

Peer Education Training Manual on Comprehensive Sexuality Education



a compilation of **concepts and activities** from various resources



My Self.
My Community.
My Participation.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Page: 6

EXECUTIVE SUMMARY

Page: 8

INTRODUCTION

Page: 12

INTENTIONS OF THE MANUAL

Page: 13

PART I: PRELIMINARIES

Page: 14

TIPS FOR THE FACILITATORS

Page: 16

PART II: CORE MODULES

Page: 22

MODULE I: MY SELF

Page: 24

OVERVIEW

Page: 25

KNOWING ONESELF

Page: 28

UNDERSTANDING PERSONAL VALUES AND OPINIONS

Page: 30

INTERNATIONAL VALUES AND HUMAN RIGHTS

Page: 32

CHANGES DURING ADOLESCENCE

Page: 39

SEXUAL AND REPRODUCTIVE SYSTEM

Page: 47

MENSTRUAL CYCLE

Page: 59

SEX AND GENDER

Page: 69

SEXUALITY: BODY TALKS

Page: 72

SEXUALITY: SOURCES OF LEARNING

Page: 73

SEXUALITY: COPING WITH ATTRACTION

Page: 76

SEXUALITY: LET'S TALK ABOUT SEX

Page: 79

SEXUALITY: SEX WHAT'S THE TRUTH

Page: 80

SEXUALITY: IMPORTANCE OF CONSENT AND CHOICE

Page: 83

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Page: 87

SEXUALITY: SEXUAL ORIENTATION AND GENDER IDENTITY

AND EXPRESSION, AND SEX CHARACTERISTICS

Page: 101

CONVERSATION CIRCLE

Page: 107

MODULE II: MY COMMUNITY

Page: 108

OVERVIEW

Page: 110

PREGNANCY AND FAMILY PLANNING

Page: 112

HOW PREGNANCY HAPPENS

Page: 113

CONTRACEPTIVE TALK SHOW

Page: 118

INFORMATION ABOUT CONTRACEPTION

Page: 120

SEXUALLY TRANSMITTED INFECTIONS

Page: 137

HUMAN IMMUNODEFICIENCY VIRUS

Page: 140

TO KNOW OR NOT TO KNOW YOUR HIV STATUS

Page: 150

RESPECTFUL RELATIONS AND PREVENTION OF INTERPERSONAL VIOLENCE

Page: 165

RESPONDING TO INTERPERSONAL VIOLENCE

Page: 166

WITNESSING INTERPERSONAL VIOLENCE: WHAT CAN I DO?

Page: 167

RESPECTFUL AND RESPONSIBLE SEXUAL RELATIONSHIPS

Page: 168

MOVING AS ONE GAME

Page: 170

SEXUAL VIOLENCE

Page: 171

ALCOHOL, DRUGS, AND PEER PRESSURE

Page: 172

RISK RANKING

Page: 173

FORTUNE STICKS GAME

Page: 176

ALCOHOL AND OTHER DRUGS INFORMATION

Page: 180

WHAT DO PEOPLE GET STRESSED ABOUT

Page: 184

SIGNS OF STRESS

Page: 186

TALKING ABOUT EMOTIONS

Page: 187

MENTAL HEALTH PROBLEMS

Page: 189

BASIC COPING STRATEGIES

Page: 191

POSITIVE COPING STRATEGIES

Page: 191

BUILDING POSITIVE SELF-TALK

Page: 193

TRAFFIC LIGHTS

Page: 194

SELF-CARE AND PEER SUPPORT STRATEGIES

Page: 195

CONVERSATION CIRCLE

Page: 197

MODULE III: MY PARTICIPATION

Page: 198

OVERVIEW

Page: 200

SWAP-STATS!

Page: 202

PEER EDUCATION

Page: 203

PEER EDUCATION THEORY AND PRACTICE

Page: 207

PRIVACY SQUARE

Page: 213

POWER WALK

Page: 215

CO-FACILITATION SKILLS

Page: 219

RECRUITMENT AND RETENTION OF PEER EDUCATORS

Page: 223

DESIGN OF PEER EDUCATION TRAINING

Page: 226

YOUTH SERVICE MARKETPLACE

Page: 230

ADOLESCENT AND YOUTH SERVICES

Page: 234

CONVERSATION CIRCLE

Page: 235

PART III: RESOURCES AND ANNEXES

Page: 236

RESOURCES AND REFERENCES

Page: 238

ANNEXES

Page: 242

FEEDBACK TO THE TRAINING FORM

FEEDBACK TO THE TRAINER FORM

DAILY EVALUATION FORM

PRE-TEST QUESTIONNAIRE

POST-TEST QUESTIONNAIRE

FPOP NYLA 2023 VISION

END COVER

ACKNOWLEDGEMENTS

This document could not have been accomplished without the support by the Family Planning Organization of the Philippines (FPOP) for commissioning the development of the Peer Education Training Manual on Comprehensive Sexuality Education for Adolescents and Young People as well as the International Planned Parenthood Federation (IPPF) ESEAOR for funding the the finalization of the manual. This has been made possible due to a common belief in enhancing adolescent and youth health and wellbeing and we are truly thankful for their support in this critical area of work.

We would especially like to thank Ms. Riziel Castro, FPOP Program Officer, and Ms. Pia Castillo, Youth Coordinator for their technical support and oversight. They have remained very hard working and we could never have achieved the final draft as captured by the needs of young people and programmatic directions of FPOP. Their inputs made it possible to guide the whole process, it has complied with modern practices in peer education and comprehensive sexuality education while taking into consideration the experiences of youth peer educators in the Philippines.

We also appreciate and give a big thank you to Ms. Anzaira Roxas, the Consultant who finalized the training manual. She had a substantial experience in adolescent and youth which was useful for compilation of the materials, learner modules and general organization of the manual in so far as it related to the peer education model.

Huge thanks to the FPOP adolescents and young people who underwent the pilot-testing of the training sessions. Their participation was very crucial in enhancing the manual to be more youth-friendly and to address issues facing them in peer education. They added value to the process and made the material more credible and therefore more engaging for the future trainees.

Last but not least, thanks to IPPF for the front-page photo – a living and diverse idea of youth united in a circle. Each person has a different ethnicity and gender which aptly conveys that message of togetherness and the need to offer everyone’s education for everyone’s youths. Here the calling in the center, “**My Self, My Community, My Participation**”. It captures the spirit of the manual that focuses self-awareness, social responsibility and community involvements.

In writing this manual, the support from so many people cannot be underestimated and hence we are deeply thankful to all people, organizations, writers among other valued entities for sparing their time, knowledge and enthusiasm in the development of this manual. All the activities and sessions in this manual have been collected, assembled and where necessary modified from various sources across the globe. It is our intention that this tool can help and benefit peer educators or implementers of the adolescent/ youth- focused programs to achieve or have better overall community health, where adolescents and young people aspire to live healthy, happy and productive lives.

ACKNOWLEDGEMENTS

The following are the FPOP adolescents and young people who contributed on the finalization of the manual.

Samuel Bacagan, Baguio
Arjay Empizo, Baguio
Gualberto Lucea, Baguio
Felicci Liana Marie Banta, Cavite
Maria Shane Alano, Cavite
Ariane Maravillas, Camarines Sur
Angelo Espenocilla, Camarines Sur
Kurt Encabo, Davao
Kris Clair Gonzaga, Davao
Kris Anne Guillermo, Iloilo
John Christian Porras, Iloilo
Ryan John Porcadilla, Masbate
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Aivan Galibo, Samar
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Tracy Nicole Salunga, Pampanga
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Kenneth Yecyec, SOCCSARGEN
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Bea Nacario, Sorsogon
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Syrille Elape, Surigao
John Andrie Penados, Surigao

EXECUTIVE SUMMARY

This Peer Education Training Manual on Comprehensive Sexuality Education is developed for FPOP with funding support from the IPPF ESEAOR with the purpose of enabling Filipino young people through peer education with focus on Comprehensive Sexuality Education. This manual is intended to offer a conceptual structure for sexuality and sexual and reproductive health (SRH), and to enable young people to learn what they need to know in order to make important decisions in these aspects of their lives. This manual also aims at enhancing engagement of the youths in efforts to be facilitators and defenders of their own and others health and champions of CSE.

As much as CSE is an education initiative it incorporates a vision that is all encompassing. While FPOP and IPPF see CSE as a tool to help young people beyond preventing pregnancies, and STIs or HIV. The manual currently affirms the positive value of sexuality in life and the need to deal with sexuality in the development of the physical, emotional social and cognitive youth. This changed wider perspective to CSE is gender-sensitive, human rights based that aims to enable youths to thrive sexually, emotionally and relationally to become satisfied and happy individuals. They do this while embracing an emotional, mental, and social aspect of their sexuality, and encourage diversity, love, and respect to self and others.

The manual is grounded in IPPF, UNESCO, and Department of Education's **Framework for Comprehensive Sexuality Education**, which includes core values and principles of human rights and laws that ensure human dignity, equality, and meaningful participation. CSE delivered through this manual is:

- **Age and Gender-sensitive:** Emphasizes the importance of age-appropriateness, gender equality, the deconstruction of harmful gender roles, and the promotion of equal participation.
- **Citizenship-oriented:** Encourages critical thinking and the understanding of how institutions and relationships function within society, with a focus on civic engagement and responsible behavior.
- **Rights-based:** Ensures that youth are informed of their sexual and reproductive rights, including access to services and protection from discrimination and violence.

My Self. My Community. My Participation.

The manual's training curriculum, titled **Myself. My Community. My Participation**, offers a **life-skills based** educational course. It is designed to equip adolescents and youth with quality CSE using a **peer education model** to reach young people both in and out of school. The course provides a safe space for participants to explore their **socio-emotional skills, mental health, gender roles**, and sexuality, offering much more than just a focus on health outcomes.

Through participatory and engaging methodologies, the manual highlights that **peer educators**—youth trained in CSE—are vital in delivering the curriculum effectively. They ensure the **active involvement of participants**, using relatable scenarios, discussions, and activities to explore topics central to the well-being of young people.

EXECUTIVE SUMMARY

Training Objectives

The overarching objective of the course is to enhance the knowledge, skills, and attitude of **adolescent and youth volunteers of FPOP**, empowering them as **champions of their own sexual and reproductive health (SRH)**. Additionally, the manual encourages young people to actively participate as **peer educators** and advocates for CSE in their communities.

Specific objectives of the training include:

- **Recognizing and managing emotions:** Facilitating young people's thinking about their values and their feelings, and promoting understanding of raising emotions.
- **Understanding sexual and reproductive health:** Providing accurate information on puberty, sexual development and adolescent sexuality in order to enable the young persons to make right choices.
- **Exploring gender roles and sexual behavior:** Emphasizing the change of negative stereotyped attitudes to gender roles and perpetration of violence, as well as the promotion of prevention strategies regarding adverse relationships and sexual behavior.
- **Building life skills:** Improving the cognitive and interpersonal processes of decision making, setting goals and communicating and negotiating for safer and healthier adolescent behaviors.
- **Practicing peer education:** One of the key goals has been to strengthen the readiness of youths to adopt peer education model and be leaders to the other youths.

Module Structure

Module 1: Knowing My Self This particular module is goals and personal development. It comprises of discussions on values, relationships, adolescent development and on how to manage feeling. Subjects like; love, sex, roles, and worth are analyzed in detail regarding the youths in order to ensure that the youths understand themselves individually and socially. Promoting activities such as Body Mapping assists participants to consider issues prostitution and the impacts on their identity, sexuality and goals hence reinforce self worth and emotional health. My Island My Rights is an example of interactive activities are used to enhance human rights and SRHR.

Module 2: Knowing My Community Self-awareness being a foundational aspect of this curriculum, this module familiarizes young people with social context. This includes adolescent pregnancies, HIV/AIDS, substances use & abuse, gender based violence and mental health. The lessons include guiding people on how to make right decisions, think critically as well as knowledge on how to avoid various risks with emphasis on the part one has to play in ensuring a healthier society.

Module 3: Knowing My Participation This last module makes young people to be able to educate fellow youths on SRH It covers topics such as **planning for the future, peer education roles, and communication skills**. Participants are prepared to assume leadership roles, take responsibility for their own health and well-being, and actively engage in peer education and advocacy efforts within their communities. Emphasis is placed on understanding **sexual rights, gender equality**, and creating a safe environment for discussions on SRH.

EXECUTIVE SUMMARY

Key Topics and Framework

In reference to IPPF, UNESCO, and DepEd's CSE framework, the manual contains topics, which are important for sexual and reproductive health education. Key areas covered are:

- **Gender and Power Dynamics:** Communicating as couples on issues to do with gender roles, fairness and how power dynamics impacts on decisions within the relationship.
- **Sexual and Reproductive Health and Rights (SRHR):** educating the community with correct information regarding contraception, HIV prevention and SRH services.
- **Mental Health:** Recognising emerging issues of mental health of young persons and popularising integration of emotional health to CSE contexts.
- **Violence Prevention:** This will inform the youths on what they can do to prevent gender based violence sexual exploitation and abuse.
- **Diversity and Inclusion:** Ensuring effective appreciation of diversity in sexuality, gender and culture.
- **Relationships, Pleasure and Consent:** Promoting healthy relationship among the youths, communication and the aspect of consent in the Sexual activities.

Methodology and Delivery

The experiences highlighted in the manual include students as active participants, interactivity, and the use of experiences. Thus, peer educators are taught different formats than traditional lecture formats and are encouraged to create role-plays, games, and discussions that young people can become interested in. Real life situations and examples make it easier for the participants to get personal with what they are learning.

Peer education makes up the delivery method as the belief is that youths will respond more to their peers. The peer educators are told to make participants feel comfortable to express themselves, make questions and discuss various issues in regard to SRH.

Monitoring and Evaluation

In order to evaluate the effectiveness of the peer education sessions, a well-developed **monitoring and evaluation** structure is integrated. Reflective activities, questionnaires in addition to the interactive feedback tools are employed in monitoring the success of peer educators and participants. Sustained program improvement is promoted with the aim of having the program relevant to today's youth and offering representation of youth in youth-friendly societal phases.

The **Peer Education Training Manual** can be classified as a rights based holistic approach focused on sexuality education based on health promotion prevention model. With materials on gender sensitivity, and the positive aspects of sexuality, these manuals equip the young Filipinos with information and skills to lead healthy productive lives. It is important to support peer educators to be active in the construction of responsible, informed and active young communities. Such does remain FPOP and IPPF's goal in the launch of this manual – to facilitate shifts that allow the youth to be able to freely enjoy their rights, avail of viable health services, and foster a culture that embraces sexuality and reproductive health.

INTRODUCTION

Since its establishment in 1969, the Family Planning Organization of the Philippines (FPOP) has been in the business of providing quality sexual and reproductive health (SRH) services to all Filipinos, especially among the poor, marginalized, socially-excluded and underserved groups or populations. In a span of more than 50 years, FPOP kept itself actively involved in SRH program implementation and advocacy such that it has undoubtedly gained the recognition of international and national organizations, both in the public and private sector, as a relevant partner in the delivery of SRH services as well as in policy formulation. Among its landmark initiatives is the **institutionalization of youth participation in family planning (FP)** and **adolescent sexual and reproductive health and rights (ASRHR)** as can be seen in its organizational structure and corporate procedures.

FPOP is a known pioneer and a strong advocate of Adolescent and Youth-Friendly Services (A/YFS). In 1972, FPOP conceived the first youth program, which was then called “Youth Development Program” that focused on adolescent sexuality education for out-of-school youth (OSY) aged 15 to 25 in urban areas. The intention was to mobilize OSY leaders for participation in educating other youth on the value of family planning for the improvement of family welfare. From then on, FPOP continued the involvement of OSY and the youth in general in all its initiatives using the **peer education approach**.

For decades, the twin issue of FP and SRH in the Philippines was a major battle among advocates and policymakers until the passage of the Responsible Parenthood and Reproductive Health (RPRH) Law, the full implementation of which came to reality only in November 2017. One of the key provisions of the RPRH Law pertains to **Comprehensive Sexuality Education (CSE)** program that should be included in the school curriculum. Whereas the RPRH Law mandates the Department of Education (DepEd) to implement said provision by integrating CSE in regular curricula, the reach of the DepEd system is confined to students enrolled in school. Thus, there is a gap in the implementation of the CSE program, specifically in catering to OSY. It is for this reason that FPOP has turned its focus in filling this gap, and therefore developed a **training program on CSE for OSY**. This training program is a combination of in class discussions and community-level peer education activities. The tools and learning modules of said in this training program are compiled to form this manual, thus called **Peer Education Training Manual on Comprehensive Sexuality Education**.

FPOP is producing this **Peer Education Training Manual on Comprehensive Sexuality Education** using various reference materials from the International Planned Parenthood Federation (IPPF), partners and organizations as well as notes taken from previous trainings on the topics covered. What makes it an FPOP label is the integration of the **Pleasure-Based Approach on CSE** and the inclusion of **poems and quotes** from among the roster of FPOP youth volunteers-turned advocates as highlights and other individuals.

INTENTIONS OF THE MANUAL

Users and Audience

This Manual is intended primarily for the use of trainers, facilitators and peer educators who are affiliated with FPOP. Some of the modules may also be of use to SRH service providers like clinic staff, especially those who perform health education and counseling. Teachers in school may also refer to this Manual in addition to educational materials used in the school curriculum. Moreover, ASRH, FP, Mental Health, and STI/HIV program implementers may take a pick of particular sessions for use in program implementation.

While the content and structure of this Manual is largely for training purposes, it is designed to suit various audiences including but not limited to youth leaders, OSY, families, parents, SRH/FP service providers, staff of various programs/projects/activities related to FP/SRH implemented by government and non-government organizations, elected government officials, military officers in humanitarian/ emergency operations, and any other interested individual or group. The learning modules can be used as stand-alone information and education materials in different settings and environment, even at home, in the streets, or health facilities.

When and How to Use

This Manual is strongly recommended to be used in running the training on CSE for young people and conducting peer education under all FPOP initiatives. While there are many similar or related materials available within FPOP's network, it is important for FPOP to build and share knowledge from its own experiences, continuously draw insights and thereof produce its own training and education materials. For some audiences, the topics may no longer be new yet these could serve as refresher. And to those who are new to the topics, it is important to fully handle the learning from the preliminaries to the synthesis part.

With training guides and learning modules pulled together as one, this Manual serves as a tool kit for the primary users mentioned earlier. The training guides come in handy format and can be used to run the training activities in different modes, either as a full 3 to 7 day course, modular or on a per-session basis. Each learning module or topic may be handled relative to one another, or may stand-alone depending on the type and age of the audience.

Part I

Preliminaries

BLACK

Angelo Espenocilla
Camarines Sur Chapter

*In the realm of colors, one stands bold and true,
A crayon of darkness, the hue of ebony's brew
The black crayon rests, its tip so sleek,
A vessel of shadows, emotions it'll speak.*

*With your hand a stroke, it paints the night,
Where stars twinkle softly, casting gentle light.
A canvas of shadows, a moonlit scene.*

The black crayon's magic, a celestial dream.

*In shadows and darkness, it finds its grace.
Embracing the secrets that time cannot erase.
It draws out mysteries, the questions unfold,
In black's deep embrace, new stories unfold.*

*Yet, beyond the night, it carries more,
A symbol of strength, a soul to explore.
In diversity's blend, it finds its might,
Unifying colors, harmonizing the sight.*

*Amid the colors, it holds its own,
A champion of contrast, never alone.
The black crayon's essence, a treasure to find.
For within its darkness, all colors are aligned.*

*Like this color, **as a facilitator**, everything you absorb.
The heat, the light, the colors in everyone's souls.
So through these words let us celebrate these crayons profoundly,
A symphony of shades in beauty unbound.
The black crayon's artistry, a gift so grand,
In every creation, it leaves its mark, hand in hand.*



TIPS FOR THE FACILITATOR

Setting rules and expectations

The facilitator sets the tone for the group. Aim to create a friendly and respectful atmosphere. Use the activity in the first session to set up group expectations. Revisit this later if needed.

If you find that participants are not observing the rules, make a direct request. This might sound like:

1. Let's make sure we find a way to disagree while still respecting the other person.
2. Can we have one person speak at a time during the feedback session please? It is important that we get to hear each other.
3. Let's not make negative race/ gender-based comments. We should provide respect when referring to others.

Building and maintaining positive group relationships

It is important to set the expectations that the group will work together, mix with each other, and encourage each other to participate. There are many things you can do to help build a friendly atmosphere. Some of them are actions you can take yourself.

These actions include:

- Smile and greet individuals as they arrive
- Thank people for their contribution
- Use eye contact
- Observe the group and notice who participates
- Encourage people to join in
- Invite different people to speak
- Assist people to group together as you set up the activities
- Show respect for people's ideas
- Invite people to put forward different opinions
- Make sure no one is left out
- Make sure no one is ridiculed
- Avoid making judgemental comments about people's answers
- Acknowledge that it takes courage to participate
- Organize the seating so everyone can feel part of the group
- Invite different people to give the feedback from the small groups n Change the people in each group for new tasks

Other methods for building a positive group environment include the use of games, mixing activities and participatory tasks which are designed as part of the curriculum. It is most important not to replace these with lecture-style presentations. These participatory activities give the group members a chance to build their relationships with each other.

Things you can do to make sure the group members build relationships with each other include:

- Use the start up games to set a friendly mood
- Use the interactive activities to organize small groups
- Play an extra game or sing a song at the end of the session to build the group spirit
- Use paired conversations when you want to increase the interaction. This will help people to develop confidence and will get everyone involved.

When left to choose their own groups, people tend to work with the same people and thus do not improve their connections with others. Many people also face significant fear of social rejection when asked to form their own groups. Playing grouping games to establish groups adds an element of fun. You can number the players or hand out cards and then ask players to group with those with the same number. Alternatively you can guide people into groups

Managing the venue and the resources

It is important to make sure the furniture is set up ready for the workshop. If possible, arrange the chairs in a circle or in a horseshoe shape to start. This will help to set a friendly atmosphere.

Participants will need to be able to move their chairs to form small groups for the activities.

Read through the session plan carefully and use the resources checklist as a guide to ensure that you have all materials ready for the session. Some activities require you to make handouts or collect products. This can take some time, so it is best to prepare a few days ahead.

Making adjustments to the program

Use your judgment to make adjustments to the program based on people's needs. Make sure that your modifications fit with the purpose of the program. Refer to the objectives of the session to help with this.

Sometimes it will not be possible to cover all of the activities. Be aware that it can be tempting to avoid role-play activities if our confidence in ourselves or in the group is not high. However, if we leave out these activities, participants will not get to develop their skills. It is much easier to talk about things than to actually do them. It may be better to leave out one of the earlier activities if you are short of time.

Keep a record of what you did or did not do, as this will help with the evaluation.

Managing time

Make sure you have a clock or a timer to help you keep track of the time. Let people know how long they will have for the activity.

Give a one-minute warning before you call an end to the task.

You may wish to consult the participants about whether they need more time. Ask participants to put their hand up if they need more time. Then tell them how much time you will give them. Use your judgment in this. If an activity is working very well, you may wish to let it run longer. Alternatively, if it is not working, shorten it and move on to the next one.

Protecting privacy

It is important that we protect privacy when we discuss sensitive issues. One way we do this is through providing scenarios to use as the basis for our discussions. Another way to do this is to ask people to think about who else is in the story they will share. If the material is a bit sensitive, they should protect the privacy of those other persons by not using their names or by telling the story in the third person.

Ask people to be sensitive to things like people's private relationships and their sexual orientation or their health status. Draw this to the group's attention:

There may be times when you need to remind people about privacy. If you think that someone is about to speak inappropriately about someone else, you may need to interrupt with a reminder. This is called protective interrupting. See the following example:

As the facilitator you have the same right to privacy as the participants. Choose thoughtfully the details of your personal life that are appropriate to share. Your job is to get other people thinking and talking about the issues. You too can talk in the third person at times.

Working in mixed or single sex groups

In some settings it will be more appropriate to provide the program to single sex groups. In others it will be better to provide for mixed sex groups. If running mixed sex groups, there may be some times when it is preferable to split the sexes for certain activities such as for games involving significant physical contact or some of the SRH activities.

