	30	30	30	30
40	40	40	40	40	40
50	50	50	50	50	50

The "Host" then uses a corresponding grid of questions ranging from easy to difficult. A sample grid, including questions, is shown on the next page.

Play: Divide participants into two teams, who sit along two walls of the room. Ask players to choose a team name. Call on the first player from one team. Let the player choose subject and points. Mark the square that was selected (so it won't be chosen again). Read the question. If answered correctly, post points for that team. Ask first player from other team to choose subject and points. Continue as

game
show
games

Reproductive Health	Anatomy and Physiology	Safe Motherhood	Family Planning	Sexual and Gender-based Violence	STI/HIV/AIDS
10-point question: What is reproductive health?	10-point question: Name the female organ where the baby grows.	10-point question: How many times should a pregnant woman visit the antenatal clinic?	10-point question: Name one natural family planning method.	10-point question: Is it all right for a man to beat his wife?	10-point question: T / F You can get HIV from eating food prepared by a person who has the disease.
20-point question: Does a woman have the right to say "No" if a man wants to have sexual intercourse with her?	20-point question: What is the name of the sac that contains the testicles?	20-point question: State three things a pregnant woman should avoid.	20-point question: Name two barrier methods of contraception.	20-point question: State three possible consequences of sexual violence.	20-point question: List three symptoms of STIs
30-point question: State one reproductive right.	30-point question: Where does fertilization take place?	30-point question: Name 3 medicines to prevent illness that a pregnant woman should get at the antenatal clinic.	30-point question: Name two hormonal methods of family planning.	30-point question: State two things that should be offered to assist a woman who has been raped.	30-point question: What advice can you give a person who thinks they have an STI?
40-point question: State two reproductive health services available locally.	40-point question: Name two organs that produce male sex fluid.	40-point question: What is the purpose of a safe motherhood program?	40-point question: How long can the Copper-T IUD be used?	40-point question: State two types of sexual violence.	40-point question: Name the germ that causes HIV.
50-point question: What year was the International Conference on Population & Development held in Cairo, Egypt?	50-point question: What do we call it when the ovary produces an egg?	50-point question: State 3 things that should be done quickly if a woman has a problem during delivery.	50-point question: Name two surgical methods of family planning.	50-point question: What can be done to protect women from violence?	50-point question: Name the 4 body fluids that can transmit the HIV germ from one person to another.

game show games

Q: What's the difference between a urologist and a gynecologist?
A: There's a Vas Deferens!
(*Vast Difference*)

above calling on players one-by-one from alternating teams until all squares have been chosen. Total team score. Give prizes to winning team (sweets, pens or some such reward)!

Discussion: What questions were the easiest or hardest? Which issues do we need to learn more about? Which issues were missing? Add specific questions about the issues, e.g. violence, family planning, services, etc.

2 Family Feud

This game calls for fun brainstorming and research activities in preparation for play. Teams then compete to list the top items in a wide range of categories.

Materials: The “producers” of this game may include youth—but those who collect and analyze the information will not be able to play the actual game. Multiple categories relevant to the material being studied are designated. Additional silly categories can be included just for fun.

Depending on the category, different types of research will be needed. For example, if the category is “Name types of contraception that provide the most protection against HIV” (Answers: 1. Abstinence 2. Condoms and spermicide 3. Condoms alone) or “Name the most common ways HIV is transmitted,” the game producers can consult experts or reference materials for the list of answers. (Points should be assigned for each answer.) Another type of category calls for polling students, for example, “How do students in our school try to stay healthy?” (Possible answers: Eat well. Exercise. Don’t use drugs.) Other categories: “Something that makes you feel good about yourself.” “Worst ‘pick-up’ line.” “Healthiest Food.” “Most common reason girlfriends and boyfriends break up.” “Life goal.” “Favorite ice-cream flavor.” “Name a famous person named John.” A questionnaire is then devised and youth are polled (at least 30—in the TV show, one hundred were polled). Any answer that is named at least twice is included on the list, which is ranked in order of popularity. The number of points awarded for each answer is based on the number of respondents that gave that answer.

Optional extra: Prepare a game show set with answers listed on index cards that are taped, face down, under the title of the category.

Each time an answer is correctly guessed, flip the card over.

Play: Five member team “families” face-off each round, where the heads of the family (not always a male!) shake hands and try to come up with the best answer to one of the categories. The first to raise a hand gives an answer. If s/he gets the number one answer, that team is given a choice to play the question, or pass it to the other team. Then, the playing team tries to guess the rest of the answers until they guess them all, or until they give three wrong answers (“Strikes”). If they get three strikes, the other team tries to guess one of the remaining answers. If they get it, they “steal” the points in the bank, but if not, the original team gets the points. Double and triple point rounds can be played. Teams scoring the highest, or the first to reach a predetermined amount are the winners.

Discussion: How well did the students who were surveyed know the material? What important answers were left out? Which answers were surprising? Which topics do we know the most about already, and why? Which topics do we need to learn more about?

3 Who Wants to Be a Zillionaire?

This popular show is fairly simple and suspenseful for spectators to watch. The players have many options for getting help. Therefore, higher value questions should be designed to be quite difficult.

Materials: Prepared questions

Play: Ten contestants compete to quickly answer ten questions. The one who answers the most becomes the main player, and sits in the Zillionaire Hot Seat. If the contestant can answer the next 15 questions correctly they will win “One Zillion Semolians.”

Each question is worth a specific amount of money, beginning with 100 and ending with the 1,000,000 semolian question. Each correct answer allows the contestant to continue to the next question. Typically the contestant is read the question and four possible answers (This format, as with all other game elements can be changed to better suit your group.) If the Hot Seat Contestant has

“Glibido:
All talk and
no action.”

Tom Witte

difficulty, s/he has three “lifelines” to turn to. Each lifeline can be used only once, but all three can be used on one question. The lifelines to choose from are:

1. **“Phone a friend.”** Each contestant chooses three friends that they can call for help with a question. The contestant has 30 seconds to speak to the friend and ask them for the answer, but doesn’t have to go with the friend’s answer.
2. **“Fifty-fifty.”** The host removes two of the incorrect answers to give the contestant a fifty/fifty chance of success.
3. **“Ask the Audience.”** The player can point to other youth in the audience who can offer suggestions. Again, they are not bound by the audience’s answers.

The contestant can decide to stop at any time during the game and “keep” the prize money they have won. They may even be shown the next question and the possible answers before deciding whether to continue, any can even decide to leave after using lifelines for suggested answers.

If a contestant in the Hot Seat answers incorrectly they are out of the game. If one of the first five questions is answered wrong, the hot seat contestant does not receive any prize money. If the sixth through ninth question is answered incorrectly the Hot Seat Contestant wins \$1000. If one of questions 10-15 is answered incorrectly the Hot Seat Contestant wins \$32,000.

4 Password

This was one of the longest running game shows in the USA. Team members take turns giving one-word clues to a teammate, who tries to guess the mystery word first.

Materials: Cards with health or sexuality words or concepts to be guessed. The cards from a Superset deck may be used (see Card Game section). Play money or scoring system.

Optional: A manila or paper folder the same size as the cards. (This is used to hide the contents of the cards from the guesser.) It can be decorated with the name of the game.

Play: Two or more teams compete. One member of each team is shown the “Password” and attempts to get the other team members to guess that word by using single-word clues. The first team wins

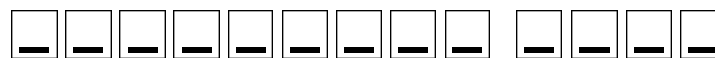
ten points for guessing the password after one clue is given. If they are unsuccessful, the next team can try for nine points, and so on, until the password is guessed or ten clues are given.

The team with the first chance at the password can pass control to the next team on the first clue. Teams take turns going first (or passing), and rotate the roles of cluegiver each time a new password is introduced. The first team to reach 25 points wins the game, as well as a chance at a “Lightning Round” in which the team members try to guess five passwords in 60 seconds from clues given by a teammate. The team is awarded \$50 for each password guessed, for a top prize of \$250.

5 Wheel of Fortune

Players try to solve a health puzzle by spinning for a chance to guess letters and win play money.

Materials: Unsolved puzzles, written on a large piece of paper, individual sheets of paper, or blackboard. Each line represents one letter of the answer. For example, “fallopian tube” would be:



You will also need large paper circle divided into eight pie pieces, each of which is labeled with dollar (or local currency) amounts: \$100, \$200, \$300, \$400, \$500, \$600, *Lose your turn!* and *Lose \$50*; a bottle or similar object to spin in the middle; and play money or scoring method.

Play: Contestants begin with zero dollars. If a contestant spins a dollar amount, s/he can then guess a consonant (which is any letter except a e i o or u) to receive that dollar amount for every time that consonant appears in the puzzle. The game show host knows the correct answer and fills in the letters as they are guessed. An incorrect guess or spinning the wheel to a penalty space ends the contestant’s turn. At any time during a turn, a contestant can elect to spin the wheel; ask to “buy a vowel” of their choice (in which case \$200 is deducted from their score); or solve the puzzle.

Extra options: The champion is given a “bonus puzzle,” during which s/he has 15 seconds to solve the clue after guessing five consonants and one vowel. “Toss-Up” puzzles are filled in at the rate of one letter every five seconds, during which the first contestant to solve the puzzle wins \$500.

(Based on) Board Games

These games can be created by “raiding” existing board games for boards, pieces, timers, dice, rules and ideas, or, homemade versions can easily be prepared. If youth have their own favorite games, have them bring in their copy as a model, or create one. Many board games work best with smaller groups or with players in teams—otherwise the time between turns becomes too long. However, these games may be adapted for larger groups by dispensing with the board and using scoring systems instead. Other board games you may want to adapt include Chutes and Ladders (Snakes and Ladders), The Game of Life, Ludo, Go, Mancala—and many more.

As always, be sure the health or sexuality content does not get marginalized. These games are useful for a wide variety of educational goals, including information introduction and review, values clarification, communication skills practice and skill building through discussion of real-life scenarios.



A
“Good Relationships”
question for the win!

1 Picture This!

Players draw or sculpt with clay—without talking—to get team mates to guess a secret word or phrase.

Materials: Homemade cards, paper and pens, timer/watch. (Optional for small groups: game board, die, four markers.) Each card may contain a single word/phrase or may contain up to five, each pertaining to a set of categories, which might include:

- RH** Reproductive Health (the body, family planning, STIs, etc.)
- GR** Good Relationships (friends, boy/girlfriends, family, etc.)
- HP** Healthy Pregnancy (prenatal care, diet, exercise, father’s role, etc.)
- SX** Sexuality (positive sexuality, personal appearance, puberty, role models, etc.)
- AP** All Play (this can be any type of word)

Include a > symbol before some cards in order to indicate “All Play.” Also, make one card for each of the categories. These will be used before each turn.

Extra fun: This game can also be played with clay instead of, or in addition to paper and pens. (Children’s reusable clay is a good material.) Cards that are suited to a clay model may specifically direct the player to use clay. Directing the player to make the drawing while keeping eyes closed is another fun option that may be included on the card.

Play: Play is most exciting when there are less teams, and more players per team. A team must get a correct answer in each category to win the game. Players take turns using drawings to help team members correctly identify a word or phrase. Sketches may NOT include letters or the symbol #. For the clay option, players make sculpture(s) to demonstrate the concept.

Any word preceded by this symbol > is designated as an All Play word.

The starting picturist chooses from one of the category cards. He/she then selects a card, has five seconds to examine it, and then 90 seconds to use sketches or clay to get his/her teammates to guess the clue of the chosen category. The picturist cannot use verbal or physical communication to teammates. Sketching and guessing continue until the word is identified or time is up. If a guess is correct,

(based on) board games

“If sex is such
a natural
phenomenon,
how come
there are so
many books
on how to?”
Bette Midler

the team gets another turn. The picturist position rotates each time a team must sketch or sculpt.

For All Play, the word card is shown to the picturist of each team. They all begin sketching (or sculpting) at the same time, and the first team to guess the correct answer earns the category and the next turn.

2 Forbidden Fruit

Players take turns using clues to help teammates guess a secret word or phrase. There is one catch, which is a list of words that the player may NOT use as they try to describe their word.

Materials: Homemade cards, timer/watch, scorepad, buzzer (optional). Each card contains a “Guess Word” and five words the Cluegiver cannot use to describe the word. For example: Guess word: Vagina. Forbidden clues: Female, woman, body, birth, canal. The Cluegiver might say, “This is a part of a human who isn’t a male. It’s where a baby comes out, and menstrual fluid, and it’s like a tunnel.”

Play: The Cluegiver picks a card and has ten seconds to read it and the five forbidden words. A member of the opposite team sits beside the Cluegiver—it will be his/her job to monitor the list and shout “Buzz” if one of the forbidden words is used. The Cluegiver’s teammates are unable to see the card. The teammates have one minute to correctly guess the word.

Additional rules:

- No form or part of ANY word printed on the card may be given as a clue. Examples: If the Guess word is “Sexuality,” the word “sex” cannot be used. If the Guess word is “Marriage,” then “married” cannot be given as a clue. No gestures are allowed. Examples: You can’t point to your pants for the word “Penis.”
- No sound effects or noises are allowed, but singing is permitted.
- Using “sounds like” or “rhymes with” the Guess word is not allowed.
- No initials or abbreviations can be given if they indicate a word on the card. For example, MD cannot be used if “Medical” or “Doctor” is the Guess word or a Forbidden word.

Each time a teammate correctly identifies the Guess word, the team

scores a point. The Cluegiver quickly draws another card and tries to earn another point within the minute. A Cluegiver may pass on a card, but the team loses a point. If the Cluegiver is buzzed, his/her team loses a point. The Cluegiver chooses another card and keeps trying until the time is up.

3 Alphabet Soup

Players rack their brains to list health words in each category that begin with a chosen letter.

Materials: You will need a method of choosing a letter of the alphabet, the simplest being a hat with 26 cards in it: each containing one letter of the alphabet. More creative options: a dart board with letters, a poster of letters which players throw a coin onto. Some companies do sell dice with 26 sides—one letter per side.

All players will need paper and pen. A list of five to ten categories will need to be handed out to each player or posted so all players can read it. A timer or watch will also be needed.