Reflective listening skills

Reflective listening is an important skill for the facilitator. When people share a story or idea, try to respond in a way that shows you understood their contribution. This is preferable to making an evaluative comment (such as 'good point'). Your reflective comment should be a very brief summary. (e.g. You think that a girl will be too embarrassed to tell her mother.) Alternatively, if you are not sure what the point is that they are making, you can summarize what you think they are saying and check it back with the speaker. (e.g. It sounds like you are suggesting that the mother will stop the girl from speaking because the mother will be too embarrassed. Is that right?)

Dealing with differences in views

It is important to set an atmosphere in which people can share different views. They should not feel they all have to agree with each other. The important thing for the facilitator is to open the questions for discussion, to summarize the different views expressed, and to ask participants to think about possible consequences for a range of actions. It is not the facilitator's job to recommend a particular opinion. Providing correct information is different.

Personal comfort and embarrassment

You may feel embarrassment when leading the conversation about some topics. If this is so, you can work on increasing your confidence to talk about these topics before the session. You can do this by preparing with another facilitator and talking about the topics together first, or by telling friends and family members what your session will be about, and getting some practice by talking with them.

Sometimes you may wish to tell the group that you are a little embarrassed but that you believe it is very important to take the courage to talk about these issues and so you will not let your embarrassment stop you. This provides a good model for them to apply their own courage. For example, you might say something like:

Dealing with gender and power issues

Make sure that you do not make gender or race-based comments. The facilitator needs to model a respectful approach. The patterns in gender relationships can be the hardest to change. Some of the participants will be exploring the issue of difference in power or status in their own relationships. The facilitator's job is to ask questions, rather than to give advice.

For example, the facilitator can ask:

- What are all the different things a woman could do in this situation? n What consequences might each of these actions bring?
- What might the woman be afraid of?
- What might give her strength?
- What knowledge or help might she need?
- What might she be hoping for?
- What might she advise a friend to do in a similar situation?

These questions will help people to think about the situation.

Incorporating a religious perspective

Throughout the topics, it is possible to strengthen the core values held by the religions represented amongst the participants. Discussion in response to the games invites participants to articulate the values taught by their parents and the religious or cultural beliefs within their society. If providing additional explicit reference to religious teachings, be sure to describe which are the religious teachings and which are the medical facts. Use the opportunity to find some consistency in program messaging, such as around the importance of respect and responsibility in every relationship. There may be times when you need to point to the differences between the religious teaching and the law or the religious teaching and the medical facts. It is helpful to young people when this is made clear. Aim to provide the scientific information in a comprehensive and unbiased way. Encourage young people to discuss these matters with their parents.

Dealing with concerns about participants

It is possible that in the process of leading one of the activities, you may be told something or come to suspect something which has you worrying about someone else's welfare or safety. If you are concerned about someone's safety, follow up afterwards.

Some possible actions you could take include:

1. Encourage the person to seek help (e.g. from family, friends, a doctor or the police).
2. Tell the person that you are worried for them. Ask if they share that worry. Ask who they can seek help from.
3. Ask for advice about what to do from a trusted colleague or a senior member from the organization running the program (e.g. mental health first aid, referral team, health care providers)
4. Provide a help-seeking sheet to everyone explaining how they can seek help.
5. Use your best judgment.
6. If the person is a child, consider the need for their safety and which adults need to be involved to help to keep the child safe.

Do this in a way that respects people's need for privacy whilst also seeking support.

Collecting feedback along the way




It is important to get some feedback on the training. Feedback can be collected during the training to give you an idea of how much people are learning from and enjoying the different activities.

It is suggested that you place a flipchart at the back of the room on which participants can write their questions and comments. Copy the template below and provide pens for participants to place their questions and comments. Make sure you review the tool at the end of the day with the facilitator team so that you can respond appropriately.

At the end of each day, you can use the following tool to seek rapid feedback about how participants are feeling.

Place three or four questions to separate cards and place them in a row on the floor or on a long table. Place high, medium and low cards down the side (as shown in the diagram). Place small trays of plates in lines to correspond to the different options for each question. Give each person three or four toothpicks (the number of toothpicks should be the same as the number of questions). Ask participants to allocate one toothpick to each question into either high, medium or low. Give participants time to allocate their toothpicks (it is important not to watch them do this so that they feel that they can be honest). Arrange participants in a circle around the rapid feedback 'data'. Ask some volunteers to comment on the results. If there are any toothpicks in the low category, question the group about why this might be. Ask what the group can do to ensure things are better the following day.

There are several other ways that you can seek feedback in a participatory manner so that feedback is heard by the group. They include:

Today I gained knowledge and skills about				
	Changes and transitions	Reproduction	Family Planning	I enjoyed the day
High 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medium 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quick Sketch Feedback

Ask participants to draw a quick sketch on a piece of paper to symbolize or summarize some feedback that they want to give about the day. Use a show and tell approach to share the feedback. Go around the circle and ask each person (or a selection of volunteers) to hold up their picture and speak to its meaning.

One Word Feedback

Ask participants to choose just one word to summarize the feedback they want to give about the day. After allowing time for people to think, have a quick whip around the room asking people to call out their one word.

Hot Potato Feedback

Have participants pass a ball around in a circle while music is playing. When the music stops the participant with a ball shares one thing they learned/liked/want to know more about. You can have multiple balls going for greater participation.

Daily Evaluation Form

The daily evaluation form allows participants to give immediate feedback on each day of the training, offering real-time insights into their experience. It typically includes the following sections:

- **Daily Content:** Participants are asked to rate the relevance and clarity of the day's topics. This allows trainers to adjust future days based on what was well-received or challenging for participants.
- **Activities and Group Work:** Participants evaluate how effective the day's activities were in reinforcing the learning objectives. This section checks if the exercises were engaging, helpful, and appropriately timed.
- **Trainer Effectiveness for the Day:** A short evaluation of how well the trainer performed for that specific day. This can highlight whether the trainer's delivery changed or improved over the course of the training.
- **Learning Environment:** Participants provide feedback on the environment (both physical and social) of the training. Did they feel comfortable, and was the environment conducive to learning?
- **Suggestions for Improvement (Day-specific):** This allows participants to provide feedback for the next day of training, which can be addressed promptly if needed.

Part II

Core Modules

Module I. Myself

Module II. My Community

Module III. My Participation



Module I

My Self

Sa Kabataang Pilipino

Dr. Jose Rizal

(Filipino version of the "Ala Juventud Filipina")

*Itaas ang iyong noong aliwalas,
Mutyang Kabataan, sa iyong paglakad;
Ang bigay ng Diyos sa tanging liwanag
Ay pagitawin mo, Pag-asa ng Bukas.*

*Ikaw ay bumaba, O katalinuhan,
Mga puso namin ay nangaghihintay;
Magsahangin ka nga't ang aming isipa'y
Ilipad mo roon sa kaitaan.*

*Taglayin mo lahat ang kagiliw-giliw
Na ang silahis ng dunong at sining;
Kilos, Kabataan, at iyong lagutin,
Ang gapos ng iyong diwa at damdamin.*

*Masdan mo ang putong na nakasisilaw,
Sa gitna ng dilim ay dakilang alay,
Ang putong na yaon ay dakilang alay,
Sa nalulugaming iyong Inang Bayan.*

*O, ikaw na iyang may pakpak ng nais
At handang lumipad sa rurok ng langit,
Upang kamtan yaong matamis na himig,
Doon sa Olimpo'y yamang nagsisikip.*

*Ikaw na ang tinig ay lubhang mairog,
Awit ni Pilomel na sa dusa'y gamot
Lunas na mabisa sa dusa't himutok
Ng kaluluwang luksa't alipin ng lungkot.*

*Ikaw na ang diwa'y nagbibigay-buhay,
Sa marmol na batong tigas ay sukdulan,
At ang alaalang wagas at dalisay
Sa iyo'y nagiging walang-kamatayan.*

*At ikaw, O Diwang mahal kay Apeles,
Sinuyo sa wika ni Pebong marikit,
O sa isang putol na lonang makitid
Nagsalin ng kulay at ganda ng langit.*

*Hayo na ngayon dito papag-alabin mo,
Ang apoy ng iyong isip at talino,
Ang magandang ngala'y ihasik sa mundo,
At ipagbansagan ang dangal ng tao.*

*O dakilang araw ng tuwa at galak,
Magdiwang na ngayon, sintang Pilipinas!
Magpuri sa Bayang sa iyo'y lumingap,
umakay sa'yo sa magandang palad.*



OVERVIEW

Appreciating who we are

The learning objectives of this module are designed to give adolescents and young people a comprehensive understanding of key concepts related to their personal development, values, sexuality, and gender. These objectives aim to provide participants with the knowledge, skills, and confidence to navigate the complexities of adolescence in a positive, healthy, and empowered way.

Main Objective

The module's primary goal is to introduce participants to a range of foundational concepts that are essential for self-awareness and personal growth. It helps them reflect on their sense of self, values, rights, and experiences of adolescence, as well as their understanding of sexuality and gender. By framing these concepts through the lens of the individual's interactions with family, culture, religion, and peer influences, the module encourages a deeper exploration of how these factors shape personal values and behaviors. In addition, participants will gain insights into the changes that occur during adolescence—physically, socially, emotionally, and sexually—and how to approach these changes with confidence.

The module also delves into responsible and positive sexuality, emphasizing pleasure-based principles. This approach helps participants understand the significance of pleasure in sexual relationships, while also discussing how to handle sexual attraction and providing accurate information about human sexual response and behavior. Finally, the module introduces essential concepts such as sexual orientation, gender identity, and gender expression, offering participants an inclusive framework for understanding their own identities and those of others.

By the End of the Module, Participants Should Be Able To:

- **Reflect on Their Own Self:** Participants will have an opportunity to think deeply about who they are, considering their unique identities and personal experiences. This reflection builds self-awareness and encourages them to acknowledge their individuality.
- **Explain What Values Are:** Participants will be introduced to the concept of values—core beliefs and principles that guide behavior and decision-making. They will understand that values are shaped by various influences, including family, culture, religion, and personal experiences.
- **Identify Their Personal Values:** The module will guide participants in identifying their own values, helping them recognize what is important to them in life. This self-awareness is crucial for making informed and authentic decisions.
- **Compare Personal Values to External Influences:** Participants will be encouraged to compare their personal values with those imparted by their family, culture, religion, and friends. This comparison fosters critical thinking and allows participants to determine which values resonate with them and which may not.
- **Describe How Values Influence Behavior:** Participants will learn how their values directly impact their behaviors, choices, and relationships. This understanding helps them make more informed decisions that align with their beliefs.
- **Communicate Their Values:** Effective communication is key to building healthy relationships. The module will provide tools for participants to express their values to others clearly and assertively.

OVERVIEW

Appreciating who we are

- **Understand Human Rights and Responsibilities:** Participants will learn about their rights and responsibilities, particularly concerning health, sexuality, pleasure, and gender. This knowledge empowers them to advocate for their well-being and respect the rights of others.
- **Explain the Meaning of Adolescence:** Participants will gain a clear understanding of adolescence as a crucial developmental stage characterized by physical, emotional, and psychological changes.
- **Describe Physical and Emotional Changes:** The module will cover the various changes that occur during adolescence, helping participants understand and normalize these experiences.
- **Name Parts of the Reproductive Anatomy:** Participants will learn about the male and female reproductive systems, including the functions of different organs, and develop an understanding of reproductive health.
- **Explain the Menstrual Cycle:** The module will provide a basic explanation of the menstrual cycle, ensuring participants have accurate information about this natural biological process.
- **Define Sexuality:** Sexuality is a multifaceted concept, and participants will explore its meaning, including emotional, physical, and social aspects.
- **Evaluate Sources of Information on Sexuality:** Participants will learn how to identify reliable sources of information about sexuality, ensuring that they are informed by credible and accurate resources.
- **Understand How Values Affect Sexuality:** The module will help participants explore the connection between their values and their behaviors regarding sexuality.
- **Become Comfortable Discussing Sexuality:** Through open and guided discussions, participants will become more comfortable asking questions and talking about sexuality, removing stigma and misinformation.
- **Explain Gender and Gender Stereotypes:** Participants will distinguish between sex and gender, as well as explore the concept of gender stereotypes and their impact on personal development and relationships.

By achieving these learning objectives, participants will be better equipped to navigate the challenges of adolescence and foster a healthy, responsible, and positive approach to their sexuality, relationships, and identity.

KNOWING ONESELF



60 minutes

Objectives: Have a general view of oneself which includes sexual informations and attitudes. Reflect on how goals, their attributes and their sexuality are connected in their everyday lives. Feel at ease talking about gender, sexuality and health with others.



- read and understand the mechanics and key message
- try to undergo the Body Map session prior to facilitating it to have a deeper grasp on the process and to discover some details about yourself
- prepare for a possibility that some participants will trigger some emotions during the conduct of the session, ensure that there is someone from the team who will provide mental health support



- manila paper (1 per participant)
- markers
- coloring pens
- projector
- microphone
- music (soft instrumental music)

Knowing Oneself: Body Mapping Mechanics:

1. The participants will be grouped in pairs; each pair will have A and B.
2. Each pair will be given 2 sets of manila paper, coloring materials and board markers
3. Working in pairs, A and B trace their body shape in the manila paper provided.
4. After tracing their own body, each participant should find a comfortable place to do the instructions of the facilitator.



KNOWING ONESELF

Body Map Mechanics:

Here are the questions and their designated areas to write the answer, it can be symbols, drawings, or words (start from the lower part of the body):

- head left side- goals in life
- head right side- achievements in life
- left arm- physical changes
- right arm- habits
- left breast- that makes you happy
- right breast- that makes you sad
- heart – the one you love most
- lower body- important person
- left hip- give information about sex
- right hip- what can you say about sex
- upper left leg- positive attitude and traits
- upper right leg- most unforgettable moments
- lower left leg- negative attitude and traits
- lower right leg- what other people say about you



Give them ample time to scan and review their answers

Wrap up:

Ask the participants the following wrap-up reflections:

- How do you feel while you are doing the activity?
- What specific areas/parts that are easy to answer and difficult to answer?
- Who influenced your beliefs and understanding about changes in the body, sex, sexuality, sexual health?
- Could you share something about what you wrote in the the heart and brain?
- What have you discovered about yourself?
- What do you think is the connection of the body mapping activity as a peer educator or volunteer?

Assignment:

Ask the participants to be creative in their reflections. Encourage to do art (e.g. drawing, collage) or writing (poems and stories) activity which that represents reflections/ discovery about their own personality to be discussed the following day.

Key Message:

To have a meaningful participation and learning experience in the training, it is very important to explore your inner self and discover your strengths, positive traits, talents and even issues and concerns that you have not examined yet especially on matters that will have impact to your future and when you deal with your co-peers.

UNDERSTANDING PERSONAL VALUES AND OPINIONS



60 minutes

Objectives: Explain what is most important to them in life and why and describe how their personal values affect their behavior. Communicate their opinions, beliefs, or values to others with respect.



- read the mechanics and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity



- two sheets of flip chart paper or metacards, on one of which is written the word 'agree' and on the other, 'disagree'
- masking tape
- microphone
- music (upbeat)

Agree or Disagree Mechanics:

1. Put a two pieces of paper on the opposite walls or chairs in the room. Label them Agree and Disagree.
2. Ask participants to stand together in the middle of the room.
3. Explain that you will read aloud some controversial statements, and participants have to take a stand on the imaginary line somewhere between 'agree' and 'disagree' according to their response to this statement.

Examples of statements include:

- I love chocolate ice-cream
- I love sunset
- Mothers are most loving compared to fathers
- All young people should remain virgins until they are married
- If a girl is a virgin, she will bleed the first time she has sex
- The right age to have sex is 18
- I would accept a friend who is homosexual
- I would accept my brother or sister if he or she were homosexual.
- Those infected with HIV have only themselves to blame.
- Prostitution should be banned to prevent the spread of HIV/AIDS.
- Clean needles should be made available on request to drug users who inject their drugs
- Good sex should always end in orgasm
- 10-19 years old should know about condom use and lubricants and have access if they need it

If you have more time, you can add more statements.

UNDERSTANDING PERSONAL VALUES AND OPINIONS

5. After you have read the first statement, the participants should go to the spot that best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there.

6. Let three volunteers give their viewpoint; then let the other participants react to these opinions. Continue with the next statement.

Wrap-up:

After reading and reviewing all the statements, Ask the participants the following wrap-up reflections:

- How do you feel while you are doing the activity? how they felt about exposing their values to other participants, especially if they were in the minority. You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feelings now.
- What specific areas/parts that are easy to answer and difficult to answer? ask them if it was easy to change their position.
- Who influenced your beliefs and understanding about their answers?
- What have you discovered about yourself?
- What do you think is the connection of the activity as a peer educator or volunteer?

Key Message:

- As a youth volunteer or peer educator, we need to be sensitive towards the participants' or clients' needs before, during, and after this exercise or peer education activity.
- Some of them might feel vulnerable, but may not show it. Make sure that they feel comfortable sharing – or not sharing – information.

INTERNATIONAL VALUES AND HUMAN RIGHTS



60 minutes

Objectives: To introduce the concept of human rights; and to familiarize participants with their basic human rights related to health, sexuality and gender.
List at least five human rights related to health, sexuality, gender, protection and education.
Explain at least one responsibility that we have.



- Read the Universal Declaration of Human Rights
- Print the UDHR for the group work
- Find out the legal age of marriage in your country



- copy of the “The Universal Declaration of Human Rights”
- manila paper
- markers
- masking tape
- microphone
- music (upbeat)

My Island, My Rights! Mechanics:

1. Tell participants that this activity is about human rights. Ask: Can someone tell me what a right is?

Give positive feedback and use their responses to come up with a definition similar to the following and write it on flipchart paper:

A **right** is something that all people are entitled to, or have the freedom to do, just because they are human beings.

2. Tell participants that our human rights have been agreed upon internationally in treaties developed by the United Nations.

One example is the Convention on the Rights of the Child that lists all the rights of children. There is another one (the Convention on the Elimination of All Forms of Discrimination Against Women) just on women’s rights. Also, the International Conference on Population and Development just on sexual and reproductive health and rights.

Explain that these treaties include the rights that all people have related to gender, sexuality, protection, education and health.

3. Now explain that they are going to work in small groups. Divide participants into five groups and provide a copy of the Universal Declaration of Human Rights (UDHR).

Group 1: Island of health

Group 2: Island of sexuality

Group 3: Island of gender

Group 4: Island of protection

Group 5: Island of education

INTERNATIONAL VALUES AND HUMAN RIGHTS

4. Tell participants:

- You will be settling on a new island that has everything necessary for sustaining human life. No one has ever lived there, so no laws and no history exist.
- None of you knows what your position, gender, ethnicity/race, class, or sexual orientation will be.
- You must draw up a list of ten human rights that will automatically apply to every person on this island that will contribute to the specific right assigned to your group (health, sexuality, gender, protection, education). You can choose from the UDHR or add it if it is not in the UDHR list if you want.

You will also answer the questions: What does the right mean to you and other young people for your life? In other words: How should you be treated? What should not happen? You have 10 minutes to brainstorm. Be creative!

5. After 10 minutes, call their attention back to the front of the room. Call the group with the first right and ask them to present.

6. After they have presented. Ask the participants the following:

- What are some of the similarities between your list and the UDHR list?
- Which rights from the Universal Declaration you did not include?
- Do you want to add any more rights to our list?
- Were any rights on the group list not included in the Universal Declaration?

Help the group to answer questions from others or to clarify as needed.

Wrap-up:

Ask them if they have any additional questions about any of these rights. Then explain that rights come with responsibilities. Then ask the following questions:

- Which rights are the most important to you?
- What does having the responsibility to respect the right of others mean?
- Why is there a special human rights convention just for children/adolescents? (Answer: Because children and adolescents are vulnerable (cannot defend themselves) and need to be protected.)
- What about the one just for women? (Answer: Because women have traditionally been discriminated against and treated unequally.)
- According to human rights, is there anyone with more rights than others?

INTERNATIONAL VALUES AND HUMAN RIGHTS

Key Message:

Ask participants to summarize the main things that they learned from this activity. Add any of the following key messages that they do not mention.

- We all have the same rights, freedoms and responsibilities just because we are human beings.
- Women, men, LGBTQI, children, adolescents of all ages have the right to experience their sexuality in a safe, healthy, responsible, respectful and pleasurable way.
- We have a responsibility to respect and protect the rights of others.
- No one can take away our human rights.

Emphasize that everyone has the same rights. No person, group or government anywhere in the world can take these rights away from you.

The following are some summary of the Rights of Adolescents and Young People in connection with Sexual and Reproductive Health and Rights:

1. The right to be treated equally and with dignity.

- All (young) people should be treated the same way. No one should be treated differently. It doesn't matter who or what they are.
- We all have exactly the same rights.
- We should be treated with respect. We should be treated as a person with value and worth. We should not be disrespected or treated as a worthless person.

2. The right not to be discriminated against for any reason.

- No one should treat any of us differently from any others for any reason – it doesn't matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status.
- All of us should be treated fairly and like all others.
- There is no justification or reason for discrimination (different or unfair treatment).

3. The right to feel safe.

- We should feel safe and not in danger.
- Our lives should be free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
- We should not be hurt, harmed or humiliated (shamed).

4. The right to control our bodies.

- Our bodies belong to each of us.
- We are the ones who make decisions about what happens to our bodies – for example, if we have sex, get pregnant, have an HIV test, take medicine, drink alcohol, have an operation, get circumcised, get female genital mutilation, get a tattoo, get piercings, or any other change to our bodies.
- We can decide for ourselves whether to have sex or not.
- We should choose our partners and spouses.
- We should not be abused or injured or have our bodies violated in any way. We should not be forced to have sex.
- No one can alter our bodies without our agreement.
- We cannot be forced to sell our bodies for money.

INTERNATIONAL VALUES AND HUMAN RIGHTS

Key Message:

5. The right to privacy in our personal life.

- No one has the right to harm or attack our reputation (good name).
- No one can invade our privacy or interfere with or bother our family without a good reason.
- Our privacy should be respected when we go for health care. Confidential information given to health care workers should not be shared with others without our permission (unless in an emergency or absolutely necessary, and then only with a parent or guardian if we are minors).
- Our medical information, including our HIV status, must be kept private.
- We are the only ones who can tell others about our private affairs.

6. The right to marry, when we are legally old enough, and have a family.

- When we reach the legal age of marriage, we can marry the person of our choice. • Nobody can force us to marry someone.
- No one can force us to marry when we are underage.
- No one can choose our partners for us.
- We can decide to have children if we want to.
- We can decide not to have children if we do not want to.
 - We can decide for ourselves how many children to have.
- We can decide when to have our children.

Note to facilitator: If not mentioned, add: In marriage, both partners have the same rights. If a married couple separates, they both still have the same rights.

7. The right to ask for, receive and share information.

- We can ask for any information that we need.
- If we ask for information, we should get that information.
- We should get information about our health and sexuality.
- We can share any information that we receive.
- No one can decide to withhold information from us.

8. The right to have a healthy life.

- We should enjoy the healthiest life possible, including in our sexual and reproductive health.
- We can go to get sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV.
- No one can refuse to give us the health care we need.
- No one should accuse us or treat us badly if we go to health services as young people.

Note to facilitator: If not mentioned, add: We deserve to have a satisfying, safe and pleasurable sexual life, free from pressure or force.

9. The right to education.

- We should be educated, including about health and sexuality.
- We should all have the chance to go to school or to get more training and education.
- We should have the opportunity to develop all of our talents and our mental and physical abilities.
- We should not be forced to drop out of school in order to get married or because we got pregnant.

INTERNATIONAL VALUES AND HUMAN RIGHTS

The Universal Declaration of Human Rights (UDHR)

Article 1: When children are born, they are free, and each should be treated in the same way. They have reason and conscience and should act toward one another in a friendly manner.

Article 2: Everyone can claim the following rights, regardless of his or her:

- gender;
- skin color;
- language;
- political beliefs;
- religion;
- wealth or poverty;
- social group;
- country of birth; and
- country's status as independent or not.

Article 3: You have the right to live and to live in freedom and safety.

Article 4: Nobody has the right to treat you as his or her slave, and you should not make anyone your slave.

Article 5: Nobody has the right to torture you.

Article 6: You should be legally protected in the same way everywhere and in the same way everyone else is protected.