Possible categories: contraceptive methods, STIs, healthy foods, reproductive organs, ways to show love that aren’t physical, signs of a good friendship, goal in life, personality trait, reason to stay in school, hobbies, symptoms of pregnancy, kinds of exercise. Silly suggestions: teacher’s names, ice cream flavors, local landmarks.

Play: A letter is chosen and play begins. Players (or teams if they can brainstorm out of hearing range of each other) have one to three minutes (depending on the number of categories) to come up with a word that begins with that letter for as many categories as possible. When time runs out, if all players agree, more time can be allowed.

Players then regroup and read answers aloud. No points are awarded for an answer that any other player also had. To win, score the most points after two rounds of play.

You may also include a “Wild Turn” in the letter choosing method. Whenever the “Wild Turn” is chosen, the chooser can pick any letter, as long as it hasn’t already been used during the game.

If a player cannot come up with an answer starting with the key letter, the answer can begin with any other letter, as long as it matches the category. (However, you may score less for this answer.) For example, if the key letter is “W” but the player is not able to think of a

“Reproductive Health Organ” starting with W, the player could write down “Uterus” instead.

Scoring: If the answer starts with the key letter, and no one else has that answer, score 2 points.

If the answer does NOT start with the key letter, and no one else has that answer, score 1 point.

4 Not-So-Trivial Pursuit

This famous game is actually quite simple—players quiz each other from question cards. The first player or team to get a correct answer in each category—and then answer one last question—wins!

Materials: A set of quiz cards that include questions and answers for six or less categories. Each card can contain all categories, or different colored cards can be used for each category.

If you are not using the board game, you will need to devise a system for players to randomly pick a category, and a system to keep track of which categories each player or team has already correctly answered.

Possible categories: Reproductive Health—(Human body, family planning, STIs, etc.); Relationships (friends, boy/girlfriends, family, etc.); Pregnancy (prenatal care, diet, exercise, father’s role, etc.); Sexuality (positive sexuality, personal appearance, puberty, role models, etc.); Parenting; Men’s issues; Community awareness; Leisure time; or School facts.

Play: Players or teams take turns randomly selecting categories (roll dice, pick from hat, throw penny onto chart). Other team members ask them the question. A correct answer earns another turn. Once a team is able to correctly answer a question from each category, they must answer one last question for the victory.

CASE STUDY: Safari for health in Kenya

At a staff meeting in 1997, PATH staff batted around a simple idea—wouldn’t it be neat to create a educational tool that combined a typical board game format, African themes and proverbs and sexuality education content? This idea has since taken on a life of its own, resulting in two internationally distributed board games: *Safari of Life* and its spin-off, *A Young Man’s Journey*. French and Vietnamese versions are now in use too, and global feedback from India to Virginia has been overwhelmingly positive. Youth and adults alike want to discuss sex and sexuality, and express intense gratitude for the opportunity to

do it in the friendly and positive atmosphere engendered by these games.

Safari of Life is based on a format familiar to almost everyone who has played a board game: players race to be the first to move their game pieces across the finish line. When a player or team lands on a purple stone, the player must answer a question from a set of cards called *Facts*. These cards serve as excellent tools for basic information issues.

Upon landing on a yellow stone, the player must answer a question on a card taken from the *Feelings* card set. The *Feelings* questions have no right or

wrong answers: their goal is to generate lively discussions where players enjoy the chance to express opinions and “hold the floor.” The *Feelings* cards mix frank questions about sexuality with easier, general questions about interests and goals.

Qualitative evaluation data from over 500 players in eleven countries demonstrated the broad appeal and educational potential of these games

For more information, turn to the Resources section at the end of this publication.

Whole Body and Action Games

These games are great for kinesthetic learners (those who learn best through motion). They often generate excitement and involvement.



1 Charades

A creative and active game that can produce gales of laughter as players try to act out terms or concepts without speaking.

Materials: Watch or timing device, slips of paper (blank or already containing health terms), two baskets, hats or other containers for the slips, scorekeeping method.

Play: Form teams. Divide the slips of paper between the two teams. If the slips of paper are blank, allow the teams to privately consult and fill in the blanks with terms, phrases or concepts related to material they are learning. Choose a neutral timekeeper/scorekeeper, or have the teams take turns. Review the gestures and hand signals and invent any others as needed.

To play, teams take turns having a player choose a slip from another team's basket. Without speaking, the player must use gestures and actions to help his/her team members guess what is written on the slip, within three minutes.

Normally the game continues until every player has had a chance to "act out" a phrase. Scoring may be based on one point for every slip correctly guess. Another scoring option is based on the total time that each team needed for all of the rounds; with this system, the team with the lowest score wins the game.

Gestures

- **Number of words in the phrase:** Hold up the number of fingers.
- **Which word you're working on:** Hold up the number of fingers again. (Example: one finger for first word, two fingers for second word.)
- **Number of syllables in the word:** Lay the number of fingers on your other arm.
- **Which syllable you're working on:** Lay the number of fingers on your arm again.
- **Length of word:** Make a "little" or "big" sign as if you were measuring a fish.
- **"On the nose"** (i.e., someone has made a correct guess): point at your nose with one hand, while pointing at the person with your other hand.
- **"Sounds like":** Cup one hand behind an ear.

Possible terms: Physiology (reproductive organs, systems, or actions

like pregnancy, ovulation, puberty, contraception), emotions, healthy habits, popular songs or movies related to sexuality, behaviors, school concepts, sports, career options.

Discussion: What does this term have to do with staying healthy? What are some other ways it could be acted out? What does the way it was acted out say about the item on the slip?

2 Virus Carrier Handshake

A few secret “virus” or “HIV” carriers mingle with a larger group who are exchanging items. Afterwards, many players are surprised to learn they have been unknowingly “infected.”

Materials: The following description calls for a series of pieces of paper: Cut and fold one piece of paper for each person. On three of the pieces of paper, write the letter “C.” On one piece of paper write the letter “X.” Leave all the other pieces of paper blank.

HIV Infection Demonstration Games

There are many versions of this game concept, including Bushfire/Forest fire, Glitter Handshake, and Virus Carrier Handshake. For example: Glitter is secretly applied directly to a few players’ hands who then mix with an unknowing group who have been instructed to meet and greet while shaking hands. Another version uses M&M candies of different colors, which are given to unknowing players in small cups, who pour them back and forth as a form of greeting—players who end up with a red M&M in their cup are infected. Some players find they have two cups nested together, representing a condom, and protection. Basic chemistry supplies are called for in yet another form of this game that entails exchanging drops of clear liquid; at the end, another solution is added and the liquid of “infected” players turns purple. (Materials needed: Sodium hydroxide solution, phenolphthalein, small glass bottles, droppers.)

Play: Carefully fold the pieces of paper, mix them up, and give one to each person. People should look at the papers without letting any one else see the paper. Ask the group to stand and each person shake hands with three people. After everyone has done this, have the group sit down.

Ask the person with the “X” on his or her piece of paper to stand up. Ask everyone who shook hands with this person to stand up. Ask everyone who shook hands with a standing person to stand up as well. Continue until everyone is standing.

Now tell the group to pretend that the person with the paper marked “X” was infected with HIV or an STI. Tell them to pretend they had sexual intercourse with the three people they shook hands with. (Remind the group that this is pretend, and that they do not really have an infection).

Ask the group to check if they had a “C” on their paper. These people used condoms. So they were not at a major risk of getting HIV or STIs. Everyone else who was a “U” or who had a blank piece of paper had unprotected sex.

Discussion: How does this relate to real life? If you had really been infected with HIV, how serious would that be? What do other STIs have in common with HIV? How are they different? How did the first person standing (the one with the “X”) feel when s/he learned that the X meant they had HIV? How did the others feel when they had to stand?

—From Tools for Life (see Resources section for more information),
Siri Wood, Daniel Chang, and Usasinee Rewthong of PATH.

3 Forced choice

Learners vote with their feet as they “take a stand” on a variety of issues, by gathering under signs that announce their opinion on an issue.

This game helps participants examine their own values, particularly on subtle or culturally-inbred issues like gender. When participants are asked to literally physically stand up to their opinion on a loaded statement such as “young women who wear short skirts or sexy clothing are asking to be raped” they need to seriously process the

conflict of values that occurs when they see that not everyone feels the way they do.

Materials: Prepared statements that players will have to agree or disagree with. Signs that read “AGREE” and “DISAGREE” posted in opposite corners of the room. (Optional: a sign that says “NOT SURE.” However, some feel it is more compelling to “force” players to choose a side.)

Sample statements:

Youth under 18 should not be allowed access to contraceptives.
Boys should be allowed to have premarital sex but not girls.
A man loves his wife if he uses a condom with his girlfriend.
A prostitute who gets AIDS deserved it.
A homosexual would want to be friends with me.
HIV testing is a good idea. Followed by: I have been tested for HIV.

Play: Read a controversial statement aloud and ask players to go stand under the sign of their choice. After each statement, encourage discussion of the topic. This can be done as a group or by pairing “opposites” for two minutes. As in all discussions, make an effort to draw out quieter players.

Consider letting players invent statements for choice and discussion. Ten to fifteen statements is usually enough.

Discussion: Allow adequate time for discussion pertaining to the issues addressed. Be prepared to facilitate discussions between “opposing” parties, encouraging true dialogue.

—Siri Wood of PATH, and Linda Morales of Project Concern International.

4 Mystery Trail

Creating and setting up the trail of clues for this game can be as thought-provoking as playing the game.

Materials: Tell student that their goal is to collect a set of facts about a certain topic. Set up a trail of clues, each of which is hidden with a health or sexuality fact, or set up a few as a demonstration for the student, who will then work in teams to design their own trail of clues and facts. Clues can be creatively hidden in books, on people, furniture, or outside.

Sample clues: I am the best protection against an STI. (Next clue and fact are hidden behind a poster promoting abstinence.) “In Spanish, I am called a puerta.” (Puerta means door. Clue/fact are taped to the top of the door.) “I help you learn about how your body works.” (Clue/fact hidden in anatomy book on shelf.)

Discussion: Teams must read all of their collected facts aloud. For an extra twist, include a fact that is not completely correct or doesn’t belong with the others, and ask each team to identify it. Be careful with purposeful misstatements though, as sometimes that is all that is remembered.

5 Street Smarts: Community Treasure Hunt

Youth are sent around a real or model community on a quest to collect information, signatures and other items. This game can be designed to last anywhere from a few hours to a few weeks. During play, youth will learn about useful resources in their community, and their rights, responsibilities and costs in relation to those resources.

Materials: This game begins with a list of community resources that can be helpful to youth, e.g. health clinic, community/youth center, pharmacy/drugstore/kiosk, library, school, social service center, park, playground, playing fields, swimming pool, natural attractions (beach, lake, forest), concert venues, relevant businesses and restaurants (with an emphasis on healthy foods, good values), newspapers, bulletin boards and websites. A brainstorming session with youth is an excellent way to generate this list. This session can include a list of unhealthy places including high crime areas, bars where older people prey on youth, places where drugs are used or fights break out.

The next step is to generate a list with important questions about each resource: how to get there, cost, services available, how to make appointments, hours, safety concerns, supplies, healthy options (e.g. healthiest food in restaurants, jogging in the park, musicians with positive messages), other things to know (e.g. how to get a library card, what the guidance counselor can do for you,

youth rights to buy condoms, which doctor is the friendliest, website addresses).

Youth and adults may work together to recruit helpful representatives of each institution to help with the Treasure Hunt. These representatives can agree to provide signatures to the students, and may even offer business cards, brochures or small giveaways to promote their business or institution.

Play: Each player or team receives a list or booklet of the community resources, questions to be answered about each one, and instructions for obtaining proof of visitation of key resources (clinic, library, youth center, etc.). Proof of visitation may take the form of acquiring signatures or stamps from representatives, retrieving a brochure, making a sketch or writing a few paragraphs describing the scene. To make the game simpler, players need not actually visit the places.

Teams are given an allotted time to complete their list/booklet—anywhere from a few hours to a few weeks, depending on the size and scale of the list and the community.

Discussion: Every stage of this process presents opportunities for discussions ranging from positive life choices (what to do with free time) to specific useful information (clinic policies on privacy). The resulting information collected by the teams can be kept by youth for future reference.

Follow-up project: Compile the information into a booklet, web page or other useful format for wider distribution. Businesses included can be solicited to help with production costs.

6 Fertility Dance

Learners design and act in a play or dance that demonstrates the mechanics of ovulation, contraception and fertilization. Competitors choose cards and must “direct” the actors to act out their challenge.

Materials: Prepared challenges for teams (see below).

Optional: signs for players to wear, props for contraception, calendar prop, director’s chair, music source.

Play: As a group, design a space to represent fertility including ovaries, fallopian tubes, uterus, vagina, and vulva. Doors and hallways may be used, or masking tape on the floor. Assign roles, including eggs, and the majority actors should be sperm. (Allow this group to decide how they want to move.) One player may be a narrator with a calendar. Music to play during the action can be an extra element of fun.

Perform your original drama, including discussions during and after the process. Bring in spectators if possible. Repeat to allow actors the chance to perform different parts.

Then have a contest: individuals or teams must pick a challenge card. These cards contain scenarios that the contestants must “choreograph,” e.g. fraternal twins are conceived, identical twins are conceived, different types of contraception are used (including abstinence), ectopic pregnancy and menopause.

Discussion: Ask the “dancers” to reenact their program, stopping at points and having audience members explain what is going on. Ask the dancers to explain which parts were confusing to demonstrate, and what they learned. Have dancers or audience suggest other issues to demonstrate.

whole
body
&
action
games

Knock, knock.
Who’s there?
Syphilis.
Syphilis who?
Syphilis-ations
aren’t built in
a day!

7 Musical Review Game

This is an energizing way to check people's knowledge acquisition, and is particularly useful halfway through a course, and at the end of a training session or learning unit.

Materials: The meeting before, ask learners to jot down, on slips of paper, key questions about what they've learned—without the answers. Choose the ten best questions. Add wild cards, e.g. Sing a little bit in another language; Do a charade; Mime your favorite

sport; Hug someone in the group; Do a rock and roll dance; Fold the slips of paper.