Article 7: The law is the same for everyone; it should be applied in the same way to all.

Article 8: You should be able to ask for legal help when the rights your country grants you are not respected.

Article 9: Nobody has the right to put you in prison, to keep you there, or to send you away from your country unjustly or without a good reason.

Article 10: If you must go on trial, the trial should be conducted in public. The people who try you should not let themselves be influenced by others

INTERNATIONAL VALUES AND HUMAN RIGHTS

The Universal Declaration of Human Rights (UDHR)

Article 11: You should be considered innocent until you are proved guilty. If you are accused of a crime, you should always have the right to defend yourself. Nobody has the right to condemn you or punish you for something you have not done.

Article 12: You have the right to ask to be protected if someone tries to harm your good name, enter your house, open your mail, or bother you or your family without a good reason.

Article 13: You have the right to come and go as you wish within your country. You have the right to leave your country to go to another one; and you should be able to return to your country if you want.

Article 14: If someone hurts you, you have the right to seek asylum (safe haven) in another country. You may lose this right if you have committed a serious violation of human rights.

Article 15: You have the right to belong to a country, and nobody can prevent you, without a good reason, from belonging to another country if you wish.

Article 16: As soon as a person is legally entitled to do so, he or she has the right to marry and have a family. Neither the color of your skin, nor the country you come from, nor your religion should be impediments to doing this. Men and women have the same rights when they are married and also when they are separated. Nobody should force a person to marry. The government of your country should protect your family and its members.

Article 17: You have the right to own things, and nobody has the right to take these from you without a good reason.

Article 18: You have the right to profess your religion freely, to change it, and to practice it on your own or with others.

Article 19: You have the right to think what you want and to say what you like, and nobody should forbid you from doing so. You have a right to share your ideas with anyone — including people from any other country.

Article 20: You have the right to organize peaceful meetings or to take part in meetings in a peaceful way. No one has the right to force you to belong to a group.

INTERNATIONAL VALUES AND HUMAN RIGHTS

The Universal Declaration of Human Rights (UDHR)

Article 21: You have the same right as anyone else to take part in your country's political affairs. You may do this by belonging to the government yourself or by choosing politicians who have the same ideas as you do. Governments should be elected regularly, and voting should be secret. You should be allowed to vote, and all votes should be counted equally.

Article 22: The society in which you live should help you to develop and to make the most of all the advantages (culture, work, social welfare) that are offered to you and to everyone in your country.

Article 23: You have the right to work, to be free to choose your work, and to receive a salary that allows you to live and support your family. If a man and a woman do the same work, they should get the same pay. All people who work have the right to join together to protect and defend their interests.

Article 24: Workdays should not be very long, because everyone has the right to rest and should be able to take regular paid holidays.

Article 25: You have the right to have whatever you need so that you and your family do not become ill; do not go hungry; have clothes and a house; and receive help if you are out of work, if you are ill, if you are old, if your wife or husband is dead, or if you are unable to earn a living for any other reason that you cannot help. Both a mother who is going to have a baby and her baby should get special help. Every child has the same rights as every other child, whether or not its mother is married.

Article 26: You have the right to go to school; everyone should be able to go to school. Primary schooling should be free. You should be able to learn a profession or skill or continue your studies as far as you wish. At school, you should be able to develop all your talents. You should be taught to get along with others, whatever their race, religion, or background. Your parents have the right to choose how and what you are taught at school.

Article 27: You have the right to share in your community's arts and sciences, and in any good they do. Your works as an artist, a writer, or a scientist should be protected, and you should be able to benefit from them.

Article 28: To ensure that your rights are respected, an "order" must be established that can protect them. This "order" should be local and worldwide.

Article 29: You have duties toward your community. The law should guarantee your human rights. It should allow everyone to respect others and to be respected.

Article 30: No society and no human being in any part of the world should act in such a way as to destroy the rights that are listed here.

CHANGES DURING ADOLESCENCE



75 minutes

Objectives: To introduce the concepts of adolescents, puberty, reproductive system and menstrual cycle.

- Explain the meaning of adolescence.
- Describe the physical and emotional changes that occur during adolescence
- Name the parts of the male and female reproductive and sexual anatomy and their functions
- Give a basic explanation of what happens during the menstrual cycle



- read the mechanics and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Changes during adolescence Mechanics:

1. Ask participants to brainstorm what adolescence means. Write their responses on the flipchart. Most of the following points should come out:

Adolescence is:

- The period between childhood and adulthood.
- A period of physical, emotional and social change.
- A period of sexual development.
- A time for finding out who you are and what is important to you.
- A time to think about and plan for your future.

2. Ask participants

- What do you think is difficult during adolescence? What challenges do young people face during adolescence?
- What is exciting during adolescence?

3. Ask participants to summarize the discussion. Add any of the following points that are not mentioned.

- Adolescence is the time in life when we move from being a child to becoming an adult.
- Adolescence is both challenging and exciting.
- Adolescence can be confusing because sometimes you feel or are treated more like an adult and sometimes you feel or are treated more like a child.

CHANGES DURING ADOLESCENCE

4. Write or print the following in large letters on pieces of paper cut in halves or thirds. When you have finished, mix them up so that they are not in order.

May have temporary breast growth	Skin becomes oilier; may get pimples & acne
Breasts develop	Moods change quickly
Sweat glands develop	Try to know & understand yourself
Growth of facial hair	Start feeling sexual attraction
Genitals get bigger	Develop own values
First ejaculation	Concerned about being normal & fitting in
First ovulation & menstruation	Start having romantic relationships
Hair grows on body, in armpits and on genitals	Become part of peer groups
Wet dreams	Want to look & behave like your peer group
Increase in vaginal & cervical secretions	Feel peer pressure
Become taller & gain weight	Become more independent from parents & family
Gain in muscular strength	Feel closer to friends
Fat tissue increases	Shoulders broaden & chest gets wider
Voice changes	Hips, thighs & bottom widen

CHANGES DURING ADOLESCENCE

2. Take three pieces of flipchart paper and draw a figure of a boy on one, a figure of a girl on one and a half boy/half girl figure on one. Write 'PHYSICAL' above the body, write 'SOCIAL' on the left side and 'EMOTIONAL' on the right side, as shown:



3. Tell the participants that this activity is about the changes that take place during puberty and adolescence.
4. Post the pictures that you prepared at the front of the room. Divide participants into seven groups. Tell them that each group will get four pieces of paper that have some changes written on them. In their groups, they will discuss and decide if the change is something that happens to only boys, only girls or both boys and girls. Then they will decide if the change is physical, social or emotional.
5. Give them 15 minutes to discuss in their groups. Then call their attention back to the front to present their answers.

Wrap-up

Discuss the correct changes during adolescence in the plenary. Add any of the following points that are not mentioned.

- As a group, girls start puberty earlier than boys.
- Puberty changes do not start at the same age for everyone.
- The social and emotional changes are the same for girls and boys, but some physical changes are different for boys, girls, and diverse SOGIE-SC.
- These changes can make us feel confused or worried.
- There are many different ways to manage our feelings, including talking to adults, friends or others about what we are going through.

CHANGES DURING ADOLESCENCE

Basic Facts About Puberty

What is Puberty for Boys?

Puberty is the process of physical changes by which a child's body becomes an adult body capable of reproduction. At the beginning of puberty a boy's body produces a range of hormones (which are chemicals produced by the body). The hormones cause the physical changes in the body. Each body starts puberty in its own time. Boys generally start puberty a little later than girls. Some boys will show changes as early as 11 or 12, others do not experience changes until they are a little older, 15 or 16. Changes at puberty for boys include changes in body size and shape, reproductive organ development, erections and wet dreams, growth of pubic hair, voice changes, production of body odour and oily skin that can cause pimples.

These different changes are explained briefly below.

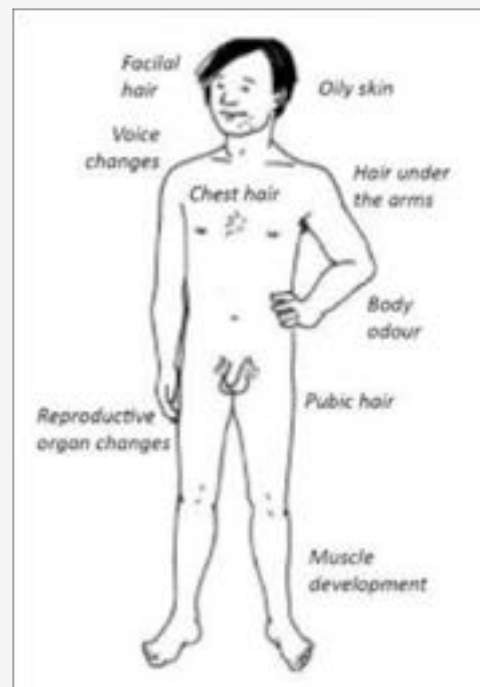
Body size and shape: At the age of puberty, a boy's body starts to grow rapidly and experiences many changes. For many boys, the growth peaks about two years after the beginning of puberty. Shoulders will broaden and muscles will get bigger. Many boys have some slight swelling under the nipples, which is temporary.

Voice changes: During puberty a boy's voice changes. As the larynx (or voice box) enlarges and the muscles or vocal cords grow, the voice may 'break' or 'crack'. This is a normal part of the growth process. Eventually the voice will change to a more permanent deeper tone.

Reproductive organ changes: Puberty is the time when the reproductive organ experiences the most changes. The scrotum grows bigger, darker, and both testicles also follow this growth. The penis grows bigger in both breadth and length, and commonly becomes darker than before. Sometimes one testicle grows faster than the other, and it is natural for one to hang lower than the other. Internal ducts and glands of the reproductive system also increase in size during puberty.

Pubic hair: In boys, the first pubic hair usually appears on the scrotum or at the upper base of the penis. These hairs will grow thicker and darker over a few years. Apart from hair starting to grow on a boy's body, it also grows on their face, like a beard, moustache or sideburns. Usually, this hair is the at first but gets thicker and darker towards the end of puberty.

Erections: An erection is when a boy's penis hardens and lengthens. This usually happens when a boy has romantic or sexual thoughts, or as a result of physical stimulation. However, during puberty a boy will start to get erections more often, sometimes without any stimulation at all. Unexpected erections can be quite embarrassing, but other people do not usually notice them as much as boys themselves do and if they do not think about the erection or concentrate on something else things will settle down again. Unexpected erections are normal and are a sign that the body is maturing. They happen to all boys during puberty, and with time they will become less frequent.



CHANGES DURING ADOLESCENCE

Wet dreams: Boys may have 'wet dreams' while they are sleeping. These wet dreams are caused by an ejaculation that occurs during sleep, this does not mean that the boy was having a sexual dream. The 'wet' stuff is semen. Wet dreams are not something to be embarrassed about, they are natural and happen to lots of people. There is also no need to worry about not getting wet dreams as not everyone does.

Body odour: At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. Boys may notice that body odour develops. This is normal, it just means that it is important to wash regularly (at least once a day). After puberty, using an antiperspirant (deodorant) can help to reduce sweating, and some also inhibit bacterial growth.

CHANGES DURING ADOLESCENCE

Basic Facts About Puberty

What is Puberty for Girls?

Puberty is the process of physical changes by which a child's body develops into an adult body, capable of reproduction. At the start of puberty a girl's body produces different hormones. The hormones cause the physical changes in the body, they also affect emotions. With all the changes, it is understandable if girls do not quite feel like themselves or like they used to as a child. Each body starts puberty in its own time, some girls will show changes as early as 9, others do not experience changes until they are a little older, 15 or 16. If a girl starts puberty a little later or earlier than her friends, it is nothing to worry about.

Changes at puberty for girls include changes in body shape, breast development, reproductive organ development, menstruation, vaginal discharge, growth of pubic hair, production of body odour and oily skin that can cause pimples.

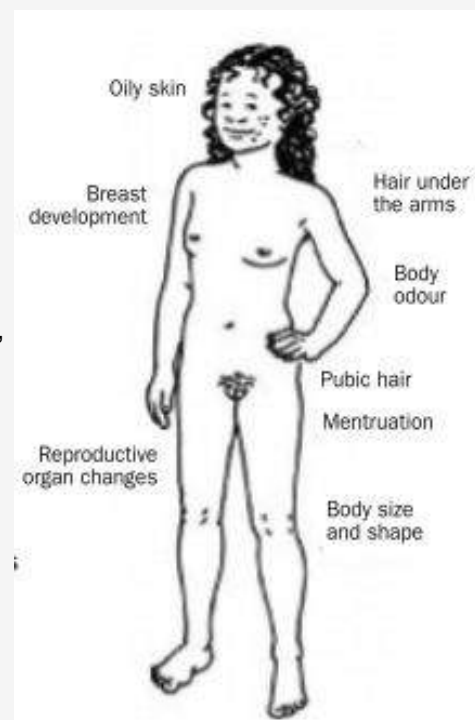
These different changes are explained briefly below.

Body size and shape: Leading up to and during puberty, a girl's shape begins to change and starts to look like that of a young woman. For example, breasts emerge, buttocks become more developed and the fatty layer under skin thickens, which makes the body pliant and feminine.

Breast Development: At puberty, girls' breasts start to grow. As each body starts to grow in its own time, it is no surprise that at the same age group, some girls have fat breasts while those of others are already full.

The first organs to signal breast development are the areolae of the mammary gland—the dark areas surrounding the nipples. The areolae thicken and darken. Then the breast mounds emerge, become pointed and gradually develop and look plump. During this period, some girls have a slight itch or a slight soreness on their breasts.

Reproductive organ development: During puberty, girls' reproductive organs develop and change. This means that they will not look like those of young girls any more. Reproductive organs like the inner and outer labia, the clitoris and the vagina grow; hairs start to grow around the vulva and the colour of the vulva becomes darker. Inside the body, the vagina and the uterus also grow bigger. Two ovaries start to function by producing sexual hormones and releasing eggs (ovulation). The mucus membrane of the uterus starts to grow and self-discard periodically which causes menstruation.



CHANGES DURING ADOLESCENCE

Menstruation: Menstruation is a sign demonstrating that a girl has started to ovulate and is able to conceive and have a baby. When menstruation begins it may be irregular but gradually should stabilise to once a month. Menstruation normally lasts between 3 to 7 days. Some girls may release a lot of blood during their menstruation while others may release little. The average amount of blood loss during menstruation is 35 millimeters with 10-80 millilitres considered normal.

A girl may start to menstruate at the age of 9 and there are also girls whose menstruation only starts when they reach the age of 17 or 18. If a girl is 18 and has not experienced menstruation yet she should consider seeing a doctor to get checked.

Vaginal Discharge: When a girl reaches puberty, they may notice that their reproductive organs are sometimes wet and there is sticky fluid in their underwear. This is a normal phenomenon. The fluid is usually clear white, opalescent or slightly yellow.

Pubic hair: Entering puberty, girls' bodies start to have more hair, first pubic hair on pubic bone and around the lower genital areas. Besides pubic hairs, girls will notice that more hairs emerge on the legs and under the armpits.

Body odour: At puberty, sweat glands develop under the stimulation of hormones and protein. Oil production by the skin in the armpits and genital areas also increases. Girls may notice that body odour develops. This is normal, it just means that it is important to wash regularly (at least once a day). After puberty, using an antiperspirant can help to reduce sweating, and some also inhibit bacterial growth.

CHANGES DURING ADOLESCENCE

Boys	Girls	Both
Physical Changes		
<ul style="list-style-type: none"> • May have temporary breast growth • First ejaculation • Gain in muscular strength • Shoulders broaden and chest gets wider • Growth of facial hair 	<p>Breasts develop</p> <ul style="list-style-type: none"> • First ovulation and menstruation • Increase in vaginal & cervical secretions • Fat tissue increases • Hips, thighs & bottom widen 	<ul style="list-style-type: none"> • Genitals get bigger • Hair grows on body, in armpits and on genitals • Become taller and gain weight • Voice changes • Skin becomes oilier; may get pimples and acne • Sweat glands develop • Wet dreams
Emotional Changes		
		<ul style="list-style-type: none"> • Moods change quickly • Try to know and understand yourself • Start feeling sexual attraction • Develop own values • Concerned about being normal and fitting in
Social Changes		
		<ul style="list-style-type: none"> • Start having romantic relationships • Become part of peer groups • Try to look and behave like your peer group • Experience peer pressure • Become more independent from parents and family • Become closer to friends

SEXUAL AND REPRODUCTIVE SYSTEM



90 minutes

Objectives: To discuss and understand the parts of the female and male sexual and reproductive systems and their functions.

- Name the main internal and external parts of the female and male sexual and reproductive systems
- Describe the functions of the clitoris, vagina, uterus, ovaries, penis, urethra, testes, prostate and seminal vesicles.



- read the mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity



- Flipchart paper, marker pens, tape and scissors, A4 paper
- The Female and Male Sexual and Reproductive System; You only need one poster with all the parts on it.
- masking tape
- microphone
- music (upbeat)

Sexual and Reproductive System Mechanics:

1. Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.
1. Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag:

Male Sexual and Reproductive System	Female Sexual and Reproductive System
Scrotum	Mons pubis (pubic mound)
Testicles	Vaginal opening
Penis	Urethral opening
Urethra	Inner lips or labia
Urethral opening	Vulva
Prostate Gland	Anus

SEXUAL AND REPRODUCTIVE SYSTEM

Male Sexual and Reproductive System	Female Sexual and Reproductive System
Bladder	Outer lips or labia
Foreskin	Hymen
Cowper's Glands	Clitoris
Seminal vesicles	Perineum
Epididymis	Vagina wall
Vas deferens (sperm ducts)	Ova
	Uterus
	Fallopian tubes
	Ovary
	Cervix

2. Put up the posters of the internal and external male and female sexual and reproductive systems and ask participants to study it for a minute. How many parts can they name?

3. Explain that the names of the parts are on pieces of paper. Divide the participants into four groups and ask them to put the name on the correct part of the male and female sexual and reproductive systems. Ask each group to put up their outputs and share their answers to the plenary. Ask the participants what are the parts and their functions.

SEXUAL AND REPRODUCTIVE SYSTEM

4. Ask the following questions (you can choose from the list of add more depending on the context):

Male Sexual and Reproductive System

- Where do the fluids in semen come from? (Answer: The epididymis (sperm), the seminal vesicles (nourishing fluid) and the prostate gland (lubricating fluids).)
- When do boys start having erections? (Answer: Before they are born.)
- When do boys start ejaculating? (Answer: During puberty.)
- What happens during an ejaculation? (Answer: The sperm leave the epididymis and move through the vas deferens. The mix with the fluid from the seminal vesicles and then with the fluid from the prostate and then they leave the body through the urethra.)
- How many sperm are in one ejaculation? (Answer: A single ejaculation has between 150 and 500 MILLION sperm in it.)
- When can a boy start making girls pregnant? (Answer: As soon as he starts ejaculating.)

Female Sexual and Reproductive System

- It is the lower end of the uterus (Answer: The Cervix)
- During menstruation, the menstrual blood leaves the body through this part, and also the baby in natural childbirth (Answer: The Vagina)
- It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. (Answer: The Clitoris)
- It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body. (Answer: The endometrium in the uterus)
- They have ends like fingers (called fimbria) that pull the egg from the ovary into the tube. (Answer: The fallopian tubes)
- This part is different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.(Answer: Hymen)
- How many ovaries does a woman have? (Answer: Two ovaries - left and right)

SEXUAL AND REPRODUCTIVE SYSTEM

Female Sexual and Reproductive System

5. Write the words 'wet dreams' and 'spontaneous erections' on flipchart paper and ask the participants: What are wet dreams and spontaneous erections? Use the following notes to add to what the participants say as needed.

Wet Dreams Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.

Spontaneous Erections

Spontaneous erections are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touched and they feel no sexual excitement. Teenage boys can have erections 20 or more times a day because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched. Boys and men often wake up in the morning with erections. These are thought to be due to having a full bladder.

Wrap-up:

At the end of the discussion remind participants that if they have questions that they don't want to ask in front of others, they can put them in the Anonymous Question Box. Ask the following to the participants:

- How do you feel about the session
- What are your key learnings
- What do you want to see improved in taking good care of your reproductive system
- Other matters

Key Message:

To know our bodies and the changes they go through helps us to value and respect our bodies more and to want to protect them. In addition to the physical changes through adolescence, there are also emotional and social changes that prepare us for adulthood. In addition to allowing humans to have babies, the genitals are a source of sexual pleasure. We need to know how our genitals look and feel with their normal functions, so that we will realize if something is wrong.

SEXUAL AND REPRODUCTIVE SYSTEM

Poster and worksheet: The outer parts of the male sexual and reproductive system

Discuss in your groups and match the number with the names of body parts in the diagram below.



Identify which part and put your answers here:

- _____ Penis
- _____ Foreskin
- _____ Scrotum
- _____ Urethral opening

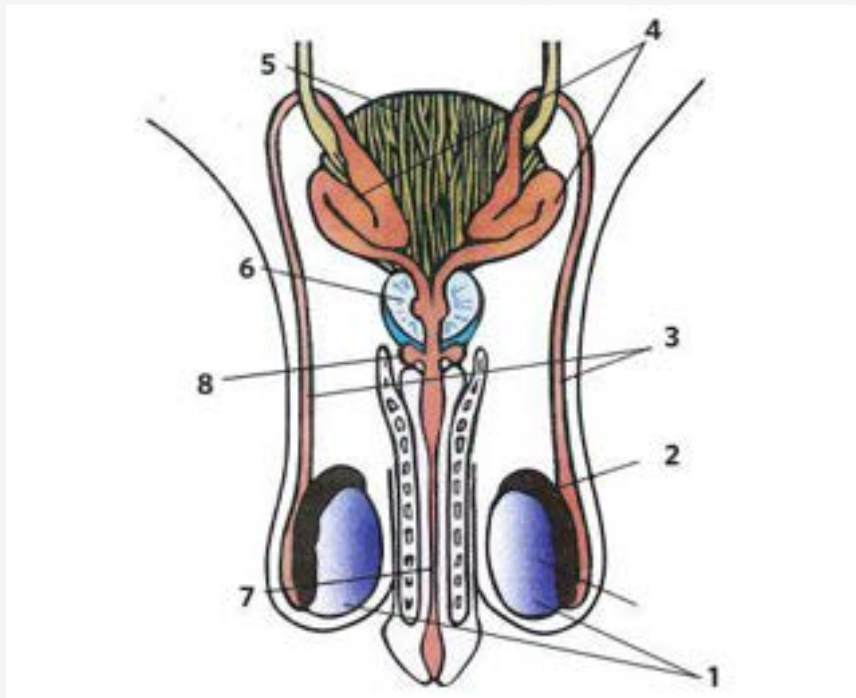
Answer key:

- 1 Penis
- 2 Foreskin
- 3 Scrotum
- 4 Urethral opening

SEXUAL AND REPRODUCTIVE SYSTEM

Poster and worksheet: The inner parts of the male sexual and reproductive system

Discuss in your groups and match the number with the names of body parts in the diagram below.



Identify which part and put your answers here:

_____ Testicles (or testes)
_____ Bladder
_____ Epididymis
_____ Prostate Gland

_____ Vas deferens (sperm duct)
_____ Urethra
_____ Seminal vesicles
_____ Cowper's Glands

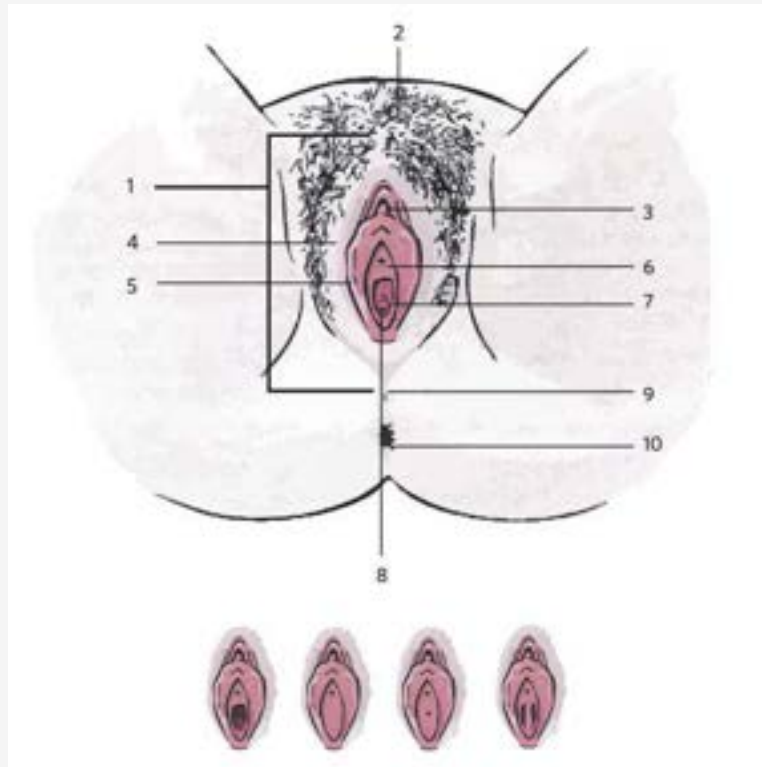
Answer key:

- 1 Testicles (or testes)
- 5 Bladder
- 2 Epididymis
- 6 Prostate Gland
- 3 Vas deferens (sperm duct)
- 7 Urethra
- 4 Seminal vesicles
- 8 Cowper's Glands

SEXUAL AND REPRODUCTIVE SYSTEM

Poster and worksheet: The outer parts of the female sexual and reproductive system

Discuss in your groups and match the number with the names of body parts in the diagram below.



Identify which part and put your answers here:

_____ Mons pubis (pubic mound)
_____ Anus
_____ Vaginal opening
_____ Perineum
_____ Outer lips or labia

_____ Urethral opening
_____ Hymen
_____ Inner lips or labia
_____ Clitoris
_____ Vulva

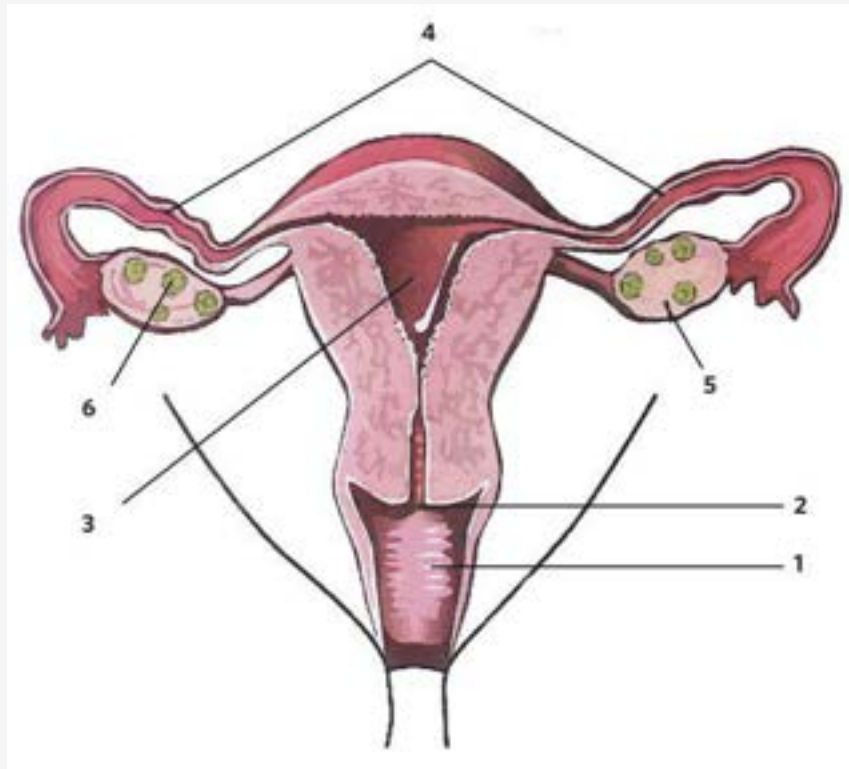
Answer key:

2 Mons pubis (pubic mound)
10 Anus
7 Vaginal opening
4 Outer lips or labia
6 Urethral opening
8 Hymen
5 Inner lips or labia
3 Clitoris
1 Vulva
9 Perineum

SEXUAL AND REPRODUCTIVE SYSTEM

Poster and worksheet: The inner parts of the female sexual and reproductive system

Discuss in your groups and match the number with the names of body parts in the diagram below.



Identify which part and put your answers here:

_____ Vagina
_____ Fallopian tubes
_____ Ova

_____ Ovary
_____ Uterus
_____ Cervix

Answer key:

- 1 Vagina
- 4 Fallopian tubes
- 6 Ova
- 5 Ovary
- 3 Uterus
- 2 Cervix

SEXUAL AND REPRODUCTIVE SYSTEM

Basic Facts About The Female Sexual and Reproductive System

A. Outer or external female sexual and reproductive system

Vulva is the word for all of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

The **mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.

Outer lips (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.

Inner lips (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.

Clitoris is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.

Vaginal opening is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.

Hymen is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.

Perineum is the area between the vaginal opening and the anus.

Anus is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

SEXUAL AND REPRODUCTIVE SYSTEM

Basic Facts About The Female Sexual and Reproductive System

B. Inner or internal female sexual and reproductive system

The vagina leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have a lot of nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.

The cervix is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The uterus is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The endometrium is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.

The fallopian tubes are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called fimbria) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slow down the tube towards the uterus.

The ovaries are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (estrogen and progesterone), store immature eggs, and produce mature eggs.

Other (not part of the sexual and reproductive system)

Urethral opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body. It is not a part of the reproductive system but it is found in the vulva.

The bladder is the sac that collects and stores urine.

SEXUAL AND REPRODUCTIVE SYSTEM

Basic Facts About The Male Sexual and Reproductive System

A. Outer or external male sexual and reproductive system

The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, making it the most sexually sensitive organ in males. When stimulated, the penis fills with blood and becomes larger and harder (erect).

The head or tip of the penis, called the **glans**, is the most sensitive part of the penis. In uncircumcised men, a fold of skin, called the **foreskin**, covers the glans. It can be rolled back to show the head of the penis. This skin is removed during circumcision. Both **semen and urine** leave the penis through the **urethral opening** at the tip of the penis. The three functions of the penis are **urination**; **sexual pleasure**, and **reproduction**.

The **scrotum** is a loose bag of skin that hangs behind the penis between the man's thighs. It holds and protects the testicles and the epididymis. The scrotum holds the **testes or testicles** outside of the body to keep their temperature low, so that they can make and **store sperm**. When it is cold, the scrotum pulls the testes up close to the body to keep them at the right temperature. The **urethral opening** is the opening at the end of the penis through which **urine, semen and pre-ejaculatory fluid pass** out of the body.

B. Inner or internal female sexual and reproductive system

Testes or testicles are two oval-shaped glands, each the size of a small egg, that are inside the scrotum. They **produce testosterone** (the main male hormone) and **sperm**. The **scrotum and testes** are sensitive to touch and can be a source of sexual pleasure.

The **epididymis** is a small organ, made of many tiny tubes, that sits on top of each testicle. The **sperm mature** in these tubes and stay there until the man ejaculates. If sperm are not ejaculated after 4-6 weeks, they die and are absorbed into the body.

The **vas deferens** (also known as the **sperm ducts**) are two long, very thin tubes that go from the epididymis to the seminal vesicles. When a man is about to ejaculate, the sperm move from the epididymis and travel through the vas deferens to the seminal vesicles.

The **seminal vesicles** are two small glands that produce about 60% of the semen. When the sperm arrive at the seminal vesicle, they mix with this fluid, which nourishes and protects the sperm.

The **prostate gland** is found just below the bladder. It produces a thin, milky fluid that is a lubricant for the sperm. This fluid mixes with the fluid from the seminal vesicles and with the sperm to make up semen. The prostate is also very sensitive and can give sexual pleasure when massaged.

The **Cowper's glands** are two small glands near the urethra, which produce a basic (non-acidic) fluid. This fluid, called **pre-ejaculate**, comes out of the penis before ejaculation. Urine leaves the urethra acidic; the pre-ejaculate neutralizes the urethra before the semen passes through it to protect the sperm.

The **urethra** is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation.

SEXUAL AND REPRODUCTIVE SYSTEM

Basic Facts About The Male Sexual and Reproductive System

Wet Dreams

Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.

Spontaneous Erections

Spontaneous erections are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touched and they feel no sexual excitement. Teenage boys can have erections 20 or more times a day because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched.

Girls, Wet Dreams and Erections

Girls can also have orgasms during their sleep. These are sometimes also called wet dreams, since their vaginas lubricate or get wet, but they usually don't ejaculate. Girls also have erections. When a girl or woman becomes sexually excited, the clitoris also fills with blood and becomes erect. Because it is relatively small, the erect clitoris is not easy to notice.

MENSTRUAL CYCLE



75 minutes

Objectives: To understand what menstruation is and why it happens, to provide factual information about menstruation, and dispel misinformation. Explain that one of the changes that girls face at puberty is the onset of menstruation.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity



- Flipchart paper, marker pens, tape and scissors, A4 paper
- The menstrual cycle diagram
- masking tape
- microphone
- music (upbeat)

Menstrual Cycle Mechanics:

1. Write the following parts of the menstrual cycle in large letters on separate pieces of A4 paper and mix them up so that they are not in order.
2. Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag:

Menstruation begins.	
During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.	The egg is pulled into the fallopian tube.
The follicle (or sac) that holds the maturing egg releases oestrogen that causes the lining of the uterus to start to build up.	If sperm doesn't fertilize the egg, it disintegrates.
Ovulation - the ovary releases a mature egg.	If the egg is not fertilized, the level of hormones goes down causing menstruation and the next menstrual cycle to begin.

MENSTRUAL CYCLE

2. Write or print "TRUE" and "FALSE" on pieces of A4 paper.
3. Write the word 'menstruation' on flipchart paper. Ask participants: What is menstruation? (Answer: The breaking down of the lining of the uterus.)
4. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.
5. Ask for volunteers to come to the front of the room. Give each volunteer one of the A4 papers that you prepared with the parts of the menstrual cycle on them. Tell them to hold the papers up in front of them and to stand facing the others. Tell them that these papers show what happens during the menstrual cycle. Ask the participants who did not volunteer to put them in the correct order by telling the volunteers holding the papers, which order they should stand in. After they have finished, check the order and make sure it is correct (the correct order is shown above). Then post them in order on the wall and allow the volunteers to sit down. Tell participants that although many eggs may start to mature in step 2, usually only one becomes fully mature.
6. Then ask the participants the following questions:
 - What is the first day of the menstrual cycle? (Answer: The first day of bleeding)
 - How long is menstruation? (Answer: Usually from 3-7 days.)
 - How long does it take the eggs to mature? Point to the third card. (Answer: 10-20 days)
 - How long is it between the beginning of menstruation, card 1 and ovulation, card 4? (Answer: It depends on the woman and on her cycle. It can be from 10 to 22 days long. This is the part of the cycle that can vary a lot.)
 - How long is it between ovulation, card 4, and menstruation starting again, card 7? (Answer: It depends on the woman, but it is usually 12-16 days and is usually the same length in every cycle.)
7. Ask if they have any questions and answer them. Tell participants that there are now an applications for smart phone and websites that help them to track their menstrual cycle.

True or False Activity

8. Tell the participants that they are now going to do a true-false activity to see how much they know about menstruation. Put up two signs in different places in the room, one that says 'True' and one that says 'False.' Tell them that you will read out a sentence and they should go stand next to the sign that they think is the correct answer. Then you will discuss.
9. Read the following statements one at a time. After participants have moved to their signs, ask each group why they are standing at that sign. Then give the correct answer, confirm why it is correct, and provide any additional information, using the information provided, as needed.

MENSTRUAL CYCLE

- ❑ **Some women and girls experience other physical and emotional changes before their periods start.** (True. In the days before menstruation, some girls and women get tender breasts, stomach cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed or irritable. This is called premenstrual syndrome or PMS.)
- ❑ **To know what is normal for her, a girl needs to keep a record of her own menstrual cycle.** (True. Every woman has her own cycle. It is useful for a woman to know her own cycle. To keep a record of your periods, write down the day that bleeding starts in a notebook. You can then count how long your cycle is. You can also write down the day the bleeding stops to find out how long your periods usually last. There are Apps and websites that you can use to track your menstrual cycle.)
- ❑ **When a woman has not had her first period yet, she cannot get pregnant.** (False. Remember that a woman's first ovulation happens before her first period. So when a woman gets her period for the first time, it means that she will have also been able to become pregnant in at least the one cycle before. A girl can even get pregnant right before her very first period because her hormones might already be active. The hormones may have led to ovulation and the building of the uterine wall. If so and the girl has sex, she can get pregnant, even though she has never had a period.)
- ❑ **Having painful periods is more common during adolescence.** (True. Many adolescents have painful periods. They can take a common pain medication like Panadol or ibuprofen. Taking contraceptive pills also reduces period pain. Periods usually get less painful when women are older.)
- ❑ **Some women and girls experience other physical and emotional changes before their periods start.** (True. In the days before menstruation, some girls and women get tender breasts, stomach cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed or irritable. This is called premenstrual syndrome or PMS.)
- ❑ **To know what is normal for her, a girl needs to keep a record of her own menstrual cycle.** (True. Every woman has her own cycle. It is useful for a woman to know her own cycle. To keep a record of your periods, write down the day that bleeding starts in a notebook. You can then count how long your cycle is. You can also write down the day the bleeding stops to find out how long your periods usually last. There are Apps and websites that you can use to track your menstrual cycle.)

MENSTRUAL CYCLE

Emphasize that for young women, it is too risky to try to estimate the “safe days”. Their cycles are often irregular and knowing when your safe days are is complicated and requires taking a special course. *Most important:* There are no safe days when it comes to STIs and HIV.

10. Address any local or traditional myths on menstruation. Emphasize that menstruation is a completely natural process and one that is necessary for people to have children. There is nothing to be ashamed of or to make fun of.

Wrap-up:

Invite questions and comments from the participants and allow general discussion on issues raised. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.

- Menstruation happens when the egg is not fertilized by sperm.
- Every girl is unique and has her own menstrual cycle. She needs to keep track of her cycle.
- Sperm can live in the woman's body for up to 5-7 days.
- It is possible for a girl to get pregnant if she has unprotected sex during her period or in the days immediately after it ends.
- Trying to identify “safe days” is too risky for young women.
- There are no safe days when it comes to STIs and HIV.

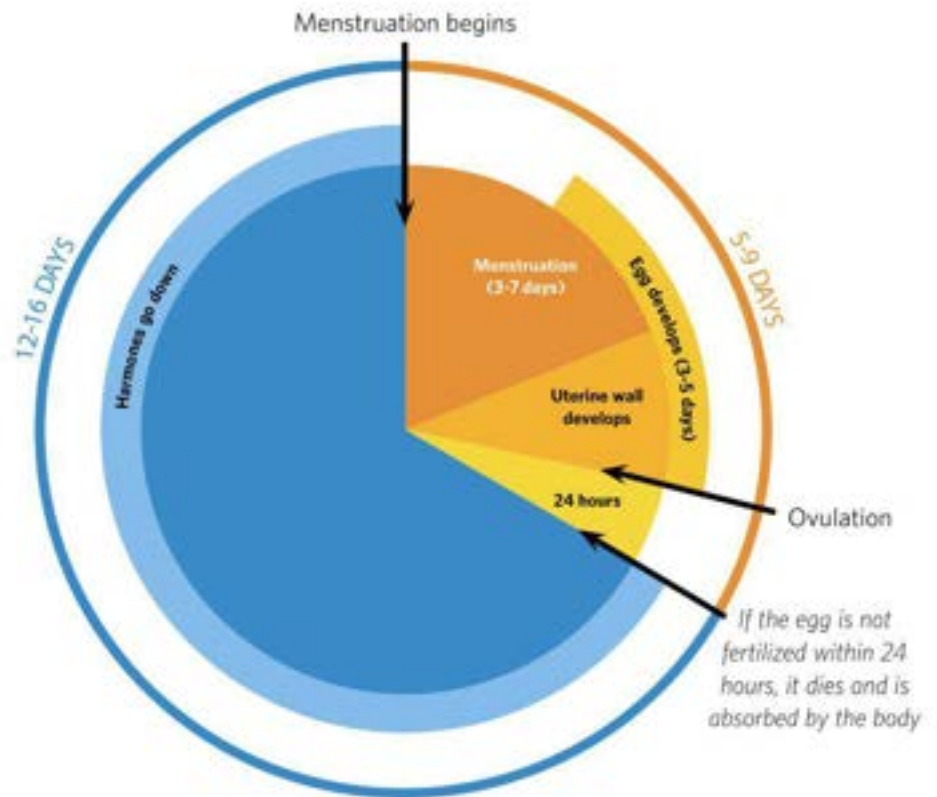
Key Message:

It is important for all to know about and understand menstruation because it is a normal process in the body of an individual with female reproductive system. In the future, males will need to show respect and understanding for their mothers, sisters, friends, schoolmates, and partners who are experiencing menstruation.

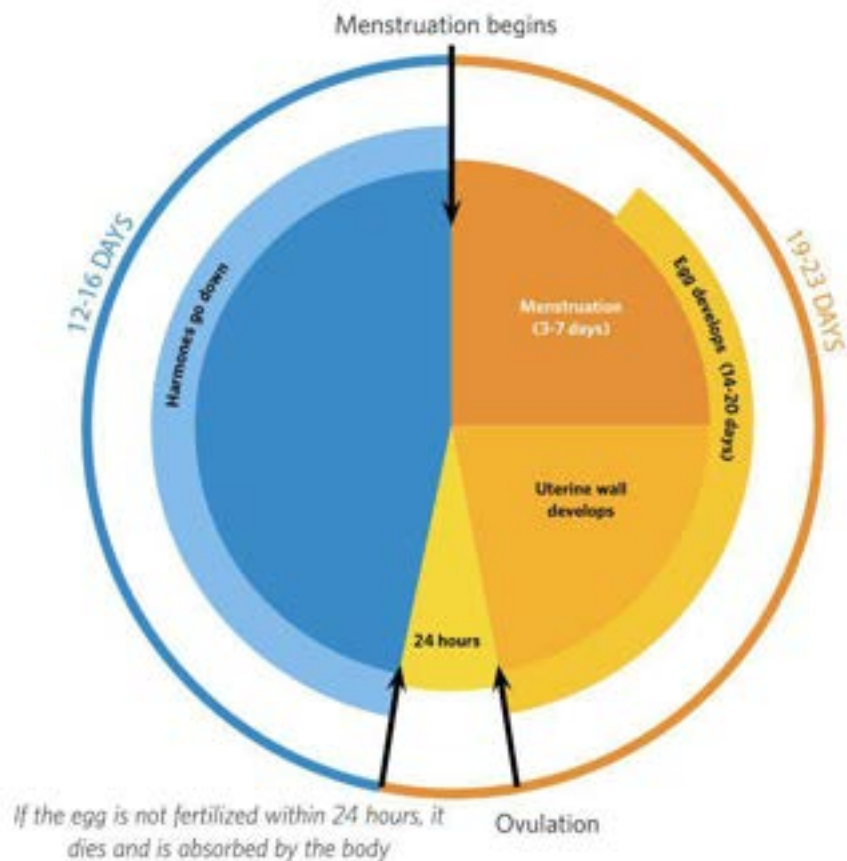
MENSTRUAL CYCLE

Menstrual Cycle Diagram - Short and Long Menstrual Cycles

21-day cycle

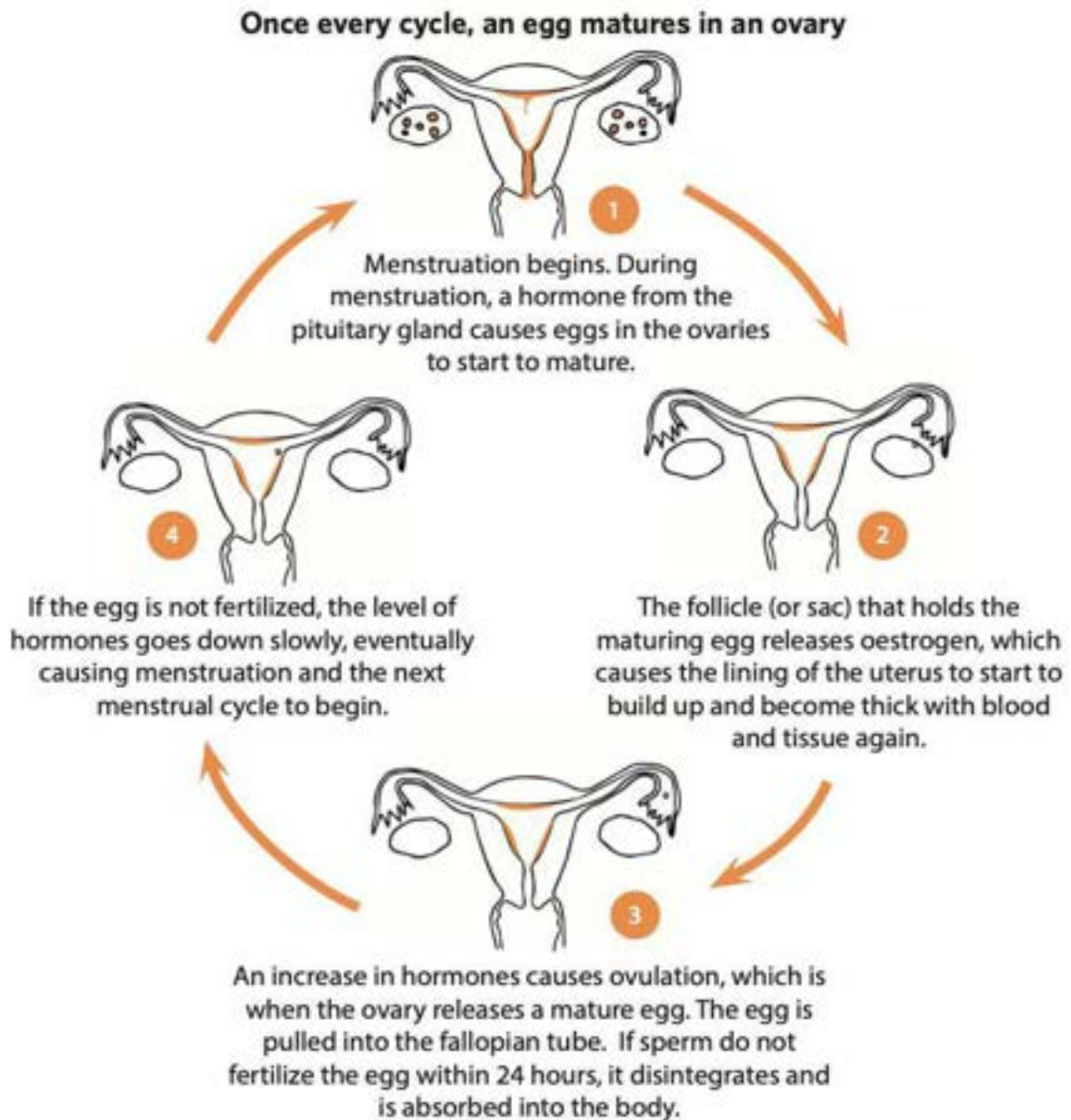


35-day cycle



MENSTRUAL CYCLE

Menstrual Cycle Process Diagram



MENSTRUAL CYCLE

Basic Facts About Menstrual Cycle

Menstruation is nature's way of preparing a woman's body for pregnancy.

Most girls start menstruating between the ages of 9 and 16. They will continue to menstruate regularly, unless they become pregnant, until menopause, which happens between the ages of 45 and 55.

The menstrual cycle has two main parts – pre-ovulation and post-ovulation. Pre-ovulation varies in length by woman and by cycle. It is usually between 15-17 days long, but can be as short as 9 days or as long as 23 days. It begins with the first day of menstruation and ends with ovulation. Menstruation happens when the lining of the uterus breaks down and leaves the body. It usually lasts from 3 to 7 days.

During menstruation, eggs begin to mature again. Usually only one will become fully mature. After menstruation, the lining of the uterus begins to thicken again. When the egg has matured, hormones cause it to be released from the ovary. This is called ovulation. It usually occurs 12-14 days before the start of the next menstrual bleeding, but can be anywhere from 8-17 days before menstruation.