Play: Have learners pick one of the slips out of a hat or basket. You can do this by simply passing the hat. Play music and have the group dance around the room while circulating their slips of paper. When the music stops, call on a couple of learners to answer their question or select someone else to answer their questions; let them know that if they're stumped, they should feel free to ask someone else in the group to answer the question. Play the music, and resume dancing and circulating the remaining slips of paper, repeating the sequence until all questions have been answered.

—Linda Morales of Project Concern International has played this game the world over!

CASE STUDY: Outdoor Games in the USA

Gettysburg, Pennsylvania—In an outdoor area known as “the minefield,” an odd assortment of items have been randomly placed, ranging from cuddly stuffed animals to mousetraps. Some have signs saying they are harmless, but others are labeled as posing risks for sexually transmitted diseases (STDs).

A group of young men pair off with each other, then one verbally guides his blindfolded partner around the risky items. In this game, points are given whenever a blindfolded man touches a “risky” item, and accumulating so many points results in an “infection.” Generally, about 20 percent of the teenagers have “acquired” an STD by the end of the game.

This exercise is just one of several activities in the Adolescent Male Involvement Program...The games help young men understand reproductive health risks,

says Marianne Crouthamel, Program Coordinator. “Many have responded very positively and I believe a more mainstream group of young men might react even more enthusiastically...One thing we quickly figured out was that male adolescents, unlike females, have trouble relating to each other on a chatty, intimate basis. Young men respond to an action-oriented format,” she says.

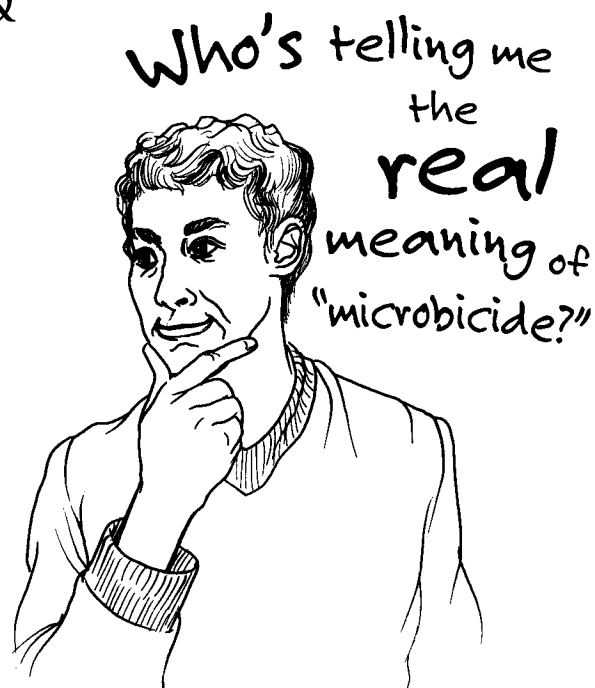
To that end, the initial sessions take place at a series of outdoor obstacles at Gettysburg College called the Challenge Course. The college helps organize activities designed to develop skills in team-building, resisting peer pressure and accepting personal responsibility. Team-building skills, for example, are developed in the minefield exercise. Later, the young men work on platforms and climbing apparatus, which

heightens the sense of risk. If they continue to progress as a team, they eventually have the opportunity to climb a 40-foot tower.

During these initial sessions of practicing techniques to keep themselves safe, the young men also are taught about sexual risk reduction by two certified paramedics. “Because we were dealing with youth who were risk takers, we very much wanted to involve as mentors men whose occupations involved risk-taking, but in a positive sense,” says Crouthamel.

From “Reproductive Health Programs for Men.” Network: Spring 1998, Vol. 18, No. 3. Family Health International, Research Triangle Park, North Carolina, USA. www.fhi.org.

Mind & Word Games



1 Proverbs

Players search for the owner of the other half of their proverb, and then work with their partner to figure out what insight the proverb may offer about sexuality.

Materials: Proverbs are common in many cultures around the world, and often quite amusing. Write half of each proverb on a separate slip of paper.

Sample proverbs:

- Don't insult the crocodile until you get to the other side.
- If you see a crooked shadow of a tree, don't try and straighten the shadow.
- Don't climb the palm tree with something in each hand.
- There is no better mirror than a best friend.
- For the tree that grows crooked, its branches will never be straight.
- Slowly, very slowly you can reach very far, just as the chameleon reached the city.
- In confusion are the seeds of understanding.

You only need to light one match to spread the bushfire.
I pointed out the stars to you, and all you saw was the tip of my finger.
Sweet and sour go hand in hand.

Proverbs are widely available in books, on the Internet, and from friends and neighbors. Game cards in the Resource section of this publication include several African proverbs.

Play: Distribute the half proverbs to learners. Ask learners to find their other half. Once they meet, ask them to figure out how their proverb might relate to sexuality. Offering a sample proverb and your interpretation of it can be useful. While students may initially protest that the task is too hard, with encouragement and time to think, they often proudly offer insightful answers.

—Linda Morales never counts her chickens before they hatch.

2 ¿Quien decide? (Who decides?)

Teammates secretly create explanations for reproductive health related behavior and they receive points for how closely their stories match.

Designed to get players thinking about influences on their reproductive health decisions, this is especially rich material for adolescents, who are often on the cusp of greater decision-making authority.

Materials: Two labeled pictures each of an young man, young woman, friends, a mother, a father, school, clinic or doctor's office, church, youth club, other relevant people or institutions. They may have specific names, e.g. James and Kim, and be real places (the local school, an actual clinic).

Four large envelopes, with two labeled "Main decisionmakers" and "Important influences." (These titles may be adapted if necessary to be as clear as possible to the players, e.g. "Key players" and "Others who have an effect.")

A series of questions or scenarios designed to explore the concept of the way reproductive health or sexuality decisions are really made. These should range in difficulty and in direct relevance to the topics.

Play: This game presents many rich opportunities for discussion, so inform players that there will be plenty of time for discussion during the game. Set a pace that includes discussion after each round.

mind & word games

Players form teams. For each round, two players (or sets of players) from the same team will be given a question or scenario and a set of the character cards, including some blanks. They must use their imagination to fill in the most likely details of the scenario and, unable to see each other, place every relevant card in one of the two envelopes. If necessary, they can fill in a blank card with another “Decisionmaker” or “Influence” to add to the envelope’s contents.

They then report back to the larger group on the contents of their envelopes, explaining the rationale. For each card that both players placed in the same envelope they get five points. For matching cards in different envelopes, the team gets three points. (e.g. one player places the “young man” card in the “Decisionmaker” envelope and the other player places him in the “Influence” envelope.) For each card that each player has included but their partner has not, they lose one point.

Example: The scenario: “A boyfriend and girlfriend want to have sexual intercourse, but they don’t.” The two players, place their cards in envelopes. They report back to the group. Player A includes in her “Main Decisionmaker” envelope only the “Young Woman” card, saying that she probably decided she didn’t want to get pregnant or become infected with a disease. In the “Influence” envelope she included the young woman’s “Mother” who the player imagines counseled her not to have sex, and her church, which has a youth group that convinced her to sign a virginity pledge.

Player B includes both the “Young Man” and “Young Woman” card in the main envelope, and the “School” card in the “Influence” envelope. This player imagined that the couple decided together not to risk HIV infection, based on what they learned in health class.

Possible topics: Positive and negative friendships. Physical relationships. Dating and other violence. Contraceptive use. Medical system use. Parental and other adult involvement. School attendance. Personal appearance. Abortion.

Option: Each team creates the scenario for the opposing team, for each turn.

Discussion: Why were the answers of two players so different? Is one more realistic than the other? How might gender differences influence the answers? Did anyone imagine different answers? Why do some people or institutions have more influence on some youth than others? What other cards should be here? What things are kept secret? From whom? Why?

— Adapted from the work of Project Concern International staff in El Salvador.

3 Just the Facts Ma’am!

The “fact sets” useful for this type of exercise may include self-esteem concepts, the functions of reproductive health organs, pregnancy facts, and much more.

Materials: Each discrete fact written on a single strip of paper.

Play: Hand out one strip to each player. One player begins by reading out their ‘factlet.’ Other players are invited to explain what they understand the information to mean, and explain whether the fact has raised any new questions to them. Players are then asked to look at their strips and see if any might contain information that answers the new question(s). Thus the process becomes a relay, with minimal interference from the facilitator. By the time it ends, people have swapped facts and information, and generated a new list of additional information that they need.

“This technique is a very neat way to pass on complex information to a group of people. For example, I have about 40 different bits of technical information I want people to understand about condoms, such as thickness, porosity, sort of quality tests used, norms and standards for quality, size, who decides size and strength based on what guidelines, etc. Structured this way, each separate fact, read out by itself, would be incomplete, and probably raise more questions than it answers. This game knits them together.”

—C.Y. Gopinath, PATH Kenya

4 Fictionary

This can be an entertaining way to introduce difficult reproductive health and sexuality terms and concepts.

Materials: Dictionary or definitions of reproductive health or sexuality terms. A list of reproductive health or sexuality terms to choose from. Index cards or slips of paper to write definitions on. Pencils or pens.

Possible terms for game use. (The definitions provided are the correct ones. For younger groups the language should be simplified.)

Amenorrhea: Absence of menstrual periods

Angurya: Scraping of the vagina and surrounding tissues as a part of the harmful practice of female genital cutting

Azoospermia: Absence of sperm in the semen

Balanitis: Inflammation of the head (tip) of the penis and the mucous membrane beneath it

Downstaging: A term used to describe visual inspection to identify early cervical cancer

Dysmenorrhea: Painful menstrual periods

Dyspareunia: Painful sexual intercourse

Integrated services: Availability of multiple health services — for instance, family planning and sexually transmitted infection treatment — through a single facility

Microbicides: Agent that destroys microbes. This includes vaginal products that are being developed to kill HIV and other sexually transmitted infections

Mons pubis: The fatty tissue over the pubic bone

Nulliparous: Having never given birth to a liveborn infant

Pandemic: An epidemic occurring in many regions and countries

Pergonal: Medication used to induce ovulation

Primary infertility: Never having conceived a child

Sex-role stereotype: A fixed notion of appropriate behaviors based on gender; for example, men earn money and women raise children

Trafficking: Selling women and children for monetary profit, most often leading to bonded prostitution

Source: Glossary, PATH's Reproductive Health Outlook website. (www.rho.org).

Play: For each round, the person with the dictionary or list chooses a word that s/he thinks the others won't know, and announces the word. If you are playing with a small group, no one should know the meaning of the word, and is honor bound to admit it if they do. If playing with a large group, anyone who knows the definition should keep it to themselves.

Once a word is announced that no one knows, the dictionary person copies the definition onto a card or slip of paper. (If there are multiple definitions, only one is necessary.) Four other "liars" make up either a believable definition for the word, or (if they don't care about winning) an amusing definition, and write it clearly on their card. These definitions are passed to the person who chose the word. This person reads out all of the definitions, in the same order, twice.

The players (or in a large group, the spectators) then vote on the definition that they think is the real one. This may be done aloud, or voters may secretly write down their vote, to be revealed later.

When all votes are in, the true definition is revealed, and the round is scored. A player gets a point for having voted for the true definition, and the "liars" may receive a point for every time someone voted for their definition. The person who chose the word gets a point only if no one voted for the true definition.

—Steve Hendrix-Jenkins always wants to play Fictionary.

5 Ozim-Zim Game

A common children's game in West Africa, this teaches players the importance of working together as a community while reviewing health material.

As a song game it may appeal especially to players with strong "musical intelligence." (See Introduction for more about multiple intelligences.)

Materials: Stones and songs. Information Cards (as reference)

Play: Ask the group to sit in a circle, with each player holding a stone. They should sit so they can move their right arm to the front of the person on their right.

Explain the rules of the game: The players should sing the song as they move their stones around the circle. At the start of the song, each person should move their stone and place it in front of the person on his/her right side. As soon as they move their stone, they should pick up the stone that has been put in front of them. They then pass it to the person on their right. The movement of the stones should follow the beat of the song. No one should have more than one stone in front of them at a time.

In this game, the person who fails to move their stone on time should state a positive health habit, preferably related to the material they are learning about reproductive health. If the player is not able to name a good health habit, another member of the group can help.

Teach the group the song used to play the game. Use a common tune, or make up your own. Also, you can use other songs, like "My Darling Clementine." Once the players get good at the game, speed up the beat of the song.

Song words: Ozim-zim, Hoya. Ozim-zim, Hoya. Obatakariya, Hoya. Obatakariya, Hoya. (Repeat)

Discussion: What new health habits did you learn about? Which ones do you do now? Which ones would you like to learn more about? What have we forgotten? What might the circle represent? What happens when one person makes a mistake?

—Adapted from Tools for Life (See resource section for more information.)

Simulation, Story and Drama Games

Game expert David Sleet defines a simulation game as “any activity that combines the central characteristics of games (competition, rules, winners and losers) with those of simulations (representation of some aspect of reality).” Simulation games have been proven: to be popular; capable of generating sophisticated inquiry by the players afterwards; able to motivate creation of other simulations; to effectively demonstrate the interconnected nature of influences on health; present skill building opportunities; and able to foster personal growth. Simulation games may range from simple to complex and may take many forms. A sample of the possibilities are presented in this chapter and the Resources section.

1 The Bomb Shelter

Players decide who to let into their small bomb shelter. This scenario presents a chance to discuss racial, ethnic, gender, sexual orientation and other issues.