After ovulation, the finger-like ends of the fallopian tube pull the egg into the tube. If the egg meets sperm in the fallopian tube, it may be fertilized. If this happens, the fertilized egg is moved down the tube to the uterus. When the egg reaches the uterus, it attaches itself to the lining and the woman becomes pregnant.

If the egg is not fertilized within 12 to 24 hours, it dies and is absorbed by the body. The woman's hormone levels will go down and, usually after 12-16 days, the next cycle and menstruation start again.

Depending on the woman, the cycle may be from 20 to 35 days long or longer. A woman's cycle length often varies from month to month and it changes with age. During the first few years of menstruation, many girls miss periods or have irregular periods and the number of days between their periods may vary greatly.

Things like travel, stress, depression, poor diet, and illness can also affect the length of the cycle. Depending on the length of a woman's cycle, the fertile period may or may not be in the middle of it. Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every woman to know her own cycle.

MENSTRUAL CYCLE

Basic Facts About Menstrual Hygiene and Personal Care Products

There are some products that can be used to catch the blood as it leaves the uterus. The most common products available are sanitary pads and cloths. If a girl has just started menstruation and is not regular yet, she may want to a pad or cloth with her in her handbag. If menstruation comes unexpectedly and she does not have one of these products, she can use a clean piece of cloth or tissue for the same purpose.

Sanitary pads

Sanitary pads are rectangular pieces of material worn in the underwear to absorb menstrual blood flow. Sometimes they have 'wings', pieces that fold around the underwear and/or a sticky backing to hold the pad in place. These pads should be changed regularly and thrown out after use. Sanitary pads come in many sizes and thicknesses—each girl will be able to find one that is comfortable for her. Girls should remember to change pads about every four hours and be careful about washing their hands afterwards.



Reusable rag or cloths 'Pasador' and menstrual cups

Clothes, rags can be made using layers of old fabric. A menstrual cup is a type of reusable period product. It's a small, flexible funnel-shaped cup made of rubber or silicone that you insert into your vagina to catch and collect period fluid. It is essential that these are washed regularly and kept clean.



You can wear a menstrual cup for 6 to 12 hours, depending on whether or not you have a heavy flow. This means you can use a cup for overnight protection. You should always remove your menstrual cup by the 12-hour mark. If it becomes full before then, you'll have to empty it ahead of schedule to avoid leaks.

After each use, cloths and cups need to be washed properly with water and soap. Once they are washed, it is important to dry them properly as if they are damp, they may cause infection. For the cloths, the best place to dry them is in the sun. Using cloths that are not washed and dried correctly can cause infection.

Note that tampons can also be used as long as it must be properly used and removed to avoid unnecessary infections and health issues.

MENSTRUAL CYCLE

Basic Facts About Menstruation Myths and Facts

Myths	Facts
<ul style="list-style-type: none">● If you shower or take a bath during your menstruation you will get sick.	<ul style="list-style-type: none">● It is recommended that during menstruation you wash regularly to keep the body clean. A warm bath can also sooth or relax menstrual pains.
<ul style="list-style-type: none">● When menstruating, women should stay in bed and avoid strenuous activity.	<ul style="list-style-type: none">● Women are not weak during their pregnancy and generally can get on with usual day-to-day activities.
<ul style="list-style-type: none">● Menstrual blood is toxic or unclean.	<ul style="list-style-type: none">● Menstrual blood is not toxic or unclean, there is no need to use vaginal cleansers during menstruation.
<ul style="list-style-type: none">● Eating certain foods will shorten or delay the menstrual period.	<ul style="list-style-type: none">● Menstrual periods last longer for some women than others. It is important to eat well but no food will alter the duration of the menstrual cycle.
<ul style="list-style-type: none">● It is not possible to get pregnant during the menstrual period.	<ul style="list-style-type: none">● It is possible to get pregnant if you have sexual intercourse during menstruation.

MENSTRUAL CYCLE

Basic Facts About Nutrition and Exercise during Menstrual Cycle

Cycles	Menstrual (1-5 days)	Follicular (6-14 days)	Ovulatory (15-17 days)	Luteal (18-28 days)
What's Happening	Estrogen and progesterone are both low, and the endometrium, the lining of the uterus sheds, causing bleeding.	Estrogen and progesterone levels are rising.	Estrogen peaks. Testosterone and progesterone are on the rise.	Estrogen and progesterone levels starts high. If the egg isn't fertilised, then hormones decrease and the menstrual cycle starts again.
How You Feel	Your body has the lowest energy levels than in any other phase.	More energy and brain power.	Feeling confident, energetic, excited, and sociable	Different levels of energy and social connection throughout the phase. Attention turns inward as you prepare to begin another cycle.
What to Eat	Warming or comfort foods like stews and foods rich in iron, like blood-building red meat, and B vitamins to support blood loss and energy levels	Foods high in Vitamin E (like sweet potatoes, walnuts, spinach, and broccoli) for ovary support and lots of protein paired with greens for estrogen support.	Cruciferous vegetables like cauliflower and brussel sprouts to flush out excess estrogen, as well as foods rich in magnesium like dark chocolate and spinach to steady the hormones.	Grounding foods like warming soups and root vegetables. Foods high in Vitamin C will aid in progesterone production and eliminate excess estrogen
How to Exercise	Gentle yoga, pilates, or walking. Aside from craving rest and rejuvenation, you are also most susceptible to pain during this time so stay away from high-impact workouts that can stress uterine ligaments.	Intense workouts like heavy weights and High Intensity Training.	High-impact workouts feel more invigorating rather than exhausting now that you're up for a challenge. Group fitness classes make you feel socially connected.	Keep moving to prevent sluggishness and bloating once your period starts but start dialling down the intensity of your workouts, focusing more on stretching and restorative yoga.
Mental/ Social Activities	Focus on slowing down and relaxing. Look inward, write down goals for the month, and try not to schedule any social plans this week. Cater to your need for rest and alone time. Prioritise self-care and take advantage of higher levels of delta brainwave activity by doing something creative.	Time to strategise and problem solve. Try a new social activity and schedule work meetings this week.	Schedule a date night, socialise, and network to satisfy your need for social connection. Now that your head is clear, have that tough conversation that you've been putting off.	Stay home, get enough rest while still being productive. Check off items on your to-do list so you have more time for rest during the menstrual phase.

SEX AND GENDER



60 minutes

Objectives: To define “sex” and “gender” and to distinguish between which characteristics attributed to males and females are biological and which are socially determined; to strengthen critical thinking and creative writing skills.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Sex and Gender, what’s the difference Mechanics:

1. Divide the participants into two to four groups - depending on their numbers (single sex or not).

Assign each group the following:

Group 1: Female

Group 2: Female

Group 3: Male

Group 4: Male

1. Ask each group to write and identify personality traits, abilities, and roles (‘attributes’) that are often associated with female and male; these may include stereotypes prevalent in the participants’ communities. Write down their suggestions to their assigned group. Ensure that participants provide examples related to reproductive health. Here is an example.

Girls and young female:

- Are biologically more susceptible to STIs and HIV
- Are at greater risk of morbidity and mortality
- Experience higher rates of sexual violence and coercion
- Are expected to care for children
- Are unable to negotiate condom use effectively

Boys and young male:

- Experience peer pressure to be sexually active
- Are taught to dominate and control
- Do not feel comfortable using reproductive health services
- Tend to avoid responsibility

SEX AND GENDER

3. Ensure that they include positive and negative words or phrases. Also, add biological characteristics (such as female have vaginas, male can grow beards, male have penises, female can breastfeed, male experience wet dreams, etc.) if none are suggested by the participants.
4. Working down the list, ask the participants whether male can exhibit the characteristics and behaviours attributed to female and vice versa. Mark or encircle those attributes usually not considered interchangeable and label them as 'sex'. To save time, it is not necessary to discuss each term separately. However, make sure that all the words labelled or identified as 'sex' are discussed.
5. Expect participants to debate the meanings of some words – one of the goals of this exercise is to demonstrate that people assign different meanings to most characteristics that are gender-based.
6. Be prepared to handle discussions about different types of sexuality. It can be useful to distinguish 'sexual orientation' or 'sexual identity' from gender. If necessary, provide simple definitions for 'sexual orientation' and 'sexual identity' on a flip chart or an overhead transparency. Point out that no matter what individual's sexual orientation or identity is, everyone is influenced by social expectations regarding their behaviour and roles according to their biological sex.
7. Ask participants what the main points of the activity were. Add any of the following that they do not mention: Explain that **sex** has to do with biological and genetic matters, whereas **gender** refers to socially constructed roles, responsibilities, and expectations of males and females in a given culture or society. These roles, responsibilities, and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and media. They are also influenced by custom, law, class, ethnicity and individual or institutional bias. The definitions of what it means to be female or male are learned, vary among cultures, and change over time.

Point out that many people confuse sex with gender or vice versa. The word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on application forms).

Wrap-up

Stress that stereotyped ideas about female and male qualities can be damaging, because they limit our potential to develop the full range of possible human capacities. By accepting these stereotypes, we restrict our own actions and lose the ability to determine our own behaviour, interests, or skills. For example, as a result of gender stereotyping, men are discouraged from participating in 'women's work' (such as childcare), while women are dissuaded from choosing careers that are traditionally male-dominated (such as engineering). Emphasize that refusing to be stereotyped does not mean that we cannot enjoy displaying qualities that are usually associated with our own sex, but that it is important for all of us to make our own decisions about what we do.

Key Message:

Knowing that gender is something that is created by society, that it varies from culture to culture and that it changes over time, we can realize that it is something that we can also work to change.

SEX AND GENDER

Basic Facts About Sex and Gender

Sex refers to the biological differences between males and females. These differences are concerned with physiology and are generally permanent and universal. Sex identifies a person as male or female: type of genital organs (penis, testicles, vagina, womb); type of predominant hormones circulating in the body (estrogens, testosterone); ability to produce sperm or ova (eggs); ability to give birth and breastfeed children.

Gender refers to the socially constructed roles, responsibilities, and expectations of males and females in a given culture or society. These roles, responsibilities, and expectations are learned from family, friends, communities, opinion leaders, religious institutions, schools, the workplace, advertising, and the media. They are also influenced by custom, law, class, ethnicity, and individual or institutional bias. The definitions of what it means to be female or male are learned, vary among cultures, and change over time.

If anyone asks about dictionary definitions of sex and gender, point out that dictionary definitions tend to define sex and gender in a similar way, but that in peer education training, we use a social-science definition of the term 'gender'.

SEXUALITY: BODY TALKS



45 minutes

Objectives: To get participants to speak more freely and feel more comfortable when talking about sexuality and the parts of the reproductive and sexual organs. By the end of the activity, participants will be able to talk about sexuality more easily.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Body Talks Mechanics:

1. Explain that communication about sexuality and our sexual body parts is important. Write the headings 'Male Sexual Organs,' 'Female Sexual Organs', and 'Sexual Intercourse' at the top of three pieces of flipchart paper and put them up on the wall. Divide the participants into 3 groups, and have each group stand in front of one paper.

2. Tell the groups that when you say 'start', they should brainstorm all the words they know for their topic. They can be slang, scientific words, children's words, medical words, or vernacular.

3. After just 2 minutes make the groups stop and move to the next flipchart where they will read what the previous group wrote and then add any other words they can think of. Stop them again after 2 minutes, and repeat the process a final time.

Wrap-up:

Ask for volunteers from each group to read out the lists. Then ask them:

- How did you feel doing this activity?
- Why did we do this kind of activity? (Answer: For fun, to laugh, to become more comfortable talking about sexuality in an open way, to get over our nervousness.)

Emphasize that as a peer educator they need to be prepared to speak more freely and comfortably when talking about sexuality and the parts of the reproductive and sexual organs. But, it is important to note that it is a process. Other people will be needing more time to be comfortable in talking these terms in an open and comfortable manner, hence, emphasis on being respectful is important.

SEXUALITY: SOURCES OF LEARNING



45 minutes

Objectives: To understand what 'sexuality' means and how it differs from 'sex'; to discuss where young people get information about sexuality and the types of information that they get. Identify at least five sources of information about sexuality in their own lives. Explain which sources are reliable and which are not.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Sources of sexual learning Mechanics:

1. Write the words 'Sex' and 'Sexuality' on flipchart paper. Ask participants what they understand the words to mean.

2. Write the responses on flipchart paper under the respective word.

3. Then use their responses to come up with definitions similar to the following:

- **Sex** is the biology of being male or female. A person's sex is determined by their chromosomes, hormones and genitals. A person's sex is usually assigned at birth based on their genitals. The term 'sex' is also short for sexual intercourse. Sex is an important part of one's sexuality.

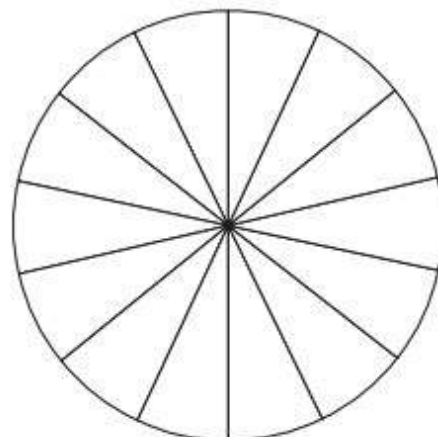
- **Sexuality** is much more than sexual intercourse.

It is an important part of who we are as people and includes all the feelings, thoughts, and behaviours of being male or female.

Explain that people are sexual and express their sexuality even if they do not have sexual intercourse. Sexuality is expressed from birth to death in so many ways, for example, in the ways they walk, talk, dress, show love to another person and so on.

4. Draw a circle with pie slices, like an empty pie chart, on a sheet of flipchart paper and label at the top 'Sources of sexual learning'.

Sources of sexual learning



SEXUALITY: SOURCES OF LEARNING

5. Ask participants to brainstorm all the people, places and things that teach us about sexuality, especially those that adolescents and young people learn from. Write their responses into slices of the pie. You may need to add more slices as they give additional responses.

Make sure to include following examples:

- Friends and peers
- Parents
- Other family members (aunties, uncles, brothers, sisters, cousins, grandparents)
- Boyfriends, girlfriends and sexual partners
- Teachers
- Health workers, clinic workers
- Ourselves (our own experiences)
- Animals
- Religion
- Books
- Media (radio, TV, newspaper, magazines)
- Social media (Facebook, WhatsApp)
- Internet, websites
- Music and art (for example, movies, dramas, dances and songs)
- Cultural rites, such as initiation ceremonies
- Pornography
- Trainings and workshops
- Youth clubs and organisations
- Laws and policies

6. Ask the participants:

- Which of these sources of information about sexuality are the most important sources to you (where you got the most information)?
- Which are the most reliable? Check those that are reliable.
- Which are not reliable? Mark these with a red “X”.
- Which do you wish gave you more information?
- What are some examples of the different types of information you get from different sources? (Possible answers: Friends can give you misinformation. Religion gives information on values and morals. The law tells us the age at which we can have sexual intercourse and get married.)

SEXUALITY: SOURCES OF LEARNING

- What do you think about what you learn from pornography (or blue movies)? Is it real? Emphasize that most of what you see in pornography is not like real life. A lot of it is fake. The bodies are fake, for example, the women have had surgery to make their breasts larger. The pleasure is faked, especially for women – they are not actually having orgasms. The sexual acts are exaggerated – for example, they are very hard or they are not common, for example, the man pulls out to ejaculate on the woman's body. And often no one is wearing a condom, so they are not safe.

- What would you do if you heard something and you were not sure if it was true or not?

7. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.

Wrap-up

- Sex is the biology of being male or female. It also refers to sexual intercourse.
- Sexuality is much broader than sex. It includes sexual behaviour, but also includes the feelings, thoughts, and behaviours of being male or female.
- We learn about sexuality from many different people, places and things, including our own experiences.
- We need to make sure the source is reliable before we believe what we hear about sexuality and sexual health.

Key Message:

As we grow up we are influenced by everything around us. We get information about sexuality from many sources, but not all of it is correct. Most people do not know a lot about sexuality unless they try to find correct information.

Human sexuality is an important part of who we are. Knowing about sexuality can help us understand the different feelings that we experience and how to manage them.

SEXUALITY: COPING WITH ATTRACTION



45 minutes

Objectives: To think about what to do when one experiences feelings of sexual attraction.

- To explain several options for what young people who are falling in love and feeling sexual attraction and desire can do.

- To give their opinion about the different sexual expectations society has for males and females.



- read the fact sheet, mechanics, concepts and the sample statements
- find out the legal age of consent to have sex in your country.
- copy the story and questions below onto a sheet of flipchart paper.
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Coping with attraction Mechanics:

Betty and Jose

Betty is 14 years old. She met Jose, who is 28, at the school fair two months ago and they have become good friends. Lately Betty has been thinking about Jose a lot and feels like she always wants to text him or be with him. Both Jose and Betty think that they are falling in love with each other. They spend a lot of time doing things together and they sit close to each other and hold hands a lot. Jose's feelings for Betty are getting stronger too.

Sometimes when they are together he wants to kiss and touch her. Betty too is longing to kiss Jose and to be in his arms – it just seems like the right thing to do.

- What is happening to Jose and Betty?
- Does this happen in real life?
- What do you think Betty and Jose should do? Why?
- What would you do if you were Betty or Jose? Why?

1. Post the flipchart paper on which you wrote the story. Then ask for a volunteer to read it aloud to the whole group. Ask another participant to read the questions.

2. Divide the participants into small groups and tell them to discuss the questions.

3. After 10 minutes, bring participants back together to share their responses to the questions.

SEXUALITY: COPING WITH ATTRACTION

4. Generate a discussion by asking the participants the following questions:

- If Jose starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: He will get an erection, his heart may start beating faster.)
- What about Betty – what will happen to her body? (Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster.)
- If they get sexually aroused, do they have to have sex? (Answer: No.)
- What is the age in [Philippines] at which a young person can legally agree to have sex?
- Do you think Jose and Betty are ready to have sex? Why or why not?
- What other things can they do instead of having sex?
- What does our society expect Jose to do as an adult when it comes to sex?

Probing questions:

- What do people say about guys and sex?
- How are boys supposed to behave when it comes to sex?
- What does our society expect Betty to do as a girl when it comes to sex?

Probing questions:

- What do people say about girls and sex?
- How are girls supposed to behave when it comes to sex?
- What effect do these messages have on boys?
- Probe for effects on their attitudes, desires, expectations and behaviours.
- What are the bad effects on them?
- What effect do they have on girls? Probe as above.
- What is your opinion about expecting one thing from boys and the other from girls (e.g.

that boys should be sexually experienced; girls should be virgins)?

Generate a discussion about whether this makes sense by asking questions that make the participants think and challenge gender norms. Such as, does it make sense to have two different standards? If both boys and girls follow this, who will boys have sex with? Challenge the group and let them reflect when the other partner is a minor and the other one is 5 or more years older.

Note to facilitator: Use the Basic Facts About Coping with sexual and intimate feelings below to add to what participants say if needed. Don't lecture them - focus on getting them to share their ideas with each other.

5. Ask for comments and questions from the participants and discuss these.

SEXUALITY: COPING WITH ATTRACTION

Wrap-up

- Being attracted to someone is part of starting and building relationships and friendships.
- Sexual desire and excitement does not have to lead to sexual activity of any kind.
- Only YOU can make decisions about what you will and will not do.
- Society gives different messages about men and women's sexuality. These affect our sexual attitudes, desires, expectations and behaviours.
- If you are getting into an intimate, romantic relationship with someone, it is important to talk to him or her about your sexual feelings, values and how you want to handle them. If you can't talk about sex with someone, you aren't ready to have sex with them!

Key Message:

Young people need to spend time getting to know each other as individuals and not rush into sexual intercourse as a way of expressing their emotional or sexual feelings. During adolescence, we naturally start to become aroused by someone or something. During this time, some young people will feel attracted to the opposite sex and some will realise that their romantic and sexual attraction is to the same sex or to both sexes.

Basic Facts About Coping with attraction

It is natural and normal for us to feel sexually aroused by something or someone. This can happen at any time and does not mean that we are looking for sex. The way people dress, the way they smile, walk and talk can stir feelings of attraction and desire inside others. This is just our sexuality expressing itself – it is our body's way of acknowledging ourselves and others as sexual beings.

Feeling turned on does not mean that one has to have sexual intercourse. It means the person has a strong feeling of attraction to another person or to the thought of a sexual behaviour. They may or may not want to express it and it may or may not be through sexual intercourse. Society's different messages to boys and girls about their sexuality influence how they experience and handle their feelings of sexual attraction and arousal. Most girls are taught that they should keep their virginity and that having sex is shameful; if they are sexually experienced, they may be seen as loose or worse. On the other hand, although boys and men also need intimacy, in most societies they are encouraged to become sexually experienced. They may feel that being a virgin is shameful, so they may want to move into a sexual relationship before the couple really knows each other well. These behaviours are stereotypical and young people should be encouraged to know themselves and what is right for them rather than to follow gender stereotypes.

Getting to know one another intimately is important in building a strong relationship. It also helps for a couple to talk about the sexual feelings that they have so they can make a decision about how to handle them. There are many pleasurable things that two people who are attracted to each other can do without having sexual intercourse.

SEXUALITY: LET'S TALK ABOUT SEX



45 minutes

Objectives: To enable participants to find out more about sexual behaviour; and to build their comfort and ability to talk about sex more openly.

- Talk and ask questions about sex more openly.
- Participate in a dialogue about how young men and women feel about sex.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Let's talk about sex Mechanics:

Note to facilitator: Depending on age, culture, religious beliefs and attitudes, talking about sex may be a sensitive issue. This exercise provides a chance for young people to ask each other questions about sex and discuss answers together in an open way. The facilitators should introduce the topic carefully and be clear about the purpose of the exercise.

1. Divide participants into same sex groups and give each person a slip of paper. Tell them that this is their chance to ask any question about sex that they wish to ask members of the opposite sex. No one will know who wrote which question. Give them a few minutes to write their question. Then ask them to fold the paper.
2. Collect all the questions in one bowl. Ask the groups to discuss each question together and come up with an answer. Circulate while they are working to help them as needed.
4. Come back together and share the questions and answers in the big group. Allow the group to respond or clarify points, if necessary. Correct any misinformation that comes up.
5. Ask participants:
 - How did you find the exercise?
 - What did you learn?
 - What were some differences in the questions and answers of the guys and the girls?

Wrap-up: Ask the participants to summarize what they learned or understood doing the activity.

Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about. We need to learn to talk about sex more openly. Talking more openly can help us take care of sexual health and to enjoy our sexual relationships more. Because sexuality is not often talked about in many societies, many people do not understand how their own body works sexually. Some people base their ideas about sex on what they see in the movies, in pornography or in stories that they hear from other people, which are often unrealistic or even completely false. In the next session, we will learn about how our bodies respond to sexual stimulation.

SEXUALITY: SEX WHAT'S THE TRUTH



60 minutes

Objectives: To correct misinformation about sexuality and sexual behaviour. • Identify common myths about sex. • Provide correct information in place of those myths.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Sex what's the truth Mechanics:

1. Tell participants that you are going to read statements about sexual behaviour and they will decide if the statements are true or false. Then you will discuss together and sort out the myths or wrong information from the facts.

2. Read the statements in the 'Sex, What's the Truth?' chart below one at a time. Ask the participants to write down their answer as you read each one. If your participants have good literacy skills, ask them to write their answers. If they are not very literate, put up True and False signs and have them stand by the signs according to their answers. Then ask one person to explain their answer. Ask other participants if they agree or disagree and why.

Encourage and affirm those who have the right information. Get as much of the information as possible from the participants themselves and make sure the full explanation comes out by asking questions as needed. Use the information provided below as needed. Continue in this way through all of the statements.

3. Ask participants the following before reading the Sex, What's the Truth statements.

- What else have you heard about sex that you aren't sure if it is true or not?
- Why are there so many myths about sex and sexual behaviour?
- How can we make sure that we have the right information?