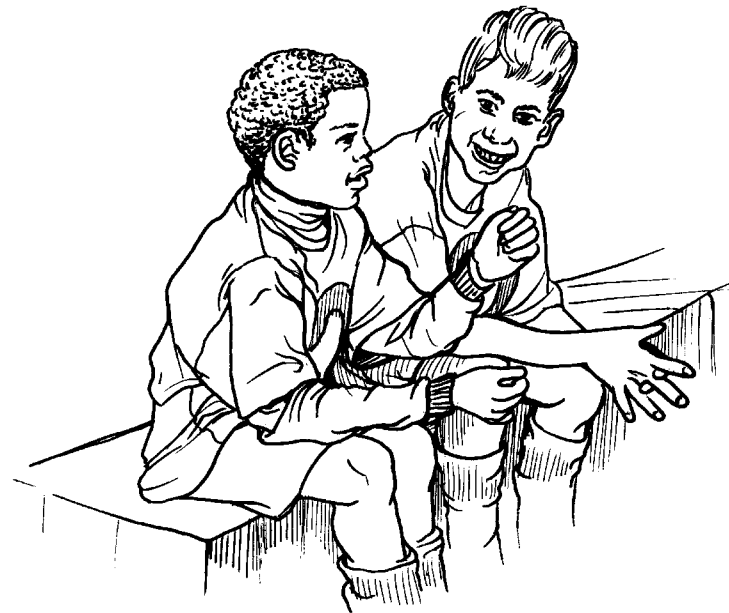
Play: Ask learners to imagine this situation: a bomb will wipe out all humans, except for this group, and five others waiting outside. Who should we let in, and why? Possible applicants: A doctor who is homosexual. A woman who is a nurse, and her infant child. An elderly minister. A female Jewish rabbi. A famous rap musician. A psychologist. A teacher. A transvestite. An orphan child. An HIV-positive scientist. An engineer. An artist. An African historian.

Due to the sensitive nature of these topics, rules of respect should be reviewed and reinforced by everyone during the conversation. Ask players to be honest and open about their views, where they got their ideas, and how they may personally feel about the statements of other players.

This exercise can be done in a large group or in small groups who report back and compare results.

If so, ask groups to look at the gender, racial and other breakdowns of their selections.

We should tell the
alien that
a girl can be
president too!



Discussion: What does this have to do with real life? What ideas about sexuality and reproductive health affected our choices? What in our personal histories affected our choices?

—Lem Williams of San Joaquin County Public Health Service has played this game countless times.

2 Standing Room Only

A more graphic and serious version of The Bomb Shelter, this time about AIDS in Africa.

Play: Present the following information to players (or an adapted version, appropriate for your group) and send them into small groups to work through it. Allow sufficient time for a detailed discussion of the materials within the groups and afterwards, as a whole group.

A hospice for children and women with HIV/AIDS has opened up in Mombasa. It has 150 beds, which filled up rapidly within the first year of operation. Around Jamhuri Day, 2002, you, as a government functionary in charge of bed allocation at the shelter, receive four requests on behalf of children who are urgently in need of shelter.

1. Stella, a bright, attractive girl from a middle-class family, began to explore the world of sexual experiences when she was only 12. By the time she was 13, she had already had sexual intercourse, and was moving in and out of a series of casual physical relationships with boys in her college. One of them, a drug user and HIV positive, infected her with the AIDS virus. She remained asymptomatic until the age of 16, when she began to develop symptoms of TB. Tests revealed that she had AIDS. Her family, acutely aware of the social stigma and rejection they will suffer, and also handicapped by middle-class poverty, have applied for a bed at the hospice.

2. A 14-year-old boy, Musa, who has been regularly forced to have sex with older boys. He ran away from home after a minor fight with his parents, and reached Mombasa. Here he has been doing odd jobs for a living. In the beginning, he succumbed to homosexual exploitation out of fear. However, he has now begun to enjoy it, and has attempted homosexual sex with younger street children. Musa became HIV positive during his time at the station. Now he is sick with AIDS-related-TB. A community group has applied on his behalf.

3. A pregnant, 21-year-old sex worker from Busia. She tested positive within six months of reaching Mombasa, during a blood test conducted as part of various pregnancy tests. She was shipped back to Busia, where her family threw her out, and the police harassed her. In the meantime, she delivered an infant, who tested positive.

She is as yet asymptomatic, and her infant is only six months old. A kind doctor has taken her into his care and sent a request for a bed to you.

4. A request from the Ministry for Health, to accommodate the son of his driver, who has been found HIV positive. The child, aged 12, was a runaway, and missing for two years. In this time, he was a streetchild, and got involved in drug peddling. As a heroin addict, it is believed that he may have become HIV positive through an infected needle. An NGO has brought him back to his family, but the minister feels that it could become a scandal if the press found out. He offers his chauffeur the option of putting the child in a hospice, or looking for another job. The chauffeur chooses the former, and a request reaches you. The child is as yet asymptomatic.

5. Your mother, 67 years old, became infected with HIV through a transfusion of infected blood at a hospital after an injury. By the time the infection was detected, she had already developed the first symptoms of AIDS. Now she is direly in need of care that you and your family are hard pressed to provide. You know that you could easily allot her a bed at the hospice, and are considering this option.

The problem: the hospice has room for only one of these five people. Who would you recommend, and why?

—Thanks to C.Y. Gopinath of PATH Kenya for this rich detail.

3 The Story Bag

A fun and simple technique to generate meaningful discussion about people's lives and health.

Materials: Collect a wide range of materials and put at least five unrelated items into individual bags. You will need one bag for each small group. Suggestions: condom or other contraceptive, bottle cap, hat, diaper, kitchen item, food item, school item, tool, bus ticket, video or cassette tape, toy car, nature item: (leaf, flower, stick, rock) etc...

Play: Small groups must make up a health or sexuality related story using their items. They can act out their stories to the larger group, with a prize to different categories, e.g. most creative, most educational, most realistic, most dramatic.

simulation,
story
&
drama
games

In order to encourage players to make up more compelling stories, present them with a simple story invention tool developed by author Mary Amato, called WOW, which stands for Want, Obstacle, Win (or Lose). That is, most stories begin with Want: some thing, goal or desire of the main character(s). An Obstacle creates excitement and interest in the story. At the end, the character(s) either Wins (or Loses) in their quest.

Discussion: What themes are common in the stories? Are they realistic stories? What do they say about our society? Have any of you ever experienced a situation like one of these stories? Do you think people in other countries would make up the same stories? How might they be different, and why?

4 An Alien has Arrived!

Participants create an explanation for a visiting alien about the differences between men and women in terms of both sex and gender.

Materials: Flip-chart paper, markers, and masking tape. Optional: Toy or drawing of an alien.

Play: Explain to the group that they will expand their concepts about sex and gender. Tell them that when they came today, they met an alien who came to visit Earth and to know its inhabitants. She was confused, for she had heard that there were men and women on Earth, but was not able to tell the difference.

As a group, brainstorm the differences between men and women. Draw a line down the center of the flip-chart paper. On the right-hand side, write the word MAN; and on the other side, the word WOMAN. Write all the ideas given by the participants, in order to help the alien. When the list is finished, tell them that the alien wants to know which of all the ideas won't change through time or place. Underline all ideas that apply. Based on the underlined ideas, define SEX (physical and biological differences) as those things that don't change through time or place. Then define GENDER as the social and psychological characteristics that are a product of culture.

Discussion: How would you explain what you have learned to a person who does not know the meaning of sex and sexuality? What items on our gender list do you think are different in other cultures?

What issues were you surprised are a part of culture, not nature? Which gender differences are the most harmful to women? To men? Which gender differences are harmless? At what age do children begin to be affected by these differences? In what ways? If you could change one gender difference, what would it be, and why?

—Thanks to earthlings from CARE in Latin America.

5 The Family Journey

Players create drama around the ideas of responsible parenthood and its connection to family planning concepts.

Materials: Paper, markers, drama props (optional). Definitions of Responsible Parenthood and Family Planning on paper, to hand out to each small group:

Responsible parenthood: Way of thinking, feeling, and behaving in daily life, as product of physical, psychological, and social maturity, which allows us to be prepared to decide, with our partner, if we are ready or not to have children.

Family Planning: a right that people have, through which we decide the most convenient time to have children, the number we want, and the timing or spacing between them.

Play: Ask the participants to work in small groups to jot down answers to the following questions: "What is necessary in order to be a father or a mother? What is necessary for responsible parenthood? How do these ideas link to family planning?"

Once groups have worked on these ideas, pass out the definitions. Ask them to read the definitions aloud and compare them to their own group's ideas. Then ask groups to create a mini-drama to illustrate one point that they think is important for youth to consider. Have the groups present the dramas.

Optional: Videotape the presentations, or have the groups present their work to a larger audience.

—Adapted from the fine work of CARE staff in Latin America.

6 A Tale of Two Families

This Latin American storytelling exercise explores ideas of family planning. It can be used as is, or easily adapted to any culture.

Materials: Masking tape squares of the same size drawn on the floor, designed to represent two houses, big enough for four people to stand inside.

Play: Create a story about two couples (example: Juan-Rosa and Pedro-María) who get married the same day. One couple uses family planning, and the other doesn't.

Ask for four volunteers (If the group is mixed, ask for two males and two females, in order to make couples). Ask each couple to stand inside each house (Juan and Rosa in one; and Pedro and María in the other). Explain that one of them will be the father and the other one the mother.

Start the story by explaining that Juan is María's brother, and this is why they decided to get married the same day. María married Pedro, and Juan married Rosa. Ask the couples to dance inside their house.

During their first year of marriage, both couples had their first child. One participant goes inside each house. Juan and Rosa decide to plan their family. María can't do so, because Pedro doesn't want to talk about it.

On their second year of marriage, Pedro and María had their second child. (Another participant goes inside this house.) On their third year of marriage, Pedro and María had their third child. (Another participant goes inside this house.) On their fourth year of marriage, both couples had a child. (Another participant goes inside each house—the fourth child of Pedro and María; and the second of Juan and Rosa.) On their fifth year of marriage, Pedro and María had their fifth child. (Another participant goes inside this house.) On their sixth year of marriage, Pedro and María had their sixth child. (Another participant goes inside this house.) On their seventh year of marriage, both couples had a child. (Another participant goes inside each house—the seventh child of Pedro and María, and the third of Juan and Rosa.)

When the story ends, give the father or mother of each family a loaf of bread. Ask them to distribute it among the members of the family,

and then ask the participants to show the piece each one has, so that everyone sees the difference in quantity.

Discussion: Ask the "families" how they felt? What was their experience during the exercise? Are they satisfied with the number of children they had? Is there anything wrong with having a big family? Should people plan how many children they want and the spacing between children? How do people control their fertility? Why do some people ignore this issue? What are the health effects on the families to consider?

—More food for thought from CARE staff in Latin America.

simulation,
story
&
drama
games

CASE STUDY: "Reality Gaming" in Canada

The "Real Game" is a successful example of experiential learning in games. Originally developed in Canada, this career and life skills education program has been used by tens of thousands of students in Canada, the U.K., the U.S. and Australia. This simulation game randomly assigns students to occupations, where they receive salaries, manage budgets, plan for work, vacation and recreational goals, and face problems including job loss and gender discrimination. The five principles used throughout the game are: "Change is constant. Learning is ongoing. Focus on the journey. Follow your heart. Access your allies." Evaluation results have been strongly positive.

For more information, visit www.realgame.com.

Arts and Crafts Games

These games help students to think about the sexuality and reproductive health issues in new ways—and can be quite useful for appealing to learners who enjoy spatial, tactile and visual challenges. One technique for slowing down youth who rush through art projects is to tell them that within the time frame, the LAST artists to finish are the winners.

our team used a
pear for a uterus
and string for
fallopian tubes



1 Reproductive System Sculptures

Creating two- or three-dimensional works of art allows students to look more closely at the reproductive system than they ever have before.

Materials: Any (or all) of these materials can be used: Felt, clay or modeling dough, fruit or vegetables, or “found objects” (silverware, bottles, boxes, paper plates for cutting). Scissors, tape, glue, paper, as needed. Graphics of reproductive systems.

Play: Have individuals or teams work together to create a sculpture of the male and/or female reproductive system. Give them a time frame and ask them to take the time to create something interesting. Hold an art exhibit and allow them to show off their masterpieces.

Discussion: Have you ever looked so closely at the reproductive systems? Was there anything surprising about them? Did their design affect your choice of art materials? Can you imagine these systems inside of your own bodies? Do you think about these organs inside you every day? Do you think they are important? Why? What can you do to keep them strong and healthy?

2 The Naked Eye

Learners critique advertisements and popular culture materials in terms of sexuality and gender content.

Materials: Magazines, newspapers, and any popular culture imagery. Materials geared toward youth are the most useful. Scissors, paper, glue.

You may assign youth the task of collecting the material and bringing it in.

Play: Have individuals or teams make collages of materials that they feel related to sexuality. In cases of absurd advertising, ask them to cut the product out of the image to create a guessing game—what was this supposed to be advertising?

Have them present their projects, with prizes to be awarded for various categories.

Discussion: Why do advertisers, magazine publishers and others use this kind of imagery? What type of behavior does it promote, if any? Do you think it makes people feel better or worse about themselves? Do popular songs and movies use this kind of imagery? Can you think of an example of a popular song or movie that promotes healthy behavior? Unhealthy? Do you think you are personally affected by this type of material? Does it affect how you feel when you look in the mirror? Buy clothes?

3 The Body Beautiful

Youth draw pictures of themselves, and add positive labels to their own and others drawings.

Materials: Large paper (body sized if possible), scissors, markers.

Play: Have learners lie down on the paper to be traced-or for smaller paper they may simply draw a picture of their entire body. Ask each person to write in each of their body parts all of the positive things about it they can think of, including all of the things it can do. Urge them to be creative. Examples: Head: smart. Ears: good listener. Smile: funny. Arms: strong for hugging. Heart: caring friend. Reproductive system: Healthy and protected from harm. Legs: good runner.

Allow each player to present their work. If time permits, ask learners to circulate and add kind words to others' drawings.

Discussion: Did you think of positive traits you hadn't thought of before? Was it easy to do? Is it hard to say nice things about yourself? Why?

—From Alanna Jones' "104 Activities..." See Resources section for more information.

4 Puzzle Party

The simple puzzle concept can be used in many ways.

Materials: Youth can color in photocopies of human bodies, repro-

ductive systems, contraceptive methods, or other relevant pictures. Once these are cut up into puzzles, they can be used in many ways.

Other puzzles can include ordered material with the identical pieces, e.g. stages of growth, lifeline of a healthy contraceptive, a sequence of events (e.g. a series of drawings portraying behaviors and their consequences).

Play: Pieces of different puzzles are mixed together in a big pile. Youth race to find their pieces and assemble their puzzle. Puzzles with ordered pieces must be assembled logically. Or puzzles with identical numbers of pieces can be used to track points received, e.g. each time a player gets a point they add a piece to their puzzle.