4. Ask for comments and questions from the participants and discuss the following statements.

SEXUALITY: SEX WHAT'S THE TRUTH

Sex - What's the truth?	True or false?
1. Masturbation is harmful.	False. Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems. However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.
2. If a girl is a virgin, she will bleed the first time she has sex.	False. Bleeding happens when the hymen is torn. However, some girls are born without hymens. Hymens can also easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. So, not bleeding does not mean a girl has had sex before.
3. It's the man's role to initiate sex.	False. In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. Women can initiate sex when they want it. Even those who follow traditional gender roles often have a way to indirectly communicate their desire for sex to their partners.
4. Many women do not have orgasms from vaginal intercourse alone.	True. Many women, about 70-75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.
5. The first time a woman has sex, it will hurt.	False. The first time a woman has sex, it may or may not hurt. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. Her partner can also start by inserting fingers to gently stretch open the hymen, if the woman has one. If a woman feels nervous or afraid, the couple may want to wait.
6. Masturbation helps people learn about their body's sexual response.	True. Masturbation is one of the best ways to learn about and understand how one's body responds to sexual stimulation. It can help women learn how to have orgasms.
7. Once a man gets sexually excited, he cannot control himself.	False. He may not want to control himself or stop, but all humans, male and female, can always stop at any point in a sexual experience. Some men believe that if they get really sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but it will go away on its own.
8. The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them.	True. Every person has their own preferences and things which 'turn them on.' Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.

SEXUALITY: SEX WHAT'S THE TRUTH

Sex - What's the truth?	True or false?
9. Most men will at some time lose their erection during a sexual experience in their lives.	True. Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.
10.If the man has a big penis, his partner will feel more pleasure	False. Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the man does, not his size, that is important. In fact, very large penises may be uncomfortable or even painful for some women. Also remember that most women do not have orgasms from vaginal sex alone.
11. The right age to have sex is 18.	False. There is no right age to have sex. Each person has to decide for themselves when they feel ready to have sex. It may depend on their relationship, values, and feelings. On the other hand, all countries have laws that say how old a person has to be to be able to agree to have sex. Before that age, the person is considered too young to make this decision.
12.If a man can keep vaginal intercourse going long enough, the woman will have an orgasm.	False. As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.

Wrap-up:

Ask participants to summarize what they learned from this activity. Add any of the following points that are not mentioned.

- Masturbation can be helpful to learn about one's body and to solve sexual problems.
- A girl may or may not bleed the first time she has sex.
- Most women need to have their clitoris touched to reach orgasm.
- To know how to please your partner, talk to them.
- Most men will at some time lose their erections during sexual experiences.
- There is no right age to have sex – it will depend on the person's relationship, values, and feelings. But there are also legal ages to consent to sex in each country.
- If you aren't sure about something you heard about sex or sexuality, check it with a reliable source before you believe it.

Sexuality is much more than sex – it is an important part of who a person is and of life. Sexuality is shaped by the messages and values that a person learns from their family, from society and by other influences. Being attracted to someone is part of building friendships and relationships, but attraction does not have to lead to sexual intercourse. Young people, both males and females, need to be comfortable talking about sexuality and learn to be honest with each other about how they feel and what they want in a relationship.

SEXUALITY: IMPORTANCE OF CONSENT AND CHOICE



60 minutes

Objectives: To enable participants to find out more about sexual behaviour; and to build their comfort and ability to talk about sex more openly. • Talk and ask questions about sex more openly.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Importance of consent and choice Mechanics:

1. Explain that there are many different forms of sexual activity. There are also many reasons why couples engage in sexual activity (not just to make a baby, also to show love and for pleasure). Many people prefer to abstain from sexual activities until they are married. The important thing to note is that the kind of sexual activity that a person engages in is their choice, this includes in marriage. No one should be forced to have any form of sexual activity that they do not choose.
1. Ask participants to work in groups **rank the collection of cards** to show which they think are the most to the least important when a couple is deciding whether to engage in sexual activity together. After the ranking they should report back and explain why they put some items at the top and others lower down.
1. Explain that when deciding to participate in sexual activity, people may consent to some activities and not to others. This is an individual choice, and everyone has the right to decide which sexual activities they will and won't be involved in. In relationships, this means that both partners must feel comfortable with the activities they participate in, and both must consent to each activity.
1. Ask participants the following questions. In a romantic relationship...
 - Do you need consent to hold someone's hand? YES!
 - Do you need consent to kiss someone on the mouth? YES!
 - Do you need consent to touch someone on their body? YES!
 - Do you need consent to have sexual intercourse with someone? YES!

SEXUALITY: IMPORTANCE OF CONSENT AND CHOICE

5. Point out that all of these activities involve touch and therefore require consent from both people involved. To force sexual contact at the lower end is a form of sexual harassment.

Some kinds of forced sexual contact are called **sexual harassment** (bold). Other kinds of forced sexual contact are even more serious, called **sexual assault or rape**. These are all crimes. A good rule to remember is that you must have permission from the other person to have any form of sexual contact with them. The more sexual the act, the more there is need for extra-careful checking about consent. If the person is not old enough to give permission, you should not have any sexual contact with them. **Children must not be forced or tricked into giving consent.**

6. Remind the group that it is a person's right (regardless if they are male or female) to choose not to have sexual activity, even in a marriage relationship.

7. One of the best ways to determine if someone is uncomfortable with a situation, especially in a sexual one, is to simply ask. Here are some examples of questions you could ask:

- Are you happy with this?
- Could we conceive a child and is this what we want right now?
- Is this right for both of us?
- Will either of us regret this later?
- Do you want to stop?
- Are we protected?
- Could either of us pass on an infection?

8. If you get a negative or non-committal answer to any of these questions then you should stop what you are doing and talk to them about it. They may be too afraid to speak to tell you that this is not acceptable to them.

9. We must also remember that just because someone consents to a particular activity at one time, it doesn't mean that they will continue to say yes. They may say no at another time.

Wrap-up:

Choosing to when or if to become sexually active is an important life decision. It is important for people to think carefully about their beliefs and values, as well as about their practical and personal needs, and those of their partner. Everyone has the right to decide which sexual activities they will and won't be involved in. In relationships, including in marriage, this means that both partners must feel comfortable with the activities they participate in, and both must consent to each activity.

SEXUALITY: IMPORTANCE OF CONSENT AND CHOICE

Importance of Consent and Choice Cards

The partners have had a sexual health check if they have had any prior sexual intercourse
The partners believe the time is right for both of them
The partners have enough money to support themselves
The partners like each other
The parents of the partners accept their relationship
The partners are beyond the legal age for sexual consent
The partners respect each other
The partners can communicate well with each other
The partners have the same religion
The partners have the same level of education
The partners come from families who know each other
The partners have met each others parents
The partners have their parents' permission

SEXUALITY: IMPORTANCE OF CONSENT AND CHOICE

Importance of Consent and Choice Cards

The partners have arranged a family planning method if they are not ready to make a child
The partners have had a sexual health check if they have had any prior sexual intercourse
The partners believe the time is right for both of them
The partners have enough money to support themselves
The partners like each other
The parents of the partners accept their relationship
The partners are beyond the legal age for sexual consent
The partners respect each other
The partners can communicate well with each other
The partners have the same religion
The partners have the same level of education
The partners come from families who know each other
The partners have met each others parents
The partners have their parents' permission

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH



75 minutes

Objectives: To enable participants to find out more about sexual behaviour; and to build their comfort and ability to talk about sex more openly. help you evaluate your biases regarding Pleasure and youth CSE.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, printed tool
- masking tape
- microphone
- music (upbeat)

"Check Yourself": Self-Assessment of biases regarding pleasure, and youth CSE Mechanics:

This is a tool to help you evaluate your biases regarding Pleasure and youth CSE. There are three stages to the evaluation:

- 1. Complete the chart by reading the prompts, and (without spending too much time on them) selecting your answer on a scale of 1 to 5 (1 being you don't agree, and 5 being you wholeheartedly agree).** Some of the prompts are intentionally provocative, so as to help you define where your boundaries and biases are, we encourage you to treat this as an entirely personal experience that you do not have to share with anyone - this will allow you to be the most honest with yourself whilst using the tool.
- 2. Review your responses and evaluate which of the ratings are most likely going to show up in your work** - either because you are **more reserved** than your audience or the objectives of the project/program, or because you are **more open-minded** than your audience or other stakeholders involved in the project/program.

Now deepen the self-assessment by considering the following questions:

- ➔ What social pressures led you to form these opinions?
- ➔ How do these opinions harm, influence, pressure, or support other people who have similar or different opinions?
- ➔ If this is the first time you are considering your point of view on a specific matter, why do you think you haven't done so before? How might you encourage others to explore their opinions on the matter in a constructive way?
- ➔ Were there any responses to the prompts that you recorded based on what you think you should believe/rate, instead of what you actually believe? Why do you think that is?

- 1. Make a conscious effort to keep these responses in mind**, and to "check yourself" when you notice them interfering with your efforts, or when something in your work triggers a related unhelpful reaction.

Nickname: _____

Age: _____

Tool "Check Yourself": Self-Assessment of biases regarding sex, sexuality, sexual behavior and pleasure

This is a tool to help you evaluate your biases regarding Pleasure, sex, sexuality, and sexual behavior. There are three stages to the evaluation:

1. **Complete the chart by reading the prompts, and (without spending too much time on them) selecting your answer on a scale of 1 to 5 (1 being you don't agree, and 5 being you wholeheartedly agree).** Some of the prompts are intentionally provocative, to help you define where your boundaries and biases are, we encourage you to treat this as an entirely personal experience that you do not have to share with anyone - this will allow you to be the most honest with yourself whilst using the tool.
2. **Review your responses and evaluate which of the ratings are most likely going to show up in your work** - either because you are **more reserved** than your audience or the objectives of the project/program, or because you are **more open-minded** than your audience or other stakeholders involved in the project/program.

	1	2	3	4	5
Pleasure					
"Real" sex must include any type of penetration (ex. vaginal, anal, oral).	•	•	•	•	•
Safe sex is great because it reduces risks, but it's less enjoyable than unprotected sex.	•	•	•	•	•
People with a penis can enjoy sex more than people with a vulva.	•	•	•	•	•
People with vulvas should always naturally produce lubrication during sex.	•	•	•	•	•
Sex toys can be amazing Pleasure accessories during sexual activity between consenting partners.	•	•	•	•	•
It's only sex if you're doing it with at least one other person.	•	•	•	•	•
Sex is better when you love your partner.	•	•	•	•	•
Good sex should always end in orgasm.	•	•	•	•	•
Achieving Pleasure is impossible for people who have been through (sexual) trauma.	•	•	•	•	•
Sex is better when it's spontaneous.	•	•	•	•	•
Relationships between people who have been together longer are more prone to be pleasurable.	•	•	•	•	•
Your own Pleasure is more important than that of your partner(s).	•	•	•	•	•
After a certain age, people stop seeking Pleasure or wanting sex.	•	•	•	•	•

Nickname: _____

Age: _____

Page 2

	1	2	3	4	5
Youth CSE					
Youth are going to have more sex if they learn about it.	•	•	•	•	•
Youth that engage in sexual activity are irresponsible youth.	•	•	•	•	•
Youth are exposed to many sources of informal sexuality education that they don't need access to more formal CSE.	•	•	•	•	•
Youth believe they need to learn about sex and sexuality by having sex.	•	•	•	•	•
Youth are exposed to many sources of informal sexuality education so they often know more than adult CSE teachers.	•	•	•	•	•
Talking about sex with Youth is uncomfortable.	•	•	•	•	•
Sex is something only responsible people should do, and youth are not responsible until they are legally adults, therefore they don't need to know about it until they are of legal age.	•	•	•	•	•
Youth are still learning about healthy boundaries, therefore my role as a facilitator is particularly challenging because I am at risk of having to navigate personal questions.	•	•	•	•	•
The youth CSE programming developed for one context is likely transferable to another audience provided they are the same age-range.	•	•	•	•	•
There are things that youth CSE in non-formal settings can discuss which are outside of the scope of youth CSE in formal school settings.	•	•	•	•	•

Nickname: _____

Age: _____

Page 3

	1	2	3	4	5
Youth Pleasure					
Youth's bodies are still developing, and they only start to physically desire sex once they are legal adults.	•	•	•	•	•
Young people deserve to extend their innocence as long as possible before delving into the complicated world of sex.	•	•	•	•	•
The only way youth can realistically feel sexual Pleasure safely is through masturbation.	•	•	•	•	•
Youth are generally too young at heart to develop a deep connection with another person that will provide them enough intimacy for true sexual pleasure.	•	•	•	•	•
Pleasure is an integral part of sexual experience, and it should therefore be included in youth CSE programming.	•	•	•	•	•
Talking about Pleasure with youth is going to make them more experimentative and risk-takers in their sexual behaviour.	•	•	•	•	•
More recent generations of youth have shown earlier signs of development (i.e. reaching puberty sooner than before), so it is normal that older generations are resistant to talking to children and youth about sex and pleasure.	•	•	•	•	•
Young people are likely to think they have learned about Pleasure in pornography, so they have it all wrong.	•	•	•	•	•
Youth tend to be healthier and more flexible, so their potential for Pleasure is greater than that of adults.	•	•	•	•	•
Every person, regardless of their age, has the right to enjoy the highest attainable standard of sexual well-being and sexual pleasure.	•	•	•	•	•

Pleasure

“Real” sex must include any type of penetration (ex. vaginal, anal, oral).

Sex has typically been defined as penis-in-vagina penetration due to popular religious beliefs, legal frameworks, and other systemic factors that revolve around the patriarchy. But penetrative sex is not the only way for people to have sex (even in sexual counters where at least one person has a penis). There are a range of ways to be sexual and there are several other acts of touch and play that are (or can be) considered to be “sex”.

Safe sex is great because it reduces risks, but it's less enjoyable than unprotected sex.

Through the often unrealistic and inaccurate depiction of sex in movies, the media and pornography, and also because of lack of access to pleasure-based CSE, people tend to consider unprotected sex to be more enjoyable (or pleasurable) than sex with a condom. There have traditionally been very few mainstream examples of “sexy safety”, but safe sex can definitely be integrated into sexual encounters in a stimulating way: You can enticingly communicate about safe sex before the encounter(s); and you can incorporate adequate/safe play with one of the many contraceptives you can use during the encounter (before genital touch) which can contribute to the arousal and sexual connection.

People with a penis can enjoy sex more than people with a vulva.

People's bodies are not limited to feel more or less pleasure depending on their genitals, nor is sexual Pleasure more appropriate for people with penises than for people with vulvas (or intersex people). Unless there are underlying medical conditions, people of all bodies have the same (nearly infinite!) potential to enjoy sex... and everyone has the same right to feel pleasure if they want to!

People with vulvas should always naturally produce lubrication during sex.

A vagina may produce lubrication during sex, or it may not. This does not always depend on the age of the person (although lack of lubrication is one of the aspects of menopause) - it also has to do with stress levels, underlying (sexual) health conditions, side-effects of unrelated medication, or other factors. A person whose vagina produces lubrication may not necessarily be sexually aroused, and a person who is sexually aroused may not always produce vaginal secretions/lubrication. (This is called arousal non-concordance - see Emily Nagoski's work for more details).

Sex toys can be amazing Pleasure accessories during sexual activity between consenting partners.

Sex toys are designed to stimulate bodies in different ways. They can be amazing accessories for some people, and they can turn other people off entirely... and that is okay! But if that is the case, it is an opportunity to explore why - are toys perceived as a threat? As a replacement? What would happen if instead they are perceived as an ally, as a tool, as an extension of one's own body in giving someone else (or even oneself) pleasure?

It's only sex if you're doing it with at least one other person.

People's definition of sex varies from person to person, but in most contexts, people are told that sex requires two (or more) people. But what about masturbation? Can one have sex with oneself? Can one give sexual pleasure to oneself? (In a pleasure-based lens, the answer is absolutely yes!) Potentially positive aspects of masturbation are that it is safe sex, and can play a very important role in learning about ourselves and our preferences as sexual beings.

Sex is better when you love your partner.

For some people, sex is better with love. For others, sex can be great without love. Sex can help establish (or deepen) love for some, and only love can lead to sex for others. This prompt is very polarising, and it is interesting to explore where we picked up on queues that informed our rating. Also consider, what is your definition of “better sex” – is it more pleasurable, more connecting, more correct/appropriate?

Good sex should always end in orgasm.

Focusing on achieving orgasm can hinder people from reaching it – and equating orgasm to the end of a sexual encounter (or to pleasure) can also mean that once one person has reached orgasm, the sexual activity is assumed to be completed, because the goal has been achieved (at least for one person). Furthermore, some people may find it arousing to avoid reaching orgasm altogether... So orgasm is one of many ways that bodies feel pleasure. Ultimately, good sex is when all people involved are satisfied (whatever that entails) and/or are ready to conclude the encounter.

Achieving Pleasure is impossible for people who have been through (sexual) trauma.

Having sex after (sexual) trauma can be very triggering for people. People who have experienced trauma will ideally have adequate support mechanisms to process it, and to help them be ready to live their life to the fullest despite their histories. Seeking and owning one's pleasure after trauma can be a very empowering thing, and can even help in the process of accepting the trauma and not letting it interfere with the future. In some cases where the survivor assumes the blame for the incident(s), self-forgiveness is a very important part of the journey: sexual forgiveness interrupts patterns of self-blame (self-stigmatisation, shame, avoidance, aggression, and revenge).

Sex is better when it's spontaneous.

Spontaneous sex can happen with partners one had not previously considered, or in moments or locations that had not been linked to sex. For many people spontaneous sex is considered more typical at the beginning of relationships, or even in certain settings where people's expectations are to meet others (such as at a party or on a night out). Spontaneity is often linked to better sex because of how good sex is depicted in movies, songs, and even in mainstream pornography. But again, consider what is your definition of “better sex” – is it more pleasurable, more connecting, more correct/appropriate?

Relationships between people who have been together longer are more prone to be pleasurable.

It is often said that the flame dies down in long-term relationships... but it doesn't have to! There are benefits to knowing someone else's body longer term; with good communication and attention one can learn what “buttons” to push to give them Pleasure. But equally, newer relationships with good communication can also be very pleasurable. Rather than the length of time of a relationship, it is the intentionality of seeking and giving Pleasure that determines the potential for Pleasure.

Your own Pleasure is more important than that of your partner(s).

Many people feel more Pleasure when they know their partner(s) is/are enjoying the experience, too. And many people feel Pleasure just by seeing their partner(s) explore their own. So in a mutually caring relationship, it is difficult to tell whose Pleasure is more important, because it may be that they are interdependent!

After a certain age, people stop seeking Pleasure or wanting sex.

Sexuality is an aspect of our lives and our identities that accompanies us from the very beginning, to the very end. The perception that people lose interest in sex or feeling pleasure when they become older adults is *ageist* – it is a form of (unintended) discrimination that has been normalised in many cultures around the world... but just as there are young people who are not particularly interested in being sexually active, there are older people who very much are!

Youth CSE

Youth are going to have more sex if they learn about it.

Research shows that this is not the case: In fact, talking to youth about sex in the context of comprehensive sexuality education makes them more informed about how to make responsible decisions – but if they want to have sex, they will – even if they receive abstinence-only sexuality education, or no sexuality education at all.

Youth that engage in sexual activity are irresponsible youth.

People (not only youth) that engage in irresponsible sexual activity are being irresponsible (and often, they are doing so because they have not had access to information). Engaging in sexual activity in an informed, considered, and conscious manner is not irresponsible - it is a personal and empowered choice. Our role as SRHR professionals is to normalise access to information so that the experience of sexual activities involves safety, consent and wellbeing for all involved.

Youth are exposed to many sources of informal sexuality education that they don't need access to more formal CSE.

The internet has made it a lot easier for people to access information about sexuality – and also to produce and share more information. Because of this, not all information that people are sharing and accessing is accurate (this is why media literacy is such an important aspect of CSE!). Youth may access more information about sexuality education online (than adults nowadays, or than adults did when they were younger), but they must always consume it mindfully, aware that they must select reliable sources of information. Formal CSE can support in offering accurate information, and being a separate space to learn about sexuality in a social setting, rather than behind a screen.

Youth believe they need to learn about sex and sexuality by having sex.

This is a generalisation, and not always applicable. It is human nature to be curious about specific topics, and for many youth who are going through changes in their body, sex and sexuality are topics that inspire curiosity. One way of exploring is by reading and talking about the topics, and other ways are by more practical approaches to learning. Also, note that the definition of “having sex” can vary from one person to another. A safe way of exploring one's sexuality and pleasure is through masturbation, which not everyone may consider to be “sex”.

Youth are exposed to many sources of informal sexuality education so they often know more than adult CSE teachers.

See above related note on informal sexuality education vs. formal CSE. Also consider: Adult CSE teachers likely have a different perspective, and can help you consider areas of sexuality education from a different angle. Even if your attitudes do not align, it is always helpful to hear someone else's thoughts on a matter so you can better reflect on your own views.

Talking about sex with Youth is uncomfortable.

Talking about sex with anyone *can* be uncomfortable... but it doesn't *have* to be! It takes practice for anyone to get comfortable speaking to any group of people (or individuals) about taboo subjects such as sex. But whether you are a young person or not, speaking to youth about sex doesn't have to be awkward.

Sex is something only responsible people should do, and youth are not responsible until they are legally adults, therefore they don't need to know about it until they are of legal age.

Laws around age of consent are established in alignment with (political views on) local/national cultures, and the view to protect children and youth from sexual exploitation. But it is very important to give children and youth *age-appropriate* information that will allow them to learn about sex and sexuality so that when they are legally allowed to engage in sexual activity (and they choose to), they are able to make informed decisions. Withholding information about sex until they are legally allowed to engage in it is counterproductive to sexual health and wellbeing.

Youth are still learning about healthy boundaries, therefore my role as a facilitator is particularly challenging because I am at risk of having to navigate personal questions.

(This prompt may be less relevant to participants of the general public, but very relevant to other peer educators). As CSE facilitators or advocates, we always carry the responsibility of enforcing healthy boundaries... but if you think about it, everyone does! It is a great opportunity for us to lead by example, and if necessary, model consent by explaining why we choose not to answer certain questions.

The youth CSE programming developed for one context is likely transferable to another audience provided they are the same age-range.

CSE programming does not have to be reinvented every time we work in new settings, groups or communities, but it is very important that we are mindful that it will need to be adapted. Depending on who is in the group, where the program is being held, etc., it is important to make cultural and logistical adjustments to make it most suitable and for participants to be most receptive. This does not mean changing the messaging or facts, but it does mean presenting it in a way that will allow participants to face and work through any possible or likely barriers successfully.

There are things that youth CSE in non-formal settings can discuss which are outside of the scope of youth CSE in formal school settings.

CSE in formal school settings operates within the structures of school policy and curriculum, and in most cases, also the public education policies dictated by governments. Whilst advocacy on local and national levels can influence these guidelines, they impose certain limitations. Non-formal education such as through social centres, or even individual educators acting online or as independent consultants, often have less restrictions because they aren't necessarily regulated in the same way. This allows more freedom to discuss certain topics which are excluded in more formal systems. (This freedom, however, can also come with the challenge of facing more resistance, as most people will not be used to discussing topics which are avoided in formal settings).

Youth Pleasure

Youth's bodies are still developing, and they only start to physically desire sex once they are legal adults.

Legal frameworks are developed to keep children and youth from being sexually exploited, but they do not necessarily align with the stages of human sexual development. Sexuality is not a switch that turns on when young people reach legal age; it is an aspect of our lives that exists throughout the full lifecycle, since birth. When puberty begins, adolescents go through a series of changes that may awaken an interest in exploring their sexuality. Even before puberty, children may be interested in exploring their bodies and what feels good (without it necessarily being linked to sharing this experience with others).

Young people deserve to extend their innocence as long as possible before delving into the complicated world of sex.

See notes on above prompt. Also consider that "protecting" children and youth from sex is not necessarily aligned with their personal development journey, and it can be very counterproductive to suppress them by creating a taboo around sex until they are older. Adults may unfairly project their anticipation of "complications" around sex on younger children by doing so. The key is giving young people the age-appropriate (and comprehensive) knowledge that they can explore sex and sexuality safely through being well informed.

The only way youth can realistically feel sexual Pleasure safely is through masturbation.

Masturbation is undoubtedly a safe way to feel sexual Pleasure (for people of any age). For youth to experience partnered Pleasure safely, they must be well-informed, and able to communicate effectively with their partners about what they want (to explore), how, and what safety measures (both in terms of contraception as well as communication) they will follow.

Youth are generally too young at heart to develop a deep connection with another person that will provide them enough intimacy for true sexual pleasure.

Children and youth are very capable of making deep connections with other people (think about the connection children can have with their parents and siblings, for example).

Moreover, this prompt correlates connection to intimacy, and intimacy to sexual pleasure. This is often true, but can intimacy exist without sexual pleasure? And inversely, can sexual pleasure exist without deep (long-standing) connection? Can there be intimacy in a fleeting moment with a stranger?

Pleasure is an integral part of sexual experience, and it should therefore be included in youth CSE programming.

That is what this document is all about: Pleasure-based sexual health promotes sexual wellbeing, and it makes sexual health interventions more effective. That is why it is an important part of youth CSE programming!

Talking about Pleasure with youth is going to make them more experimentative and risk-takers in their sexual behaviour.

Studies show that curriculum-based CSE contributes to delayed sexual initiation, and more responsible and informed decision-making when sexually active. In short, CSE inspires (youth) sexual wellbeing – empowering them to make conscious decisions around their sexual activity.

More recent generations of youth have shown earlier signs of development (i.e. reaching puberty sooner than before), so it is normal that older generations are resistant to talking to children and youth about sex and pleasure.

It may well be that older generations are reluctant to talk to children and youth about sex and Pleasure (although we cannot generalise to *all* people in older generations!), but this is not necessarily because of earlier signs of development. It could also be because older generations have had less opportunity to learn about sex and pleasure, and therefore don't know how to do it, or because they learned at a later stage in life, or learned without having spoken to guardians/reliable adults, and therefore wish to avoid the conversations they imagine will be uncomfortable.

Young people are likely to think they have learned about Pleasure in pornography, so they have it all wrong.

Some youth learn about sex in pornography, and some do not. Some pornography depicts pleasure, and some does not. Some pornography is accurate (or more realistic, or less staged), and some is not. Again, this is why media literacy is a very important aspect of CSE – we cannot generalise and say all pornography is bad (or incorrect/wrong), instead the focus should be on helping young people think critically about what they have learned or "learned", what they have been watching, and what conclusions they have drawn from what they have seen.

Youth tend to be healthier and more flexible, so their potential for Pleasure is greater than that of adults.

Youth is not always synonymous with able-bodiedness. Nor is adulthood synonymous with lack of health or flexibility. And Pleasure, like sexuality, is not static. The way a young person feels Pleasure will be likely different to how that same person experiences it as an adult. Pleasure is interlinked with many other aspects of our lives such as health conditions, moods/mindsets, family dynamics, and other related factors, which will inevitably change how we feel in our bodies and our relationships. Perceiving these factors as limitations to our ability to enjoy Pleasure can reduce sexual empowerment. If, instead, we frame them as an invitation to explore different ways that Pleasure works for us in these moments/conditions, we won't associate Pleasure to age, and instead focus on maximising the potential for pleasure in all moments and ages of life.

Every person, regardless of their age, has the right to enjoy the highest attainable standard of sexual well-being and sexual pleasure.

Sexual health and sexual pleasure are part of sexual rights, which are human rights. For this reason, every person has the right to enjoy sexual well-being, *so long as they are not harming anyone by doing so*. Sexual consent laws determine the age at which youth are able to make decisions about their own sexual wellbeing, which may or may not align with how young people individually feel about their ability to make choices around their sexuality.

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Basic Facts About Pleasure-based Sexuality

Young People's Pleasure

Young people's Pleasure is both tremendously important and, in many contexts, incredibly challenging. There are two common myths that create the taboos around youth's pleasure:

- 1. Young people's bodies are not yet fully developed, so they are not "meant to be" exploring their bodies/sexuality/pleasure.** This is a myth because, whilst young people's bodies may still be developing, sexuality is an aspect of our beings that accompanies us during all stages of life... even in utero! Being curious about how our bodies work and exploring what feels good are natural behaviours for many people, including babies, children and youth! To deny people (of any age) the right to safely explore their bodies and pleasure in developmentally-appropriate ways is denying them their sexual rights, which are human rights.
- 2. Talking about young people's Pleasure with them will encourage more sexual activity.** Not only do we have evidence of the effectiveness of CSE in fostering positive general behaviors around sex and sexuality (including prevention of intimate partner violence, prevention of child sexual abuse, development of healthy relationships, appreciation of sexual diversity, improved social emotional learning (SEL), and increased media literacy), it has also been demonstrated that curriculum-based CSE contributes to delayed sexual initiation, and more responsible and informed decision-making when sexually active. In short, CSE inspires (youth) sexual wellbeing – empowering them to make conscious decisions around their sexual activity.

What are Pleasure-Based Sexual Health Interventions?

Pleasure-based sexual health interventions incorporate a pleasure-based approach. According to The Pleasure Project:

"A pleasure-based approach is one that celebrates sex, sexuality and the joy and wellbeing that can be derived from these, and creates a vision of good sex built on sexual rights. It focuses on sensory, mental, physical and sensual Pleasure to enable individuals to understand, consent to, and gain control over their own bodies and multi-faceted desires. Well-being, safety, pleasure, desire and joy are the objectives of a programme with a pleasure-based approach. This approach measures empowerment, agency, and self-efficacy by whether or not an individual has been enabled to know what they want, and can ask for it, and request this of others, in relation to their sexuality, desires and pleasure."

Incorporating the pleasure-based approach will look different in different contexts. However, it is important to highlight that pleasure-based work is possible in any context. It is intentionally adaptable so that age, cultural, religious and social parameters are appropriately respected, and counterproductive barriers are respectfully and carefully reconsidered.

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Reasons for Pleasure-Based Approach in (Youth) Programming

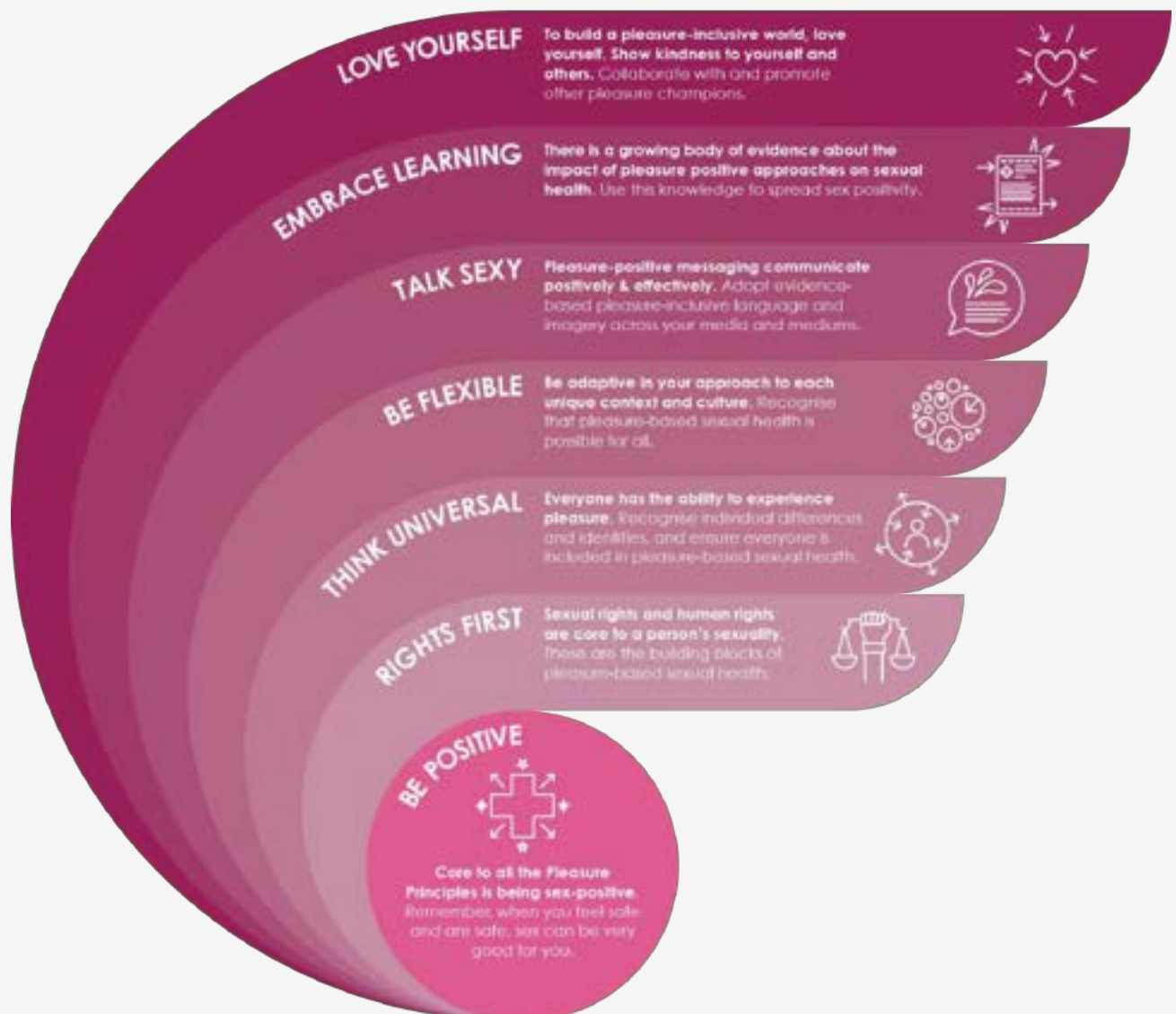
The pleasure-based approach was developed as a way of counteracting the death and disease narrative frequently used in sexual health conversations. We know that abstinence-only programs are ineffective, and that the fear-based approach is counterproductive to effective youth programming. Here are some of the most important reasons for taking a pleasure-based approach in youth —and arguably all— programming:

1. **Sex can improve people's physical and mental health:** solo and/or partnered sexual activity is associated with improved health, longevity, immunity, pain management, as well as reduction in stress, and increase in self-esteem. Find out more [here!](#)
1. **A Pleasure mindset encourages better communication and consent:** Knowing what gives them pleasure, or what they do and don't like, allows people to pinpoint what is important to communicate to their partner(s), and what they do and don't want.
1. **Pleasure can be an indicator of empowerment:** better communication about/during sex can lead to better sexual experiences for all people involved, which can contribute to the reduction in the female/gender Pleasure gap.
1. **Pleasure empowerment can challenge damaging gender norms:** by promoting sexual empowerment of all genders including women, Pleasure counteracts the stereotypes of masculinity being enhanced by sexual Pleasure and femininity being diminished by it.
1. **Knowledge on Pleasure reduces the normalisation of interpersonal violence and protects people's sexual rights:** Pleasurable relationships are consensual relationships - if someone doesn't know what a positive, pleasurable sexual relationship looks like, it might be difficult for them to recognise abusive behaviour. Conversations about Pleasure and pleasurable relationships can allow people to recognise abusive relationships/behaviour, and empower them to seek safer relationships.
1. **Pleasure makes SRHR interventions more relatable:** Pleasure is a fundamental reason for people in many cultures to have sex; including it in the scope of sexual health discussions makes these more effective.
1. **Pleasure-positive approaches can help survivors of trauma:** Pleasure-inclusive sexual health interventions may be particularly effective with vulnerable populations who have experienced trauma in their journey of letting self-love triumph and work to re-engage with the Pleasure they want. Find out more [here!](#)
1. **Pleasure and sex positivity are not new tendencies:** Pleasure has been a part of faith, belief and historical and pre-colonial narratives. Read more [here](#) and [here!](#)
1. **Pleasure makes CSE conversations inclusive:** Sexuality education that prioritises sex as a means for having babies excludes queer people who may be in same-sex relationships, and other people who engage in sexual activity for reasons other than procreation.
1. **Pleasure promotes safer sex:** Pleasure-based approaches help people to reframe the definition of sex and understand that there are ways to share Pleasure that have lower risk than vaginal or anal intercourse. Furthermore, Pleasure can be linked to condoms and contraception, helping people understand that feeling protected during sex may improve their enjoyment and ability to relax.

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Guidelines for Pleasure-based Sexual Health Interventions in Youth Programming

The following seven key attitudes together can help you pave the way for pleasure-based conversations. They reflect The Pleasure Project's Pleasure Principles, which were designed as a way of translating the theory and proof of the benefits of a pleasure-based approach to Sexual Health into practice. These 7 Principles are an implementable framework for SRHR actors including educators/facilitators, program writers and project developers, researchers, activists etc. to tune their attitudes into ensuring a pro-Pleasure approach in their work.



SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Guidelines for Pleasure-based Sexual Health Interventions in Youth Programming

1. *Be Positive*

Core to all the Pleasure Principles is being sex-positive. Remember, when you feel safe and are safe, sex can be very good for you.

Key Concepts

Being positive is the foundation of pleasure-based sexual health interventions... After all, how can we promote the right to Pleasure without being sex-positive? Many of us have learnt about sex and our sexuality through negative messages that focus on fear and shame. By turning these negative messages into sex-positive ones, we move towards acknowledging Pleasure as essential and central to sexual, physical and mental well-being. This is critical as sexual Pleasure remains one of the most important motivations to have sex.

The opportunity to change the narrative in our conversations around SRHR is a more positive one. Conventionally, SRHR interventions and sex education mainly focus on preventing unintended pregnancy and STIs, including HIV, emphasising the risks associated with these consequences of sexual behaviour. In addition, health education and services portray sex (especially outside marriage) as dangerous and risky. But research shows that safe sex can improve your health, physical and mental well-being – so conversations about sex do not have to only revolve around managing risks. The goals of decreasing discrimination and stigma, promoting critical thinking in recognizing agency over and enjoyment of sexuality should be part of all sexual health and sex education interventions.

2. *Rights First*

Sexual rights and human rights are core to a person's sexuality. These are the building blocks of pleasure-based sexual health.

Key Concepts

Interventions that take a rights-based approach are the foundation for pleasure-based discussions. This is because when human rights, and more specifically sexual rights, are respected, people feel safe, which helps them feel pleasure.

- ⇒ **Human rights** are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. These basic rights are based on shared values like dignity, fairness, equality, respect and independence.
- ⇒ **Sexual rights** relate to a person's sexuality, sexual orientation, gender identity, sexual behaviours and sexual health. However, your sexual rights, for example your freedom of sexual expression, should not violate the rights of someone else. No one should have the right to force sex on another person, because that amounts to the violation of the other person's right to bodily integrity, among other rights.

Currently, there exists no universal human right to express and experience sexual pleasure. However, many of the internationally recognized and fundamental human rights such as the universal human rights to autonomy, freedom, non-discrimination, equality, equal treatment under the law, right to privacy and safety as well as the bodily integrity of the person, are the core building blocks of our ability to safely enjoy sexual pleasure, alongside respect for individual differences

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Guidelines for Pleasure-based Sexual Health Interventions in Youth Programming

3. Think Universal

Everyone has the ability to experience pleasure. Recognise individual differences and identities, and ensure everyone is included in pleasure-based sexual health.

Key Concepts

Every human has the capacity to experience sexual Pleasure if they wish, and sexual Pleasure is different for everyone. Sexual Pleasure can include a range of feelings and emotions from the excitement of orgasm to the heightened self-awareness from sexual experiences. Sexual Pleasure can be associated with eroticism, fantasies, and emotions of love, emotional intimacy, and romance. Whoever you are or wherever you are, you can define your sexual pleasure. You decide what sexual Pleasure means for you. People may not want to experience sexual Pleasure at all. Your intentions might change over time, depending on your age and situation. Still, every experience counts.

In a Pleasure-inclusive world, everyone is able to experience sexual Pleasure if they want to*. This includes those who are traditionally not expected or allowed to experience sexual pleasure. Think, for example, of how unmarried women, people with disabilities, LGBTQI people, or people living with HIV are judged for having Pleasure or assumed not to have the ability to have pleasure. Sex positivity and Pleasure based sexual health is important: it holds space for a wider range of people to access their sexual rights, including the right to pleasure. Diversity of sexual Pleasure should be recognised, valued, and celebrated as a unique and self-determined experience.

4. Be Flexible

Be adaptive in your approach to each unique context and culture. Recognise that pleasure-based sexual health is possible for all.

Key Concepts

If you ask people why they have sex, most people from around the world will mention satisfaction and Pleasure as key reasons why they have sex. But there is no “one-size-fits-all” way to have sexual pleasure, and there are many factors that play a role in how sexual Pleasure is perceived (including political, religious/faith-based and social views on sex, media norms, the laws in that context and educational policies, etc.) Practices that might be the norm to one person or community can be very transgressive to another. It is also important to remember culture or norms are not static and change over time.

In our work, we should acknowledge the diversity of backgrounds, lived realities, and cultures when it comes to experiences of pleasure, and be contextually relevant, which requires centering your audience’s realities. Beyond considering more technical/logistical aspects such as localised languages, making your content accessible for illiterate people and/or people with disabilities, etc., being flexible also means that you can fit and connect to the age, identity, sexual experience, family and community values, social circumstances, and the culture of your clients and learners.

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Guidelines for Pleasure-based Sexual Health Interventions in Youth Programming

5. Talk Sexy

Pleasure-positive messaging! Communicate positively and effectively, adopting evidence-based pleasure-inclusive language and imagery across your media and mediums.

Key Concepts

For pleasure-inclusive sexual health, we need to consider how communicating with others can affect how they feel about their own sexuality and sexual identity. This is especially true as many of us have had sex negative experiences where we learnt shame or stigma about our sexualities. We should try to avoid replicating those negative images in sex education or explicit media.

The way we communicate should vary depending on who we are talking with. We may change or adapt our pleasure-positive language if we are talking to our sex partner(s), our child(ren), our family, or as a professional. What is often missing in our professional interactions is providing information about how to have positive sexual relationships, how to experience and give pleasure, and get the most from our intimate relationships - and this often is linked to not possessing the vocabulary to discuss sex, sexual acts and pleasure with our audiences or clients. It is important to learn new vocabulary and be aware of the exact meaning of different words to ensure that messages do not get diluted or misunderstood. We may, in some cases, need to create new language for Pleasure and experiences that go beyond existing terminology.

Many people may think that talking about sex and Pleasure is the same as “talking dirty” or being sexually explicit, but it is really about using language that lets people know how to have safer sex whilst still accepting that sex can feel good. It’s important to not be offensive, and to be conscious and respectful about language and the meaning and intent behind our messaging. It is often most helpful to use language that is accurate, explicit, and clear, but at the same time, ensuring that the words we use don’t make people feel ashamed about their sexuality.

6. Embrace Learning

There is a growing body of evidence about the impact of pleasure-positive approaches on sexual health. Use this knowledge to spread sex positivity.

Key Concepts

Sexual well-being and sexual Pleasure are emerging as new narratives and aspirational goals in sexual and reproductive health, despite most (international) organisations/governments traditionally having preferred to fund research that looks at the unintended/unwanted consequences of sex and shy away from learning more about sexual well-being and pleasure.

It is important to build more evidence, as well as share the evidence we have that Pleasure inclusive sexual health leads to more sexual health and sexual empowerment. There is increasing evidence that shows linkages between improved sexual health and sexual pleasure, safer sex and contraceptive behaviour. Furthermore, failure to address sexual well-being and Pleasure detracts from an exploration of sexuality or safer sex, limiting conversations about the real concerns related to contraceptives and other sexual health programmes. This often denies people with uteruses and people with marginalised identities sexual Pleasure or emphasises that sex isn’t for fun or for general well-being and happiness.

SEXUALITY: PLEASURE-BASED SEXUAL HEALTH

Guidelines for Pleasure-based Sexual Health Interventions in Youth Programming

7. Love Yourself

To build a pleasure-inclusive world, love yourself. Show kindness to yourself and others. Collaborate with and promote other Pleasure champions.

Key Concepts

The three dimensions to this principle are:

1. **loving yourself:** asking yourself and then understanding what you want (and don't want), how you want to express your sexuality. It is about allowing yourself to learn what your body likes in the form of solo sex or masturbation, partnered sex and what thoughts give you pleasure.
2. **loving and being kind to others:** recognising the lived experiences of your sexual partners and supporting them to also overcome shame and get the Pleasure they want. This can mean working with them to be able to know themselves, talk and ask for what they want and not increase their sense of discomfort or shame. Healthy sexual development is not the same for everyone.
3. **loving our planet:** recognising that the earth's resources are not just for the taking, but we need to act with kindness, have boundaries for sustainability and not be greedy for immediate gratification. Sexual health, sexual rights, sexual Pleasure and climate justice are closely linked. When we love the wonder of our planet, we also love ourselves.

It's a political act of self-care to allow yourself a personal act of pleasure.* The way many of our societies are constructed, the systems in place aim to structurally and/or socially restrict how we show up, behave and interact with each other. When you prioritise yourself through a deliberate act of pleasure, you are putting yourself first, which can be interpreted as a way of rejecting a system that does not consider your individual well-being. This is especially important for those of us who suffer discrimination, racism, sexism, trans and homophobia and micro-aggressions day after day. Sometimes merely holding our identity, moving about in our communities will take huge courage, energy, and strength. Love yourself for that and honour your Pleasure – and recognise the strength in others and congratulate them for that. Sexual Pleasure is not a competition, and it is not a scarce resource. You can get it for free, you can talk about it with friends, and it can improve the well-being of the global population. So let's keep flipping the narrative towards pleasure.

SEXUALITY: SOGIE-SC (GENDERBREAD PERSON)



75 minutes

Objectives: To enable participants to explain what sexual orientation, gender identity and expression and sex characteristics (SOGIE-SC);



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors, A4 paper
- masking tape
- microphone
- music (upbeat)

Genderbread Person Mechanics:

- 1.Examine your attitudes towards homosexuality carefully. It is essential that the facilitator has a good understanding of sexual orientation and a neutral, accepting attitude towards homosexuality. The facilitator is expected to show strong support for the need to respect everyone’s human rights and not to come across as judgmental or disapproving as there are likely to be gay youth in the group. If you cannot do this, identify a co-facilitator or another person who can lead this activity without bias.
- 1.It is important to be non-judgmental about different sexualities. In this activity, deliver the factual information rather than sharing opinions.
- 1.Tell participants that in this activity we will be discussing SOGIE-SC. Note that this is a very sensitive topic. Then ask what ground rules we should remember when talking about sensitive topics. Frame the activity. For example, “When we talk about ‘LGBTQ’ we’re talking about a lot of sexualities and genders. For the next few minutes, we’re going to focus in on gender itself. This graphic is called the Genderbread Person, and will help us better understand what we mean when we say ‘gender,’ and all the different ways it shows up in our lives.”
- 1.Draw or show the outline of the genderbread person for the group. Work through the genderbread person, first filling in the blanks and defining terms, then making the different components of gender salient — either by having participants reflect for themselves.

SEXUALITY: SOGIE-SC (GENDERBREAD PERSON)

Genderbread Person Example Lecture + Guided Discussion

(Adapted from the <http://www.thesafezoneproject.com/>)

Moving into the next handout, the genderbread person is a diagram that helps us understand gender and sexuality, and the parts that make up both. This model is meant to accurately depict the complexity of how these concepts show up in our society; it is not a depiction of what dream society could be. We're going to start with the top half of the sheet, so we encourage you to fold the paper in half. To begin, let's fill in the blanks and name the different parts of the genderbread person. On the first line, pointing to the brain, we can write "Identity." Gender identity is who we, in our heads, know ourselves to be, based on what we understand to be the options for gender, and how much we align (or don't align) with one of those options. Gender identity is our psychological sense of gender.

On the line below that, pointing to the heart, we can write "Attraction." Attraction is the different ways we feel pulled to other people, often categorized based on our gender and the gender of those we feel drawn to. This categorization is referred to as sexual orientation. On the bottom line on the right, we'll write "Sex." Sex, here referring to anatomical sex, refers to the physical makeup of our bodies, and specifically all the body parts we've named as sex characteristics -- both the primary traits we're born with, and the secondary that we might develop later in life.

On the left we have a line pointing to the entire diagram. On this line we can write "Expression." Gender expression is all the different ways we present ourselves through our actions, our clothing, and our demeanor, and the gendered ways those presentations are socially interpreted. Does anyone have any questions about those terms, or their definitions?

Let's now unfold our paper and move on to the bottom half.