CASE STUDY: A Boxful of Fun from India

The Thoughtshop Foundation is aptly named—this diverse group of professionals clearly puts a lot of thought into unique kits of games, puzzles and visual aids designed to help boys and girls approach puberty as positive, informed individuals. One kit is based on the story of a twelve-year old girl, Champa; the other relates the life of fourteen-year old boy named Shankar. The kits cover puberty, conception, contraception, STIs/HIV/AIDS, pregnancy and family planning—within the context of gender, self esteem, and social issues. Kits may include a cloth poster, a card game, flipcharts, "little curiosity books" that answer common questions, plastic reproductive system puzzles, a menstruation cut-out book with moving egg magnet, jigsaw puzzles, a conception model, family spacing board game, and a workbook.

For more information, visit www.thoughtshopfoundation.org

“If life doesn’t
offer a game
worth
playing,
then invent
a new one.”

Anthony J. D’Angelo

Creating Your Own Games for Reproductive Health

The process of making up your own games for reproductive health can be as fun as game playing itself, and presents excellent educational opportunities for youth, as they work to incorporate accurate reproductive health and sexuality subject matter into their own game invention. This section presents ten principles of successful educational game design.

1. Start with a game you know. Think of a game you like, of any type—traditional, word, board, game show, computer, video, arcade or contest. These games come in many forms, including elements of strategy, chance, adventure, puzzle, simulation, competition, cooperation, whole body/action, research, intellectual, emotional and physical challenge, and racing to the finish. One of the most common and versatile game tools is a set of question cards. (See page 17 for guidance on card set creation.) Choose one or more elements of the game that appeal to you and build from there. As your game grows and is refined it will become the unique, fun and/or useful creation you are aiming for.

Games and ideas to adapt: Hangman (or gentler term), 20 Questions, I Spy..., Truth or Dare, Pin the Tail on the Donkey, Musical Chairs, Telephone (Whisper Down the Lane), Kick the Can, Word Scramble (Anagrams), Word Search, Crossword Puzzles, video production, debate, Finish the Story, poetry contest (first letter of a word starting each line of a poem), popular song rewrite and performance, comic book development contest, popular board, computer or video game adaptation.

2. Know your educational goals. Your educational goals for the players may range from mastery of factual information, manipulation of information, integration of information into subjective issues,

Throughout history...no games are created from scratch.

“Recycling ideas is a key element in how great games are designed. Going back thousands of years, we can see how a good idea is made better by a constant reworking of the principle mechanic [i.e. game idea].

Backgammon is probably the oldest game in recorded history, born in Mesopotamia, but nameless until the Romans brought it home as Tabula. Various forms of the game persisted for centuries, but the board we know was not refined until the 17th century in England—the first time the game became known as bac (“back”) gammen (“game”), from the Middle English words. Even then, the game needed improvement in order to remain a classic and never became a game of high skill until a doubling die was added in 1925! Chess has been similarly refined over the centuries, beginning as Chaturanga in India in the seventh century (maybe earlier, although evidence is lacking) and finding popularity throughout Europe by the 10th century...In this case, recycling led to the chess we know today. And it all began 14 centuries ago. Recycling good mechanics is nothing new.”

—Al Newman, The Games Journal

For more information:
www.thegamesjournal.com/articles/PleaseRecycle.shtml

exploration of cultural and community issues that affect reproductive health, development of skills related to social negotiation, critical thinking or personal goal setting. Examples: “During this game, players will discuss the reasons why people engage in unprotected sex.” “This game will help players master HIV prevention and transmission facts.”

Useful questions: What positive outcome do you hope this game will contribute to? What problem do you hope to solve with this game? How will players demonstrate that the game is reaching its goals, during and after play?

3. Consider the use of questions in your game. At the heart of successful educational games is the ability to present material in an interactive format. You create an atmosphere of excitement, positive energy, motivation and creativity as players actually do a very simple thing: ask and thoughtfully answer good questions and challenges.

For educational purposes, questions can:

- Keep learners involved;
- Give learners a chance to openly express thoughts and ideas;
- Enable reframing of material through peer explanations;
- Pace a lesson and moderate learner behavior; and
- Allow learners to demonstrate grasp of material.

Recommendations for questioning:

- Use both low- and high-level cognitive questions (see next section).
- Avoid questions that are too vague.
- Ensure questions are an appropriate level for the audience.
- Instill confidence by including easier questions.
- Know the purpose of the questions—why are you asking it?

4. Include the basics of “good educational questions.” There are two types of questions: low- and high-level cognitive. Experts recommend using a combination of the two types. This doesn’t mean an individual game must include both to have value, but an overall educational effort—for example, a youth program or school-based class—should incorporate both types of questions.

Low-level: Based on factual information that can be memorized.

Example: Name three ways HIV is transmitted.

- Advantages: Enables quick pace, which in turn can enable many opportunities to participate. Tests factual knowledge.
- Disadvantage: Provides no indication that learner understands how to apply the knowledge in real life, or whether the learner is motivated to do so.

High-level: Requires use of higher order thinking or reasoning skills. Knowledge is used to solve, analyze and evaluate.

Example: Why do you think some teens have unprotected sex even though they know they are putting themselves at risk of pregnancy and infections, including HIV?

- Advantages: Allows much greater depth of exploration. Gives learner a chance to explore realities of their world.
- Disadvantages: More time consuming. Can be more difficult to use in large group. May require more intensive facilitation.
- Danger: Many people, including teens, often give what they know to be the “right” answer without really sincerely meaning it, as a way of being polite. Challenge players to be “real.”

5. Write clearly and simply. Game questions and materials should be composed in a style that is easily read aloud. This means avoiding formal language, abbreviations, overly complex sentences, too many clauses and difficult words.

Try reading this poor example out loud. “Incorrect use of contraceptive methods (e.g. ways to avoid pregnancy) is a common problem, potentially resulting in high rates of failure (conception not avoided). True or False?” Answer: True.

The improved version. “True or False? A common problem with contraception (which is also known as birth control) is that people don’t use it correctly and then get pregnant by accident.”

True. Many contraception methods are very reliable ways to avoid pregnancy—but work best when used as recommended. (But only condoms and abstinence can protect you from sexually transmitted infections, including HIV.)

6. Get your learners involved! Often the people who learn the most from an instructional game are its designers. This is because game designers typically need to analyze the topic closely as they convert the subject matter into game materials.

- Play a variety of types of games in this publication, and then brainstorm with learners about their favorite games, including video and computer games. Challenge learners to create their own. Offer raw materials and supplies to get them energized. Offer a prize for the best game.
- Give learners a board game and have them adapt it to your subject matter, making new game cards if applicable.
- Identify a popular game show and ask the participants to adapt it.

“In Madagascar, we were working with trainers from different organizations, and would always have a part of the session where the participants formed teams and created their own games. They would lead us in the games, then document and distribute written directions to everybody in the session.”

—Linda Morales, *Project Concern International*

7. Collect local data, if necessary. Games that speak directly to the players’ lives can be most compelling. Also, youth and adults alike often overestimate the risky behavior of their peers, and base their own behavior on such misconceptions. Finally, data collection in itself can comprise fun and interesting activities. Questions and game materials can then use the data within the game (e.g. Family Feud game). See the Resources section for an excellent guidebook on data collection, available for free over the internet.

Protect the privacy of research participants. Make sure no identifying information is recorded about the research subjects. Unacceptable note-taking example: “Amelia said she has purchased condoms;” Acceptable example: “Participant A said she...” BE SURE data collectors seriously understand the issues and agree to maintain the confidentiality of all research participants. ALSO NOTE, in some places parental permission is required when working with youth. Be sure to clarify or confirm policies and guidelines in the setting in which you are working.

Siri Wood of PATH recommends “The Bead Game” as a research method that both protects privacy, and may enhance honesty through anonymity. Players are given numbered bags or envelopes and colored beads. A question is read aloud, and participants secretly place a colored bead in the bag to indicate their answer, e.g. green for “yes,” red for “no” and yellow for “not sure.” The bags are then collected and answers tallied. This can be an excellent method to foster group discussions.

You can also design an anonymous questionnaire, conduct focus groups or in-depth individual interviews. Other options: Make a reproductive health map of the community. Have research subjects

conduct sorting or ranking exercises, e.g. sort cards containing names of contraceptives or health behaviors by different categories, e.g. cost, use among students, availability, rationale for use.

When collecting information on behavior, be specific. Don’t ask participants about “having sex” for example. Specify “vaginal intercourse.” Data on drinking, drugs or smoking should specify quantity over a period of time: e.g. number of drinks over the course of three hours.

8. Try it out! Play the game with testers to see how it goes. Are the educational goals met? Are the players enjoying it? Are there rules that need to be changed? Do the testers have suggestions for improvement? Be open during this phase to possible improvements to your game. Game expert Bernie Dodge offers the following considerations to guide game assessment.

Practicality: Is the effort it takes to set up and play the game “worth it?”

Rules Simplicity: Are rules short, clear and complete?

Instructional effectiveness: Does winning the game require learning the content?

Elegance: Are game elements and content elements mapped onto each other in multiple ways that seem surprising? (A elegant game doesn’t have contradiction between the game and the contents, and avoids elements that are only decorative or unrelated.)

Flexibility: Are several variations of the game presented that make the game playable in a number of ways, to meet different needs?

Participation: During the game, are the players doing most of the talking and game management?

9. Produce your new game. Most games allow for a range of production input, ranging from next to nothing to elaborate affairs. Artistic youth may be recruited to design card sets, boards, pieces, dice made of boxes, rules to post and even game show sets. See page 9 for a list of useful supplies. Once produced, a game may be used many times.

10. Have fun—and keep a journal! Congratulations to you and your young gamers for your active and positive approach to health and sexuality! A journal of games you have created (as well as others you try out) can help support your game activities.

Resources

Suggested Books and Electronic Resources

Sexuality Information for Educators (and Parents):

Sexuality Information and Education Council of the U.S.
130 West 42nd Street, Suite 350, New York, NY, 10036-7802.
Phone: 212/819-9770, fax: 212/819-9776, e-mail: siecus@siecus.org.
www.siecus.org contains extensive information and links, including information for religious communities.

From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children by Debra W. Haffner (Newmarket Press, USA. 1999).

Sex and Sensibility: The Thinking Parent's Guide to Talking Sense About Sex by Deborah Roffman (Perseus, USA. 2001).

Sexuality and Health Websites for Youth:

It's Your (Sex) Life: **www.itsyoursexlife.org**

Planned Parenthood's **www.teenwire.org**

Sexually Transmitted Infections, teen focus: **www.iwannaknow.org**

Columbia University's **www.goaskalice.columbia.edu**

Network for Family Life Education's **www.sxetc.org**

General teen health: **www.kidshealth.org**

General Educational Games, Activities and Humor:

104 Activities That Build: Self-Esteem, Teamwork, Communication, Anger Management, Self-Discovery, Coping Skills, by Alanna Jones. Rec Room Publishing. Richland, WA, USA. 1998.

www.gamesforgroups.com

Barnga Game "induces the shock of learning that in spite of many similarities, people from other cultures have differences in the way they do things. For nine or more participants; play lasts about one hour." This simulation game uses decks of playing cards and a rule book available from Intercultural Press, Inc. P.O. Box 700, Yarmouth, ME. 04096 USA. **www.interculturalpress.com**

The Bottomless Bag Again, by Karl Rohnke. (Kendall/Hunt Publishing, Iowa, USA. 1994.) This book contains physical, mostly outdoor group activities designed to promote communication, cooperation, trust and fun.

Deep Fun. The website of Bernie DeKoven, a prolific advocate of the educational and therapeutic value of fun and games. This site contains a wealth of ideas, links and articles. 223 Avenue G, Redondo Beach, CA 90277 USA. **www.deepfun.com**

The Laughing Classroom: Everyone's Guide to Teaching with Humor and Play, by Diane Loomans and Karen Kolberg. (H.J. Kramer, California, USA. 1993.) Full of ideas about how to create an upbeat atmosphere that energizes both educators and students.

The Real Game. An excellent example of the potential of simulation games. The Real Game is a series of career and life planning games that have been played by tens of thousands of students.

www.therealgame.com

"What we learn with pleasure, we never forget."

Popular Saying

Workshops by Thiagi, Inc. This website, maintained by a professional trainer, offers abundant resources and inspiration, including free games (to use or adapt for health content), puzzles, ideas, tips, multiple gaming links, and more. www.thiagi.com

Educational Games about Health and Sexuality

Cardboard Cognition: A Sourcebook for Ideas for Educational Card and Board Games. A treasure trove from an educational games professor, Dr. Bernie Dodge, of the Department of Educational Technology at San Diego State University. This site contains over 240 educational games, many about health specifically. A helpful matrix breaks down the games by age and topic.

<http://edweb.sdsu.edu/courses/edtec670/Cardboard/CardboardCognition.html>

Champa and Shanka kits, designed and produced in India by the Thoughtshop Foundation, contain a board game, card sets, a puzzle and other fun items about adolescent reproductive health. This company offers other reproductive health game products as well. Thoughtshop Foundation 188 / 90 Prince Anwar Shah Road, Kolkata - 700 045 West Bengal, INDIA, Phone 91 33 417 6129.

www.thoughtshopfoundation.org

Playa for Life is an attractive 54-card regular playing card deck—with the Jacks, Queens, Kings, Aces and Jokers containing HIV prevention messages and images using a harm reduction approach. Community Marketing Concepts Inc. 267 Carlton Ave, Brooklyn, NY 11205 USA. Phone (718) 243-9300 Fax (718) 243-2926, email: cmcepts@aol.com.

Rollercoaster: A Game Exploring the Ups and Downs...of Puberty is a series of interactive exercises designed for youth aged 9-13 years. Sheffield Centre for HIV and Sexual Health, 22 Collegiate Crescent, Sheffield S10 2BA ENGLAND. Phone 0114 226 1900.

<http://sexualhealthsheffield.co.uk/resources/rollercoaster.html>

Safari of Life is a sexuality education board game for youth and adults, created by PATH. *Learning About AIDS*, developed in Chile, allows players to explore the community involvement in addressing HIV/AIDS. Learning Zone Express, P.O. Box 1022 Owatonna, MN 55060 USA. Toll-free (in US) Phone 888-455-7003.

www.LearningZoneXpress.com

Tools for Life. From the Johns Hopkins Center for Communication Programs, 28 interesting health activity and game cards and over 40 information cards. 111 Market Place, Suite 310, Baltimore, MD

21202, USA. Phone (410) 659-6300 Fax (410) 659-6266.

www.jhuccp.org/tools/activity

Theory, Technical Information and Data Collection

Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents, by Meera Kaul Shah with Rose Zambezi and Mary Simasiku. Focus Tool Series. (FOCUS on Young Adults Project, Pathfinder International. June 1999.)

Free download: <http://www.pathfind.org/guides-tools.htm>.

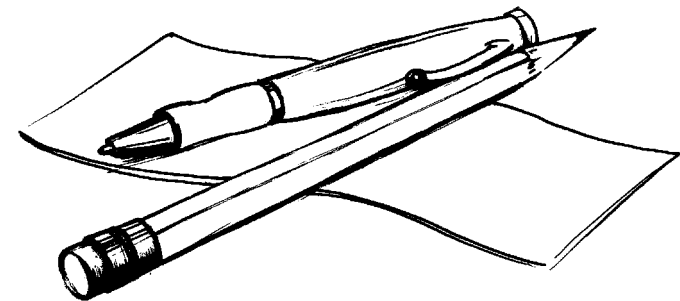
This excellent guide offers clear guidance for using participatory techniques to collect data. Many of the techniques are fun and illuminating processes in themselves.

Reproductive Health Outlook at www.rho.org. PATH. Reproductive health and sexuality technical and program information, in concise, easy-to-read summaries.

Theory in A Nutshell: A Guide to Health Promotion Theory, by Don Nutbeam and Elizabeth Harris. (McGraw-Hill, Australia. 1999.)

A brief, readable history and overview of major theories of health and behavior change.

“What’s in a Game? An Evaluation of Two Sexuality Education Board Games: Safari of Life and Young Man’s Journey” by Program for Appropriate Technology in Health (PATH). A qualitative evaluation of data collected from over 500 game players in eleven countries. Available from PATH, 1800 K Street, N.W., Suite 800, Washington, D.C. 20006 USA, or at www.path.org.



Ideas for Specific Game Content

Zeroing in on the sexuality/reproductive health content that is the heart of your quality educational game is a critical step. The first place to look is within the material your program is already addressing. This can then be injected into a game format to in order to introduce, expand on and/or reinforce the material. The following list of concepts, ideas and topics is provided for additional inspiration.

The Sexuality Information and Education Council of the U.S. (SIECUS) created these sexuality education goals, concepts and topics (as well as many other excellent tools, including life behaviors of a sexually healthy adult and related values). For much, much more information, contact SIECUS or visit www.SIECUS.org.

SIECUS Goals of Sexuality Education

Information. To provide accurate information about human sexuality, including: growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS and other sexually transmitted diseases.

Attitudes, Values, and Insights. To provide an opportunity for young people to question, explore, and assess their sexual attitudes in order to understand their family's values, develop their own values, increase self-esteem, develop insights concerning relationships with families and members of both genders, and understand their obligations and responsibilities to their families and others.

Relationships and Interpersonal Skills. To help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create satisfying relationships. Sexuality education programs should prepare students to understand their sexuality effectively and creatively in adult roles. This would include helping people develop the capacity for caring, supportive, non-coercive, and mutually pleasurable intimate and sexual relationships.

Responsibility. To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse, and encouraging the use of contraception and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually related

medical problems; these include teenage pregnancies, sexually transmitted diseases including HIV infection, and sexual abuse.

SIECUS Key Concepts and Topics in Sexuality Education

Key Concept 1: Human Development. Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Topics in Human Development: Reproductive Anatomy and Physiology; Reproduction

Puberty; Body Image; Sexual Identity and Orientation.

Key Concept 2: Relationships. Relationships play a central role throughout our lives.

Topics in Relationships: Families; Friendship; Love; Dating; Marriage and Lifetime Commitments; Raising Children.

Key Concept 3: Personal Skills. Healthy sexuality requires the development and use of specific person and interpersonal skills.

Topics in Personal Skills: Values; Decision-making; Communication; Assertiveness; Negotiation; Looking for Help.

Key Concept 4: Sexual Behavior. Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Topics in Sexual Behavior: Sexuality Throughout Life, Masturbation, Shared Sexual Behavior; Abstinence; Human Sexual Response; Fantasy; Sexual Dysfunction.

Key Concept 5: Sexual Health. The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behaviors.

Topics in Sexual Health: Contraception; Abortion; Sexually Transmitted Diseases, including HIV Infection; Sexual Abuse; Reproductive Health.

Key Concept 6: Society and Culture. Social and cultural environments shape the way individuals learn about and express their sexuality.

Topics in Society and Culture: Sexuality and Society; Gender Roles; Sexuality and the Law; Sexuality and Religion; Diversity; Sexuality and the Arts; Sexuality and the Media.

resources

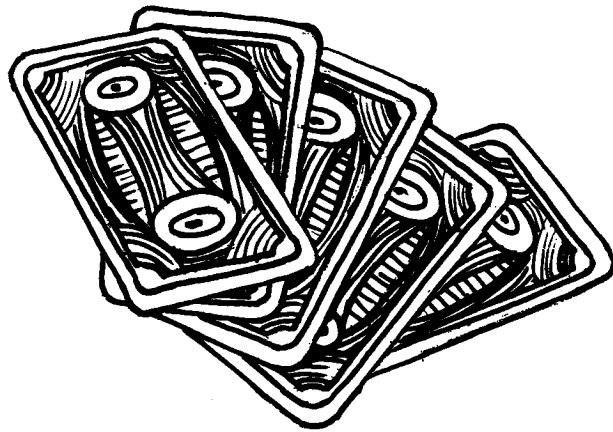
“You can discover more about a person in an hour of play than in a year of conversation.”

Plato

Safari of Life and A Young Man's Journey Card Sets

This section includes four card sets, designed to be photocopied and cut out for use within various game structures, including Not-So-Trivial pursuit, or a game of your own devising. Originally created for the PATH board games *Safari of Life* and *A Young Man's Journey*, they may be adapted for use with a homemade or existing game board from another game. Players can race around the board, earning points or extra turns for correct and/or thoughtful answers. For information on ordering the complete *Safari of Life* game, see page 46 of this publication.

Some data in these cards may become outdated or may contain information that is not appropriate for your youth or location. Key issues for your youth may also need more coverage through additional cards developed by your program. Please review the content carefully before play.



Safari of Life Card Sets

These cards present a general overview of sexuality, reproductive health and social issues. They are appropriate for any age, based on an easy to intermediate level of comfort or knowledge.

Facts Cards. These cards address basic sexuality issues through close-ended questions. The answers are printed on the cards. Another player should read the card aloud to the player or team who have chosen the card.

Feelings Cards. There are no "right or wrong" answers to these open-ended questions designed to generate discussion about sexuality and general issues. These work best with facilitation that encourages respect and thoughtful answers. Other players may want to add their perspectives as well.

A Young Man's Journey Card Sets

In response to feedback from older teen players from around the world, these cards are more difficult than the *Safari of Life* cards. They cover a wide range of health and sexuality issues, with a focus on male physiology, gender relations, violence, and homophobia. They have been well received by both male and female players worldwide. The USA-specific cards can be amended to reflect data from other countries, as needed.

Quickpoints Cards. As with the Facts Cards, these specific questions have the answers printed directly on the cards, and should be read aloud to the team or player who have chosen the card.

Opinions Cards. As with the Feelings Cards, there are no "right or wrong" answers to these cards. Quality facilitation of the discussions can add substantially to their value.

<p>NAME two sexually transmitted infections (STI).</p> <p>Answer: HIV/AIDS, gonorrhea, syphilis, chlamydia, herpes, hepatitis B, genital warts, pubic lice ("crabs")</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>If you have unprotected sexual intercourse with someone who has a sexually transmitted infection, you probably won't catch it.</p> <p>FALSE. You may well catch it.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>WHAT are two ways to protect oneself against sexually transmitted infections?</p> <p>Answer: No sexual intercourse (abstinence). Condoms also protect against most STIs.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>IF a pregnant woman has a sexually transmitted infection, her unborn child can be harmed by it.</p> <p>TRUE. But a medical visit can catch and cure most STIs, even during pregnancy.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>Name two symptoms of sexually transmitted infections for females.</p> <p>Answer: Pain during sex, unusual discharge, burning while peeing, intense pelvic pain...although females often have STIs and no symptoms at all.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Most sexually transmitted infections (except HIV/AIDS) can be treated and usually cured by a doctor or clinic.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE:</p> <p>If a guy has trouble peeing, or his penis burns, or white stuff like pus comes out of his penis, this is normal and there's no need to worry.</p> <p>FALSE. All of these are symptoms of sexually transmitted infections (STIs) and he should visit a doctor or clinic immediately.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>You can get HIV/AIDS from toilet seats, mosquitoes, dirty dishes or hugging someone with HIV/AIDS.</p> <p>FALSE. You CANNOT catch HIV/AIDS these ways.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>A person can have a sexually transmitted infection, including HIV (which causes AIDS), and not even know it.</p> <p>TRUE. Especially for females.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>NAME 2 ways of becoming infected with HIV, the virus that causes AIDS.</p> <p>Answer: Having sexual intercourse/oral sex with an infected person—sharing drug needles—blood transfusion with infected blood (rare)—pregnant or nursing mother to her baby (but special drugs can make this unlikely).</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>In many places, reliable, simple HIV testing is available.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Having sexual intercourse always feels great.</p> <p>FALSE. Sometimes it's not good if you are emotionally upset, have never had intercourse, are still learning about sexuality, are just not in the mood—or are forced (raped).</p> <p><i>Safari of Life</i> FACT CARD</p>

<p>TRUE or FALSE?</p> <p>Having an orgasm (sexual climax) is always the best part of sexual acts.</p> <p>FALSE. Sometimes the emotional rewards are best. Sometimes orgasm isn't reached BUT the partners still physically enjoy themselves.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Sexual intercourse is the best and only way to be sexually satisfied.</p> <p>FALSE. Choices include kissing, masturbation of oneself or partner, rubbing clothed bodies together, and many others.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Once someone has sexual intercourse, they know everything about sex.</p> <p>FALSE. Sexual intercourse and sexuality are much more complicated than that. There is a lifetime of learning ahead.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>Sexual partners often feel too shy to tell each other what feels good physically and emotionally.</p> <p>TRUE. But a relationship is stronger when partners do learn to talk about their sexual relationship.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Contraception (birth control) is what a couple uses to prevent pregnancy.</p> <p>TRUE. Some birth control methods also protect against sexually transmitted infection.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>NAME three methods of birth control (contraception).</p> <p>Abstinence (no intercourse)—male & female condom—birth control pills—injection—IUD (interuterine device)—implants—contraceptive foam, jelly, and inserts—diaphragm—cervical cap—withdrawal—natural family planning—sterilization—emergency contraception</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>If the birth control method a couple uses fails, or they forget to use a method, it is too late to prevent pregnancy.</p> <p>FALSE. They have 72 hours (3 days) to use Emergency Contraception, but the sooner taken, the less chance of pregnancy.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>What is "dual method use?" Why do people use it?</p> <p>This means using two contraceptive methods at once—to get maximum protection from both pregnancy AND sexually transmitted infections.</p> <p>Examples include condoms AND pills, or condoms AND injection...</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Just because you have reached puberty, that means you are ready for sexual intercourse.</p> <p>FALSE. Sexual intercourse is best for emotionally ready people who know how to respect each other, and protect against pregnancy, infection and related issues.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>Boys usually experience puberty (body changes as one becomes an adult) before girls.</p> <p>FALSE. Girls usually begin puberty BEFORE boys. (Girls usually reach puberty between ages 9-16, and boys from 11-17)</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Most young people's bodies grow at the same speed and look very similar.</p> <p>FALSE. Everyone's body and growth timeline is different. (You're one of a kind!)</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Sexual intercourse can result in pregnancy.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>

<p>TRUE or FALSE?</p> <p>When an man ejaculates inside a women during intercourse, 200 million sperm are released, but only 15 sperm are need to get the woman pregnant.</p> <p>FALSE. Only ONE sperm is needed!</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>NAME three signs of pregnancy.</p> <p>Answer: No menstrual period, breast tenderness and/or enlargement, weight gain, expanding abdomen, nausea, tiredness.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>A pregnancy test from the pharmacy is not very reliable.</p> <p>FALSE. Once a woman's period is late, it is a very good way to find out if she is pregnant. Then a check-up at a doctor or clinic can confirm it's a normal pregnancy.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>HOW MANY MONTHS does an average pregnancy last?</p> <p>Answer: Nine months.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>A female can become pregnant the very first time she has intercourse.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>Once a woman gets to be about 45-55 years old she stops ovulating and menstruating each month.</p> <p>This stopping of the monthly cycle is called _____.</p> <p>Answer: MENOPAUSE</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>The younger a women is, the easier for her to get pregnant—and the more likely to have irregular menstrual cycles (so it's harder for her to know when she is fertile).</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>HOW MANY DAYS is the average woman's menstrual cycle (from 1st day of period to 1st day of next period)?</p> <p>Answer: 28 days (about a month), but for some women it's as short as 25 days, some longer than 32 days, or not regular.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>A female's menstrual period usually lasts for about 2 days.</p> <p>FALSE. Average length is 4 days, but can run from 3 to 7 days.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>TRUE or FALSE?</p> <p>A girl can begin her period as early as nine years old.</p> <p>TRUE. The average age is 12, but some girls start as early as 9, or late as 17.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>AT WHAT TIME during a woman's menstrual cycle can she become pregnant?</p> <p>Answer: When she is OVULATING, which is typically 14 days before the first day of the NEXT menstrual period (but not always!)</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>CAN YOU DESCRIBE three body changes that occur for girls during puberty?</p> <p>Answer: Growth spurt, breast growth, rounding of hips, hair growth (underarm and pubic), menstruation, increasingly sensitive clitoris.</p> <p><i>Safari of Life</i> FACT CARD</p>

<p>FILL IN THE MISSING WORD...</p> <p>Eggs are stored, and mature in the woman's _____.</p> <p>Answer: OVARY</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>This passageway in a woman's body has three main roles: menstrual fluid passes through it, as does a baby being born. It is also the place a man's penis is inserted during sexual intercourse. What is it called?</p> <p>Answer: VAGINA</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>The egg from the ovary travels through a canal called the _____ tube, on the way to the uterus.</p> <p>Answer: FALLOPIAN</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>FILL IN THE MISSING WORD...</p> <p>A woman's genitals or "private parts" are called the _____.</p> <p>Answer: VULVA</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>Every month or so, one egg gets ripe and leaves a woman's ovary, ready to be fertilized.</p> <p>This process is called _____.</p> <p>Answer: OVULATION</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>Why should women examine their breast and vulvas regularly? Why should men examine their testicles?</p> <p>Answer: In case there are ever any changes that will be symptoms of illness or tumors.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>CAN YOU DESCRIBE three body changes that occur for boys during puberty?</p> <p>Answer: Growth spurt, voice change, muscle growth, hair growth (underarm, pubic, face, chest), genital growth & erections, sperm production, ejaculation (including "wet dreams").</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>During puberty, some boy's breasts grow a little bit and become sore, only to disappear later.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>In the USA, what percentage of males are circumcised? (foreskin cut off penis, usually as a baby)</p> <p>Answer: About 50%</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>FILL IN THE MISSING WORD...</p> <p>The penis is made of spongy tissue. When special passages in this tissue fill up with blood, the penis becomes hard and stands out from the body.</p> <p>This is called an _____.</p> <p>Answer: ERECTION</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>Sperm are produced in a man's _____.</p> <p>Answer: TESTES</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>The thick pouch of skin that holds a male's testicles is called the _____.</p> <p>Answer: SCROTUM</p> <p><i>Safari of Life</i> FACT CARD</p>

<p>WHAT IS the release of semen (fluid containing sperm) from the penis called?</p> <p>Answer: EJACULATION.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Boys usually experience their first ejaculation between the ages of 19 and 20.</p> <p>FALSE. Boys usually first ejaculate between ages 11 and 15.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>WHAT IS a "wet dream"?</p> <p>Answer: A harmless, common, physical happening for boys; an ejaculation (release of semen from the penis) during sleep.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>FILL IN THE MISSING WORD...</p> <p>When a baby is about to be born, the mother's uterus muscles start to tighten and loosen and push the baby toward the vagina to be born. At this point, the woman is in _____.</p> <p>Answer: LABOR</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>WHAT ARE 3 THINGS a woman should, or should not do, during pregnancy, to keep herself and her baby healthy?</p> <p>Good nutrition—gentle, regular exercise—plenty of rest—no smoking, drugs or alcohol—visit health clinic regularly.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>FILL IN THE MISSING WORD...</p> <p>When a pregnancy ends before 9 months, and the lifeless fetus passes from the body naturally, this is commonly called a _____.</p> <p>Answer: MISCARRIAGE</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>FILL IN THE MISSING WORD...</p> <p>When a woman ends her pregnancy by medical means, this is commonly called an _____.</p> <p>Answer: ABORTION.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>NAME one "eating disorder" and describe it.</p> <p>ANOREXIA—dangerously starving oneself, and obsessing about weight.</p> <p>BULEMIA—binge eating and causing oneself to vomit, while obsessing about weight.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Most rapes are committed by someone the victim knows.</p> <p>TRUE. But no matter who commits the crime of rape, it is still very wrong.</p> <p><i>Safari of Life</i> FACT CARD</p>
<p>WHAT IS sexual intercourse?</p> <p>Answer: When a male and female put his penis inside her vagina.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Breastfeeding babies (instead of feeding formula) makes them healthier, helps the mother lose pregnancy weight faster, and is much cheaper than formula.</p> <p>TRUE.</p> <p><i>Safari of Life</i> FACT CARD</p>	<p>TRUE or FALSE?</p> <p>Shouting, name calling and threats can be a serious form of abuse.</p> <p>TRUE. Because mental health is as important as physical health.</p> <p><i>Safari of Life</i> FACT CARD</p>

<p>Name two things that you like about yourself.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What do your friends like about you?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name three things you like to do.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>In your opinion, what are the two best and two worst things about school?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Describe someone who has had a great influence on your life. What makes them so special to you?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>I feel embarrassed when...</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>Describe the job or career of your dreams. What could you do over the years to reach that goal?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Talk about how many children, if any, you want to have—and why.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What are your thoughts about marriage? Describe your ideal partner.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>When I feel sad or down, I...</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Some say that when a person gets angry, it's best to talk it out. Others say you should walk away and forget it. What do you think?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Two things I do to keep healthy are...</p> <p><i>Safari of Life</i> FEELINGS CARD</p>

<p>How do you show your favorite people that you love them?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What is your reaction to people drinking alcohol and smoking cigarettes?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Describe the ideal parent.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>“Homophobia” means fear and hatred towards homosexuals and lesbians. What are your thoughts about homophobic people and the things they say?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>If you see a classmate being cruel to someone else, what do you do?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>How do you know the difference between right and wrong?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>What are some reasons that people have abortions? What are your thoughts about those reasons?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Some people think a person’s skin color doesn’t matter much. Others believe it does matter. What do you think?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What chores do you do at home? Are they “masculine” or “feminine” chores? What makes them so? Do you agree?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>In the last movie you saw, what messages about sexuality were in it? What are your reactions to the messages?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What is your favorite song right now? What messages about sexuality are in it? What are your reactions to the messages?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>How do you feel about the shape of your body?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>

<p>Why do some people agree to have sex when they don't want to? Are the reasons the same for males and females?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What is your reaction to the statement: "If you love me, you will have sexual intercourse with me."</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What is your reaction to this common explanation for unplanned pregnancy: "Then things just happened..."</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>What are three reasons that people say "No" in a sexual situation, even though they want to continue?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What are three possible connections between unsafe or unplanned sex AND alcohol and drugs?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What is your reaction to someone who pressures their partner to have sex, when the partner doesn't want to? What should the partner do?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>What are three reasons teenagers have sex?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What do you think about teenagers having babies?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What are three reasons adults have sex?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>What are two problems a person might have if he/she becomes a parent while in school?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Imagine going to the pharmacy or clinic for condoms. How would you feel? Why?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name two things that keep young people from discussing sex with their parents or teachers.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>

<p>People with low self-esteem (lots of self doubts) sometimes end up with an unplanned pregnancy or STI. What could be some connections between self-esteem and sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What sexual topics do people you know talk about? What do they say?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name three ways to be physically close without sexual intercourse.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>How do you think your parents feel about you growing up? Why?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name two things that would make it easier to talk with an adult about sexual issues.</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What does the word "sexuality" mean to you? What parts of your life are connected to your sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>What do you think is the best thing about being a parent?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name something you want the adults in your life to say to you, or about you, more often. Why? Which adults?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>What do you think is the most difficult thing about being a parent?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>When I am my parents' age, I expect to be...</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>How do you show respect to adults, and how do you want them to show respect to you?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Name something you want the adults in your life to say to you, or about you, less often. Why? Which adults?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>

<p>What sexual issues should parents or adults discuss with young people? Why?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Why would a parent be concerned about their child's sex life? What is the best way to talk to their child about it?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>How do parents try and control their children? Why do they do it? When is it fair?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>In Guinea, Africa, they say, "Knowledge is like a garden. If it's not cultivated, it cannot be harvested." How might this relate to sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>In Nigeria, Africa, they say, "Not to know is bad, but not to wish to know is worse." How might this relate to sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Some young people say, "I have the right to do what I want with my body." Some adults say, "You are too young to have intercourse and should wait." What do you think?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>In Congo, Africa, they say, "The toad that wanted to avoid the rain fell in the water." How might this relate to sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>In Africa, they say, "There is no better mirror than a best friend." What does this say about you?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>In Liberia, Africa, they say, "Only when a tree is grown can you tie your cow to it." How might this relate to sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>
<p>Name a belief or myth you have heard about sex like, "If you have sex standing up, you won't get pregnant." Do you believe it? Why or why not?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>Think of someone who has had a positive influence on your health behavior. What does that person do or say that supports you?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>	<p>In Tanzania, Africa they say, "I pointed out the stars to you and all you saw was the tip of my finger." How might this relate to sexuality?</p> <p><i>Safari of Life</i> FEELINGS CARD</p>

<p>QUESTION: When is an abusive (violent) man more likely to hit a woman: when things are going well in his life, or when they are not going well?</p> <p>Experts think that a man is more likely to abuse a woman when he feels bad about himself, because he feels like he has no power in his life, and hitting someone makes him feel powerful. Sadly, that is a hopeless and hateful way to try to feel powerful.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>An important way to protect health is by discussing contraception and sexually transmitted infection prevention before ever having intercourse.</p> <p>TRUE. When people decide to take the risks that come with intercourse, they should be mature enough to be responsible. Otherwise, they should wait.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION:</p> <p>What does it mean when a male is circumcised?</p> <p>ANSWER: Circumcision is the surgical cutting away of the foreskin, the fold of skin at the front end of the penis. Often done soon after birth, for religious reasons, or as a tradition. Uncircumcised and circumcised boys and men should wash their penis and testicles regularly. Circumcision makes no difference in how the penis works.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE?</p> <p>In the US, if a young man fathers a child, the child is as much his responsibility as the mother's.</p> <p>TRUE. US society supports the belief that a father should offer love and care to his children, and the law demands that he financially support his child or children too.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>It is against the law in many countries for a woman to hit her husband.</p> <p>TRUE. It is against the law for anyone to endanger someone by hitting them, including husbands and wives.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: What does "contraceptive" mean?</p> <p>ANSWER: A "contraceptive" is any type of birth control, which are ways of not becoming pregnant after a man and woman have vaginal intercourse.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE?</p> <p>Mental health experts believe the love of a mother is the only love a child really needs.</p> <p>FALSE. While children DO want their mommies, they also want love and care from fathers too, and brothers, sisters, grandparents and friends.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Which statement is true?</p> <p>A. Rapes most commonly happen in poorly lighted public places, at night.</p> <p>B. Most rapes are committed by someone the victim knows.</p> <p>C. Elderly people are in the greatest danger of rape since they can't fight off attackers as well.</p> <p>ANSWER: B. Rape by a boyfriend, date, friend or acquaintance is the most common kind of rape.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>In the US, as well as many countries worldwide, it is against the law for a husband to force his own wife to have sex.</p> <p>TRUE. Rape is a crime in the US, even by a husband against his wife. (Men can also be raped, which is also illegal.)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>RISKY BUSINESS. American teen girls who have been sexual abuse victims at home—and/or victims of dating violence, including rape—tend to have certain risky behaviors. Name at least one of those behaviors.</p> <p>ANSWERS: Substance abuse (drugs, alcohol). Unhealthy weight control (vomiting, laxatives). Sexual intercourse before age 15. Unprotected sex. Pregnancy. Dropping out of school. Attempted suicide. (And others).</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>The only part of a male's body that can experience sexual enjoyment is the penis.</p> <p>FALSE. Almost any part of the body can enjoy the feelings of sexual intimacy (or enjoyment). But the most important part is THE MIND!</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>What percent of American girls from 15 to 18 years old say they have been physically or sexually abused by a dating partner?</p> <p>ANSWER: 20% — that is, 1 of every 5 girls.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>

<p>TRUE or FALSE? One unrolls a condom before putting it on the penis.</p> <p>FALSE. It should be unrolled over the penis. (The unrolled condom should be placed over the tip of the erect penis, leaving a half inch of space to collect semen. Next, the condom is unrolled to the base of the penis. The latex ring should be on the outside. The condom should fit snugly.)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Males can be victims of rape at any time in their lives. However, which time of life is most common for males to suffer from rape or sexual abuse?</p> <p>ANSWER: As children or teens, many males are sexually abused or raped. The best way to recover from this potentially damaging crime is to talk with a counselor or doctor who is an expert on the topic.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: About what percent of American teens remain abstinent until age 17 or older? (Abstinence means no intercourse.)</p> <p>ANSWER: Over 50 percent. (Over half of all teens have not had intercourse by age 17.)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>Name two possible causes of impotence (penis that can't get hard)?</p> <p>1. Injury (particularly to the pelvic area) 2. Stress 3. Alcohol 4. Depression 5. Diabetes 6. High blood pressure (medication for) 7. High cholesterol 8. Smoking 9. Drugs (and some medicines)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>MULTIPLE CHOICE. Breastmilk is known as "nature's perfect food." Which animal produces breastmilk that has more fat than butter?</p> <p>A. Elephant seal C. Elephant B. Human D. Platypus</p> <p>ANSWER: A. In one month, the elephant seal pup grows from a birth weight of 75 pounds to 300 pounds. During this time, the mother loses six hundred pounds. Breastfeeding also speeds human mother's loss of pregnancy weight gain.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: How can a man make a woman infertile (meaning that she is not able to become pregnant)?</p> <p>ANSWER: By giving her a sexually transmitted disease, many of which can lead to infertility if not treated. (Also, coercing her to be sterilized.)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE? Often with the help of treatment, both male and female victims of childhood sexual abuse can have satisfying, healthy lives.</p> <p>TRUE. In many countries there are organizations helping sexual abuse victims, like RAINN in the USA (1-800-656-HOPE), and doctors and clinics (like Planned Parenthood) can help.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE? In the USA, a father should help pay the costs of raising his child every month for 18 years. But if he chooses not to, that's his right.</p> <p>FALSE. The US law says a father must financially support his children. If he doesn't, he can have his pay taken from him or even get arrested.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Which of the following statements is false?</p> <p>A. Hateful teasing can be damaging & dangerous. B. In many countries, a person can be sent to jail for threatening violence. C. If no physical injury follows a threat, it is not considered a human rights abuse. D. "Stalking" is a type of serious threat.</p> <p>ANSWER: C is false—serious threats are human rights abuses.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE? Some condoms can be used more than once.</p> <p>TRUE. Male condoms cannot be reused, but some types of female condoms can be reused if properly cleaned.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: If a woman says "No" to sexual advances, what choices does her partner have?</p> <p>ANSWER: The partner should ALWAYS listen to what she is saying and stop any sexual activity immediately. This applies to everyone—males and females.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE? If a woman is wearing sexy clothes in an unsafe environment, she is "asking for it."</p> <p>FALSE. NO ONE "asks" to be raped. Rape is a crime committed by the rapist.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>

<p>QUESTION: Which of the following are true side effects of masturbation: insanity; slower penis growth; low sperm count; pimples/acne, interrupted sleep cycle?</p> <p>None — masturbation has no bad physical effects. Some people believe it is mentally healthier than suppressing sexual impulses.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>SPELLING BACKWARDS</p> <p>Without writing it down, one player must spell the following word backwards, aloud:</p> <p>C O N T R A C E P T I O N</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>At some point in their lives, most people have sexual feelings, thoughts, and attractions to someone of the same sex.</p> <p>TRUE. It is normal to have these feelings, even if you are heterosexual. However, some people remain attracted only to people of the same sex (homosexual) and some are attracted to both sexes (bisexual).</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>SPELLING BACKWARDS</p> <p>Without writing it down, one player must spell the following word backwards, aloud:</p> <p>T E S T I C L E</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>Contraceptive pills make it impossible to get pregnant later in life.</p> <p>FALSE. It is possible for a woman to get pregnant even within a few days of stopping them.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Name one of the top three causes of death of young men worldwide.</p> <p>Top three causes of young men's death, in order:</p> <ol style="list-style-type: none"> (1) Road traffic accidents (sometimes due to showing off, drugs, alcohol) (2) Injuries (including work-related) (3) Violence. <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>QUESTION: At what ages does a boy's penis start to grow significantly?</p> <p>ANSWER: Significant penis growth typically doesn't start until around 11–16 years of age (average: 13–14).</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Does a man need to ejaculate every time he has an erection?</p> <p>ANSWER: No — if he just waits, the erection will go down on its own without causing any harm.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Is it common for both males and females to masturbate?</p> <p>ANSWER: Yes, masturbation is very normal and is practiced by most people. It is also normal not to masturbate.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE?</p> <p>If you are a 15-year old boy or girl in some parts of Africa today, statistics show you have about an 80% chance of dying of AIDS within ten years.</p> <p>TRUE. This tragic fact shows how urgent the problems of HIV and AIDS are in our world.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE?</p> <p>One to two percent of males occasionally wake up with a hard penis.</p> <p>FALSE. This is quite common for many males, not just one to two percent.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Name three things a woman should do for a healthy pregnancy.</p> <p>ANSWERS: Good nutrition; no alcohol, drugs or smoking; plenty of rest; health care throughout pregnancy; safe, regular exercise</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>

<p>QUESTION: What is the “normal” size of a non-erect penis?</p> <p>Normal penis size covers a wide range, and the average size is probably smaller than you think: about 3 inches (about 9 cm) in a non-erect, mature male.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE. An erect penis shouldn't be curved.</p> <p>FALSE. Some men's erect penises are curved slightly. This is normal.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: What does “dual protection” mean?</p> <p>It means using a condom at the same time as another contraceptive (like "the pill") to protect against both disease AND pregnancy. Abstinence also has the benefits of dual protection.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>QUESTION: What is premature ejaculation?</p> <p>ANSWER: This common event means the male gets so stimulated that he ejaculates (comes) before intercourse. With experience, a man can learn to avoid it.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: When should a boy stop himself from having wet dreams?</p> <p>ANSWER: Never, since it is not possible to control. They are normal and natural; almost all adolescent boys have them.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: If a woman takes birth control pills, does her sexual partner need to use a condom?</p> <p>ANSWER: YES, because “the pill” doesn't protect the man or woman from sexually transmitted infection, including HIV.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE? The Surgeon General of the United States reports that many scientists have concluded that gays and lesbians seem to be naturally born as homosexuals, and it is unlikely anything can change that fact.</p> <p>TRUE. If you have internet access, go to surgeon-general.gov for more information.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Which of the following best describes what the cervix looks like to a medical examiner looking inside a woman's vagina? A. Cork from a wine bottle B. Glazed doughnut C. Doughy, striped tip of nose</p> <p>ANSWER: B. (As described by Natalie Angier in the book “Woman, An Intimate Geography.”)</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: What is the shortest time a woman should allow between births to protect her own and her babies' health?</p> <p>ANSWER: Two years between births is the minimum spacing, and 3 years gives a woman's body even more of a chance to prepare for the next pregnancy and birth. Three years also gives the newborn and the older child the best odds to get healthy starts in life.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>TRUE or FALSE? Having sex with a female virgin will cure a male of AIDS.</p> <p>FALSE. Currently, AIDS is not curable, and is only treatable with medication. All having sex with a virgin will do is to expose her to the risk of HIV the first time she ever has sex.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: What do we mean by HIV and what do we mean by AIDS?</p> <p>ANSWER: HIV stands for Human Immunodeficiency Virus, and AIDS (Acquired ImmunoDeficiency Syndrome) is the disease caused by this virus.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Can you have the AIDS virus (HIV) and still test negative?</p> <p>ANSWER: Yes, especially if you were infected within the last few weeks</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>

<p>Name at least three things you can do to stay healthy longer if you are HIV-positive.</p> <p>Follow doctor's instructions; keep all medical appointments; take medications on schedule; eat healthy foods; get enough sleep and rest; exercise regularly; don't smoke; keep your spirits healthy; stay hopeful.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Name three ways in which the HIV virus spreads from one person to another.</p> <p>(1) Having sex with an HIV-positive partner without a condom. (2) Sharing a needle to inject drugs with someone with HIV. (3) Sharing razors with someone with HIV (blood may be on the razor). (4) Babies can be born HIV-positive if mother is infected or through breastmilk. (5) Coming into contact with infected blood.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE OR FALSE? Having a sexually transmitted infection increases your chance of getting HIV.</p> <p>TRUE.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>QUESTION: What is the most sensitive part of a woman's body? Where is it located?</p> <p>ANSWER: The clitoris is located on the vulva, in front of the vaginal opening. It has 8,000 nerve fibers, twice the amount found in the penis. This is the highest concentration of nerves found anywhere on the body.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Do girls/women usually prefer to have sexual intercourse with someone with a big penis?</p> <p>ANSWER: No, not always. In fact some females find that a penis that is too big can cause discomfort when it touches her cervix, located at the back of her vagina.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Can a man or woman spread a sexually transmitted infection and not know it?</p> <p>ANSWER: Yes, because the person may not have any symptoms or signs of the illness, or may not understand the symptoms.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>FILL IN THE MISSING WORD:</p> <p>In addition to blood, you can catch the HIV/AIDS virus through semen, vaginal fluids, and _____.</p> <p>ANSWER: Breastmilk</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>Name the only two contraceptive methods that prevent pregnancy and protect against sexually transmitted infections and HIV.</p> <p>ANSWERS: The male condom and the female condom.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>QUESTION: Can a sexually transmitted infection cause a man to be infertile? (Infertile means not able to fertilize an egg or cause pregnancy.)</p> <p>ANSWER: Yes, if an STI is not treated.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>
<p>MULTIPLE CHOICE: Every year, how many sexually active American teens contract a sexually transmitted infection?</p> <p>A. 1 in 100 teens C. 1 in 4 teens B. 1 in 10 teens D. 1 in 2 teens</p> <p>C. 1 out of every 4 sexually active teens gets an STI. Factors that affect your personal risk of infections include: being sexually active; high number of sexual partners; and consistency using condoms (just one act of unprotected sex can give you an STI!).</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE or FALSE? Sexually transmitted infections can be spread through oral sex. (Oral sex is contact between mouth and sexual organs.)</p> <p>TRUE.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>	<p>TRUE OR FALSE? A positive result from an "HIV test" means that a person has AIDS.</p> <p>FALSE. If reconfirmed by another HIV test, it means a person is HIV positive. (If the test is negative, a person is either HIV negative or very recently infected.) AIDS is the disease that can result from HIV infection, sometime not appearing until ten years or more after HIV infection.</p> <p><i>A Young Man's Journey</i> QUICKPOINT CARD</p>

<p>Can you think of a rule of “acceptable” behavior that is different for boys and girls?</p> <p>Is the difference fair to girls? To boys?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Research shows that when a romantic relationship becomes serious, the couple often thinks it is no longer necessary to use a condom. What do you think?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Describe something good you remember your Mom or Dad doing for you when you were a child.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>What age difference between romantic partners do you think is too much? Why?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What are three of your favorite things to do on a weekend?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Which of your family members do you admire most? Why?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Some say an angry person should confront who is making them angry. Others think it's best to cool off first. Describe a recent time when you were angry, and how you handled it.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Imagine overhearing people talking about you. What would you like them to be saying?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>How well do you think your parents listen to you? How well do you listen to them? Give a recent example.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>What are some ways you calm down when you are angry?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>FINISH THIS SENTENCE with the first answer that pops into your head:</p> <p>“The most important part of a romantic relationship is...”</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>FINISH THIS SENTENCE with the first answer that pops into your head:</p> <p>“The thing I find most confusing about the opposite sex is...”</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>

<p>Adults often discuss the effects of peer pressure on youth. Do you think adults are affected by peer pressure? Give an example</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>FINISH THIS SENTENCE with the first answer that pops into your head:</p> <p>"The person I admire most right now is..."</p> <p>Explain your answer.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If you saw some boys pulling a struggling girl into an empty room or other lonely place, what might be happening?</p> <p>Should you do anything?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Experts who study rape say that it is a kind of violence, not about needing sex. They think its main purpose is to hurt the victim and make the rapist feel powerful.</p> <p>What do you think?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What is date rape?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Is it ever all right to hit, beat or physically hurt someone?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Is it ever OK for a woman to beat her husband or boyfriend? Is it ever OK for a man to beat his wife or girlfriend?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Often, people use the word "vagina" when they are really talking the "vulva." (The vagina is the passage. The vulva includes vagina, clitoris, urethra (for urine), vaginal lips, and pubic hair.) Why do you think people don't use the correct word?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What is sexual harassment?</p> <p>Why do people do it?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>What do you think about parents spanking or beating their children?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Describe a man you know who treats the women in his life well (wife, girlfriend, friends). Who is he? How does he act?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What are some hateful names men call women? What bad names do women call men? Which ones are the worst?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>

<p>Some people think the real reason men make bad comments about women is to impress other men. Do you think so?</p> <p>Why or why not?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If you had a son, would you have him circumcised? Why or why not?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What do you think of an HIV-positive person having unprotected (without a condom) sexual intercourse?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Describe a time when you felt proud of yourself.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What are some ways growing up in our society hurts or endangers boys and young men?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If a young person gets in trouble with the law, does that make him or her a criminal?</p> <p>What does it mean to be a criminal?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>How old will you be in ten years?</p> <p>Describe the life you want to have by then and steps you'll need to take to get what you want.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>In some cultures, young women's genitals are cut and altered—the clitoris may be cut off, and sometimes the vaginal lips are permanently sewed together. What are your thoughts on this practice?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What are different ways people have sexual intercourse?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Would a girl gain or lose a boyfriend's respect if she asked him to use a condom?</p> <p>What if she had one in her pocket or purse?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Some people say that sexual intercourse is so amazing because it is both able to create life and to destroy life.</p> <p>Describe how that can be true.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>A TRUE STORY: Doug is a kind, funny, handsome, lively, gay (homosexual) high school student. He accepted invitations to many proms from girls who are not gay, but know that he is.</p> <p>Do this seem odd to you, or not? Why?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>

<p>Boys and men are often the victims of violence. Do you know males who have been hurt by violence?</p> <p>Have you ever been afraid of violence?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If two people have any type of sexual activity, what is the best way to protect themselves from sexually transmitted infections and HIV/AIDS?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If someone is being pressured to have sex, what are some ways he or she can let their partner know if they are not ready?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>If a teen couple you knew accidentally got pregnant, what would probably happen next?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>If his girlfriend takes birth control pills, should a young man help pay for it?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>FINISH THIS SENTENCE with the first answer that pops into your head:</p> <p>"The main reason adults and young people don't talk much about sexuality issues is...."</p> <p>Explain your answer.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Do you want to have children someday?</p> <p>If so, when, how many and why?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Whose responsibility is it to prevent unwanted pregnancy? Do parents of teens have any responsibility for preventing pregnancy of their children?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>What do you think about a girl who carries condoms?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>What do people mean when they talk about a person's sexual "reputation"?</p> <p>What would be a good reputation, or a bad one? For boys? For girls?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>FINISH THIS SENTENCE with the first answer that pops into your head:</p> <p>"The best way to let someone know you are romantically interested in them is..."</p> <p>Explain your answer.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Do you think it is harder for men or women to talk openly about their fears and problems?</p> <p>Give an example.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>

<p>Have you or someone you know ever experienced being gossiped/talked about unkindly? Give an example and describe how that felt.</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>How late do you think parents should let their 14 year-old son stay out? What about a 14 year-old daughter?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Every year teens kill themselves because they think they're gay and fear the way that they will be treated. How do you treat someone who is gay?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>In the US, a man was beaten to death for being gay (homosexual). In another case a woman was killed for being a lesbian. Why would people kill someone for being gay?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Can you think of at least five slang words that people use for penis? Where do these terms come from, and why?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>In some parts of the US gay or lesbian couples can adopt children legally. Do you think a gay or lesbian couple can provide a good home for a child? Why or why not? What makes a good home?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Why do you think many men seem angry about gay men, even those they have never met? Do they feel the same about lesbian women?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Do you think a father should change his baby's diapers (nappies) on a regular basis? Why or why not? What about feeding his baby or comforting it when crying?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Can you think of at least five words or phrases that people use instead of using the term "sexual intercourse?" Why do you think people come up with and use all these words?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>
<p>Often gays and lesbians don't even admit to themselves that they are attracted to their own gender. What, at first, are the dangers of this? On the other hand, what are the dangers of admitting homosexual feelings?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Some interviews have found that sometimes teen women and girls just want to cuddle, and not always have hugs and kisses lead to intense sexual activity or intercourse. Do you think many teens feel like this? How about males?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>	<p>Do you think it is important for parents to know their children's friends? Why? What should parents do if they don't like one of their children's friends?</p> <p><i>A Young Man's Journey</i> OPINION CARD</p>



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