Here you'll see some scales and blank spaces. These are not fancy arrows. You can think of each of these as one-way continuums, or scales, depicting how the different components above may show up for us. For some people, it's helpful to imagine a 0% on the left, and a 100% on the right. Again, we're going to start by filling in the blanks. With gender identity, people often think of social roles, gender norms, and personality traits, and the expectations baked into these things. In the top blank, we can write "Woman" and in the bottom blank we can write "Man", and we're going to add a "-ness" to both of these, because these lines indicate all the varying degrees of potential "Woman-ness" and/or "Man-ness" with which someone might identify.

With gender expression, people often think of hair styles, grooming, make-up, clothing, nonverbal mannerisms, and other things we see on the outside. We'll write "Femininity" in the top line and "Masculinity" in the bottom line, as these are the two words that people generally use to describe the different ways our expressions show up.

And with anatomical sex, the first things that people think of are genitals and reproductive organs, but lots of things make up what we call sex, including body hair, hip to shoulder ratio, chromosomes, pitch of voice, and more. On the top line, we'll write "Female-ness," and on the bottom line we'll write "Male-ness," because here we are depicting the varying degrees someone might embody these traits, as opposed to the sex a person is assigned at birth (which is generally solely determined by external genitalia at birth). Does anyone have any questions about these scales, or the words we're using to label them?

SEXUALITY: GENDERBREAD PERSON

Now we're going to fill in the blanks in the attraction section. People experience attraction (or don't) in a lot of different ways. Two common ways people describe the attraction they may or may not be experiencing is as "sexual" and "romantic." You can think of sexual attraction as the drive to engage in physically intimate behaviors like touching, kissing, or intercourse, and romantic attraction as the drive to engage in socially intimate behaviors like flirting, dating, and marriage. Some people experience both, some only one, and some neither. And within those experiences of attraction, we often focus on the gender of others that we are attracted to. In the top blanks on the write, you can write "Women" and in the bottom we can write "Men." But we can also write all the words from above. That is, in the top line we might write "woman-ness, femininity, and/or female-ness," and in the bottom line "man-ness, masculinity, and/or male-ness," because our sexual or romantic attraction might be to a particular part of gender. For example, someone might be attracted to people who identify with a lot of woman-ness, but express a lot of masculinity. Does anyone have any questions about these scales, or the words we're using to label them?

What we'd like to do now is take a moment to consider where we land on these scales. How much womanness do you identify with? How much man-ness? Maybe neither? How much femininity and/or masculinity do you express? A lot of both? A lot of one and not a lot of the other? How much femaleness or male-ness do you see yourself embodying? You can draw a dot on each continuum, several dots to indicate a range, or leave it blank -- be as creative as you'd like.

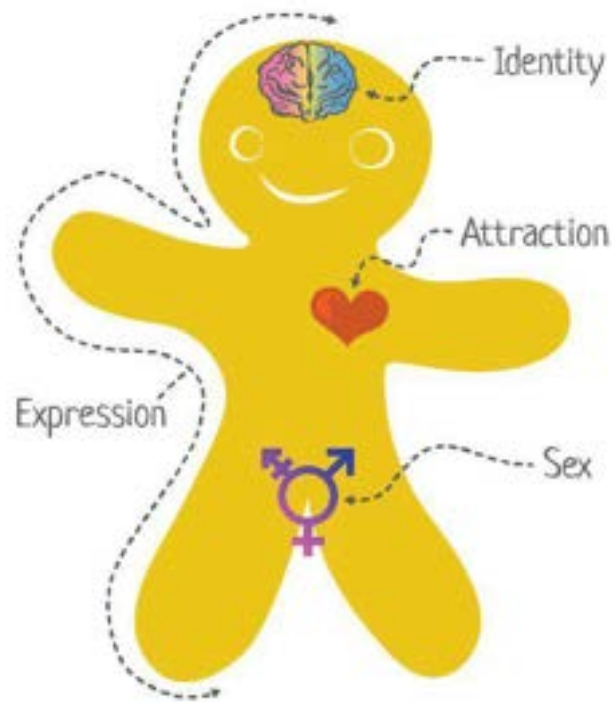
We won't be collecting these, or asking you to share your answers.

We're going to give you 2 minutes. We are socialized to oversimplify all of this, and to think that once we know one thing about someone, we can fill in the rest of their blanks. For example, if we learn someone is a woman, we have a picture in our mind of what that person looks like and who she's attracted to. We might assume she expresses gender in feminine ways, was assigned female at birth and embodies female-ness, and is exclusively attracted to men. This image is simple, however, is not true or complicated enough for many, if not most, of us. Many of us exist in different degrees on the scales above, and may zig-zag through them in ways that break assumptions and norms. To highlight this, we want to use the blank space between the gender and sexuality scales to write two things: "Identity ≠ Expression ≠ Sex," and "Gender ≠ Sexual Orientation." As we said at the beginning, the Genderbread is a model that shows us how complex gender and sexuality are in our current society, not the ideal world we would want to live in. Our hope is that understanding might lead to a healthier world, and we hope that this intro was a helpful step for you toward a better understanding of yourself and others

The Genderbread Person is not meant to be a "utopian" vision of society and gender, but to more accurately depict the ways we experience gender today. To gain deeper understanding of all the terms and identity labels prior to conducting the activity, read Sam's "Breaking through the Binary: Gender Explained Using Continuums" article or book A Guide to Gender on the website. Both are uncopyrighted and freely available for your reference or use. Many of the terms that come up throughout this activity are clarified in our vocab activity. When in doubt, the definitions can be used word-for-word in the lecture.

SEXUALITY: SOGIE-SC (GENDERBREAD PERSON)

The Genderbread Person v4 *by its pronounced METROsexual*



⊖ means a lack of what's on the right side

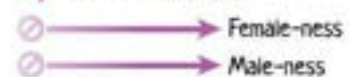
Gender Identity



Gender Expression



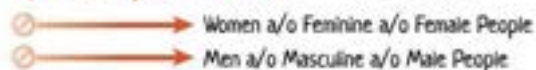
Anatomical Sex



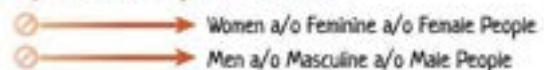
Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)



Romantically Attracted to...



Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killerman

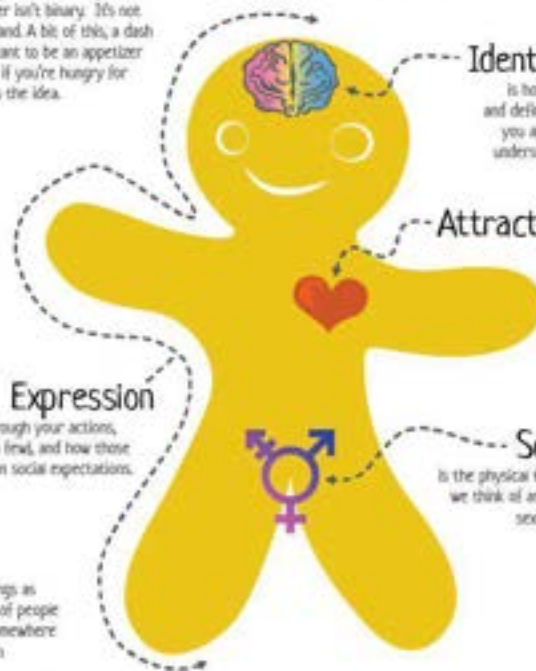
For a bigger bite, read more at www.genderbread.org

SEXUALITY: SOGIE-SC (GENDERBREAD PERSON)

The Genderbread Person

by its pronounced **METROsexual**

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more after reading it. In fact, that's the idea.



Identity

is how you, in your head, experience and define your gender, based on how much you align (or don't align) with what you understand the options for gender to be.

Attraction

is how you find yourself (feeling drawn (or not drawn) to some other people, in sexual, romantic, and/or other ways (often categorized within gender).

Expression

is how you present gender (through your actions, clothing, and demeanor, to name a few), and how those presentations are viewed based on social expectations.

Sex

is the physical traits you're born with or develop that we think of as "sex characteristics," as well as the sex you are assigned at birth.

We can think about all these things as existing on continua, where a lot of people might see themselves as existing somewhere between 0 and 100 on each.

☉ means a tick of which on the right side.



Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
☐ Female ☐ Intersex ☐ Male

Typically based solely on external genitalia present at birth ignoring internal anatomy, feelings, and change throughout life. Sex Assigned At Birth (SAB) is key for distinguishing between the terms "cisgender" (when SAB aligns with gender identity) and "transgender" (when it doesn't).

❤️ **Sexually Attracted to...** and/or (a/o)

☉ → Women a/o Feminine a/o Female People
☉ → Men a/o Masculine a/o Male People

❤️ **Romantically Attracted to...**

☉ → Women a/o Feminine a/o Female People
☉ → Men a/o Masculine a/o Male People

SEXUALITY: SOGIE-SC (GENDERBREAD PERSON)

The Genderbread Person v4



🕒 means a tick of what's on the right side.



Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Klermann

For a bigger bite, read more at www.genderbread.org

CONVERSATION CIRCLE

Closing Activity for Module I Sessions Gathering Lessons Learned

Objectives: To reflect on the module and note the key facts and skills learned; and to think about how they will use this new knowledge and skills by making a commitment to change one thing about themselves related to growing up and becoming an adult.

1. Based on the information discussed and what you learned in the sessions conducted, answer the following questions:
 - What is the most important thing you learnt from the sessions conducted?
 - Why this information is important to you?
 - How will it influence your behaviour?
 - Write or draw a commitment or promise to yourself related to growing up and becoming an adult.

Module II

My Community

"The word of the LORD came to me, saying, 'Before I formed you in the womb I knew you, before you were born I set you apart; I appointed you as a prophet to the nations.' 'Ah, Sovereign LORD,' I said, 'I do not know how to speak; I am only a child.' But the LORD said to me, 'Do not say, 'I am only a child.' You must go to everyone I send you to and say whatever I command you. Do not be afraid of them, for I am with you and will rescue you,' declares the LORD. Then the LORD reached out his hand and touched my mouth and said to me, 'Now, I have put my words in your mouth.'"

- Jeremiah 1:4-9

"Human potential for evolution is limitless."

- Chairman Netero, Hunter X Hunter

OVERVIEW

Why adolescents and young people in the community matters?

This module, "Knowing My Community," aims to deepen young people's understanding of critical issues like unintended pregnancy, HIV/STIs, gender-based violence, and mental health, while empowering them to make informed decisions to safeguard their health and well-being. The objectives are designed to provide knowledge and tools that will help them navigate these challenges while promoting self-awareness, empathy, and personal responsibility.

By the End of the Module, Participants Should Be Able To:

- **Identify their values about gender roles and gender equality:** Participants will explore how societal and cultural expectations have shaped their beliefs about gender roles. They will be encouraged to reflect on their personal values regarding gender equality, fostering a mindset that challenges restrictive norms and promotes inclusivity.
- **Challenge gender stereotypes:** This objective pushes participants to question and dismantle harmful stereotypes that perpetuate inequality. By addressing how stereotypes confine both genders, they will develop a more flexible and equal perspective on gender roles, particularly in the context of relationships and societal expectations.
- **Describe the different types of power:** Participants will learn about various forms of power—physical, emotional, economic, and social—and how these affect relationships and broader social structures. This knowledge will enable them to recognize power imbalances in personal and societal contexts, fostering more equitable interactions.
- **Discuss the effects of power and privilege on those without power:** Understanding the impact of privilege and discrimination is key to promoting equity. Participants will explore how those who are marginalized by gender, class, or other factors experience oppression, and how to counter these inequalities both personally and socially.
- **List and explain their relationship rights and responsibilities:** This objective reinforces the importance of mutual respect, boundaries, and equality in relationships. Participants will explore concepts such as personal autonomy, consent, and shared responsibility, emphasizing healthy, respectful relationships.
- **Explain behaviors that can build or harm relationships:** Building on previous discussions, participants will delve into behaviors that foster trust and support in relationships versus those that lead to conflict or harm, such as manipulation or coercion. They will learn to recognize the signs of unhealthy relationships and ways to foster positive interactions.
- **Discuss communication and consent:** Effective communication and mutual consent are fundamental to healthy relationships, especially in sexual contexts. Participants will learn how to express their boundaries, ask for consent, and respect others' limits, leading to more respectful and consensual relationships.
- **Explain how a woman gets pregnant:** This ensures participants have a clear understanding of the biological process of conception. By learning how pregnancy happens, they are better equipped to make informed decisions regarding sexual activity and contraception.
- **Describe the options that a woman has when she is pregnant:** Participants will explore the range of choices available when pregnancy occurs, including continuing the pregnancy, adoption, or abortion. This promotes an informed, non-judgmental approach to reproductive health.
- **Discuss the contraceptive methods:** Understanding various contraception methods is crucial for preventing unintended pregnancies and protecting sexual health. Participants will learn about the effectiveness, use, and side effects of different methods, empowering them to make informed choices about their sexual health.

OVERVIEW

Why adolescents and young people in the community matters?

- **Express the desire to protect themselves from STIs and HIV:** Participants will be encouraged to take personal responsibility for their sexual health by actively seeking protection from STIs and HIV. This objective promotes the importance of precautionary measures, including condom use and regular testing.
- **Explain basic facts about sexually transmitted infections and HIV:** Participants will learn factual information about how STIs and HIV are transmitted, their symptoms, and prevention strategies. They will be equipped with accurate knowledge to protect themselves and dispel myths.
- **Correct misinformation about transmission and prevention of STIs and HIV:** This objective emphasizes the importance of clearing up common misconceptions about STIs and HIV. Participants will learn to challenge myths and share accurate information with their peers.
- **Give a basic explanation of how HIV attacks the body:** Understanding the science behind how HIV affects the immune system will help participants grasp the seriousness of the virus, reinforcing the importance of prevention and treatment.
- **Convince others that it is better to get tested for HIV and to know your status than not to do so:** This objective builds advocacy skills, encouraging participants to promote HIV testing as a crucial step for early detection and treatment, helping to reduce stigma around HIV testing.
- **Describe the importance of treatment for people living with HIV:** Participants will learn that HIV is a manageable condition with proper treatment, which can help individuals live full and healthy lives. This also addresses the role of medication in preventing transmission (e.g., ART).
- **List two things on how they will challenge and manage stigma associated with HIV:** The module encourages participants to be proactive in reducing stigma and discrimination against people living with HIV, identifying concrete actions they can take in their own communities.
- **Explain the different types of sexual and gender-based violence (SGBV):** Participants will explore various forms of SGBV, including rape, intimate partner violence, and harmful traditional practices. This helps them understand the scope and impact of such violence on individuals and communities.
- **Give reasons why rape is never the fault of the victim:** This objective challenges victim-blaming attitudes and reinforces that perpetrators are always responsible for sexual violence. It promotes empathy and support for survivors.
- **Express a commitment to ending violence instead of accepting it:** Participants will commit to taking action in their own lives and communities to prevent violence and support victims, promoting a culture of non-violence and equality.
- **Explain what to do if someone experiences violence:** Learning how to respond to violence—whether it happens to them or someone else—empowers participants to seek help and provide support, ensuring they understand the available resources.
- **Explain what consent is and demonstrate how to get it:** Participants will gain a comprehensive understanding of consent, both in sexual and non-sexual contexts, and practice ways to seek and give consent, which promotes respectful and healthy interactions.
- **Explain mental health, coping strategies, self-care, and peer support group strategies:** Mental health is a critical part of overall well-being. Participants will learn to identify signs of mental distress, develop healthy coping mechanisms, practice self-care, and leverage peer support networks to maintain their mental health and assist others.

This module encourages a holistic approach to adolescent and youth development, equipping participants with the knowledge and skills necessary to protect their physical and mental health, foster healthy relationships, and contribute to more equitable communities.

PREGNANCY AND FAMILY PLANNING



30 minutes

Objectives: To build supportive relationships between the participants. To provide information about different methods of family planning. To develop confidence to talk about family planning and contraception. To provide information about the dangers of unsafe abortion.



- prepare to set-up the area where you will conduct the game
- ensure that all materials are available



- Large ball or soft toy to throw
- Music or a bell
- Scarves or cloths
- Samples of contraceptives OR pictures of contraceptives
- Questions box and slips of paper

Pass the baby relay game Mechanics:

a. Organise two to three teams depending on the number of the participants.

b. In each team the players form pairs. Each pair stands side by side and ties their inner leg together with a scarf or piece of cloth. To walk they must coordinate the movement of their legs.

c. Gather the pairs one behind each other so as the two teams are ready for their race. Down the other end of the room place a chair for each team to run around.

d. Give the first in line for each team a bundle to carry together. This bundle represents a baby.

e. The first couple from each team begins by rushing to one end of the room carrying the baby. They run as best they can with their legs tied together. They run around the chair and then return to pass the baby to their teammates who then continue the race.

f. The winning team is the one that has their last pair return first with the baby.



Key Message:

This game can remind us of the responsibility of parenthood and the binding tie of marriage, each of which take huge responsibility and commitment.

HOW PREGNANCY HAPPENS



60 minutes

Objectives: • Describe what would happen to their hopes and dreams if they became a parent now. • Explain the process by which pregnancy occurs. • Discuss emergency contraception, specifically the key points of its use, such as the circumstances when it can be used and when a woman should get it.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.

How pregnancy happens Mechanics:

1. Write the following in large letters on ten pieces of A4 paper or print each in large letters on a piece of paper and then mix them up so they are not in order:

Unprotected vaginal sex	Sperm meet the egg
Ejaculation in the vagina	One sperm enters the egg
Sperm travel through the cervix into uterus	Fertilized egg is moved down the fallopian tube
Sperm travel through the uterus	Fertilized egg reaches the uterus
Sperm travel up the fallopian tube	Fertilized egg attaches to the uterus

2. Find out about the availability of emergency contraception in your country. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?

3. Find out what the laws say about men's responsibility for their children. Can they be legally required to pay child support?

4. Ask participants to close their eyes and sit back in their chairs. Tell them to think about their hopes, dreams and plans for the future. Speaking slowly and pausing for a long time between questions, ask:

- What do you hope will happen in the next few years?
- What are you dreaming about?
- What are your plans for the future?

HOW PREGNANCY HAPPENS

After at least a minute (don't rush them) say: There's been a change in your circumstances. If you are a girl, you just found out that you are pregnant. If you are a boy, you just found out that your girlfriend is pregnant and you are going to be a father. What will happen now?

5. After about 30 seconds, then tell them to open their eyes. Ask them:
- If this happens to you now, what will happen to your hopes, dreams and plans?
 - Do you want to get pregnant now? Why or why not?
 - What responsibility do boys have for their children if they get a girl pregnant?

6. Tell participants that they are now going to learn about how a woman gets pregnant. Ask for ten volunteers (try to get an equal number of males and females) and ask them come to the front of the room.

7. Give each volunteer one of the cards you prepared and tell them: The process that leads to a pregnancy is written on these cards in steps. You have two minutes to put yourselves in the correct order so the cards describe how a woman gets pregnant. Tell the rest of the participants to observe how the group does the task.

8. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

Correct Order:

- 1) Unprotected vaginal sex
- 2) Ejaculation in the vagina
- 3) Sperm travel through the cervix
- 4) Sperm travel through the uterus
- 5) Sperm travel up the fallopian tube
- 6) Sperm meet the egg
- 7) One sperm enters the egg
- 8) Fertilized egg is moved down the fallopian tube
- 9) Fertilized egg reaches the uterus
- 10) Fertilized egg implants in the lining of the uterus.

6. When the order is correct, post the cards on a chalkboard or wall.

7. Ask the participants the following questions:

- How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? (Answer: A few seconds.)
- So if, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant? (Answer: No, it's already too late. Once sperm are in the cervix they cannot be washed away.)
- Can you jump up and down to make the sperm come out of the vagina? (Answer: No, it's already too late – they are through the cervix and on their way to the egg. No amount of jumping will make them turn around!)
- How long is it between step 7, the fertilization of the egg, and step 10, the egg implanting in the uterus? (Answer: Five or six days.)
- Is there ANYTHING you can do in those five days after unprotected sex that could help prevent a pregnancy?

Probing questions: Have you ever heard of emergency contraception? The 'morning after' pill? (Answer: You can take emergency contraception.) Is it legal in the Philippines?

Emphasize that emergency contraception is the only method you can use to help prevent an unintended pregnancy after sex. Emergency contraception is a special dose of concentrated oral contraceptive pills that are meant to be taken within 5 days of unprotected sex but the sooner after the unprotected sex, the more effective emergency contraceptive is.

HOW PREGNANCY HAPPENS

Ask them if they have heard of any other way to prevent pregnancy after unprotected sex. Dispel all of the myths that they have heard. There is NO other way to prevent unintended pregnancy after unprotected sex. Also explain that if the couple has unprotected vaginal sex but the man pulls out of the vagina before ejaculating, there is still a chance the woman can become pregnant. The reason is that in most men, a small amount of fluid comes out of the penis before ejaculation. This is called pre-ejaculate or pre-cum and it may have sperm in it from a previous ejaculation.

10. Ask participants the following questions to generate discussion and bring out key points:

• It is for emergencies. What is an 'emergency'? Main points:

- When a condom bursts or breaks
- If you are raped or forced to have sex
- If you did not use a condom or other contraception
- If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.

• It is only for emergencies. So if you are going to have sex and do not want to get pregnant, what should you do? (Answer: Use a condom and/or another contraceptive method to prevent pregnancy.)

The effectiveness of emergency contraception varies by the type the woman takes and by when she takes it. The sooner she takes it, the more effective it is. The longer she waits, the less effective it will be.

- Emergency contraception must be taken within 5 days of unprotected sex.
- You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works.
- Emergency contraception is available in clinics and, in some countries, at pharmacies. Just ask for emergency contraception.
- Emergency contraception is for emergencies, not for regular use.
- Emergency contraception does not protect you from STIs and HIV.

11. Tell participants that they will learn more about protecting themselves from pregnancy in an upcoming session. Ask participants if they have any questions about pregnancy and discuss them. Use the Facts About Pregnancy and Contraception in the manual to assist you to answer their questions. However, do not lecture them or talk at length.

Wrap-up:

Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.

- An unplanned pregnancy can result from unprotected vaginal sex without protection; from not using contraception correctly every time you have sex; and sometimes because contraception fails.
- The only method you can use to help prevent an unintended pregnancy after sex is emergency contraception.
- Emergency contraception can help prevent pregnancy when someone has unprotected sex, when a condom bursts, when contraception is not used correctly or when someone is raped.
- Emergency contraception should be taken as soon as possible after unprotected sex, but no later than 5 days afterwards.

Key Message:

The most effective way to avoid an unintended pregnancy is not to have sexual intercourse. If you do have unprotected sexual intercourse, using emergency contraception reduces the likelihood of a pregnancy. However, if a young couple does get pregnant, the young woman will need to consider her choices and make a responsible decision for herself and her partner.

HOW PREGNANCY HAPPENS

Facts About How pregnancy happens

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the five days immediately before it, she may become pregnant. Once the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards the egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. The fastest sperm can reach the egg within 30 minutes of ejaculation. If the sperm find the egg, one of them may enter it. This joining of sperm and egg is called fertilization. The fertilized egg then begins dividing its cells as it travels down the fallopian tube to the uterus. When it reaches the uterus, it attaches itself to the lining. This is called implantation. Once implantation has happened, the woman is pregnant. If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may leak into the fluid before it leaves the body.

Some additional information about emergency contraception:

- The way emergency contraceptive pills work depends on where the woman is in her monthly cycle when she takes them. Emergency contraceptive pills work by delaying or stopping ovulation. Research has found that if a woman takes emergency contraception on the day of ovulation or afterwards, the same number of pregnancies occur as when no emergency contraception is taken.
- Using emergency contraception is not the same as having an abortion because emergency contraceptive pills work before pregnancy begins. According to medical authorities, pregnancy begins when the fertilized egg implants in the lining of a woman's uterus, five to seven days after the egg is fertilised and the process is completed several days later. Emergency contraception will not work if a woman is already pregnant.
- In addition to taking emergency contraceptive pills, a woman can have a Copper-T IUD inserted up to five days after unprotected sex. The copper in Copper-T IUDs can prevent sperm from fertilizing an egg and may also prevent implantation of a fertilized egg.
- There are no safety concerns or known health risks about using emergency contraceptive pills more than once or even repeatedly. However, it is not as effective as using a regular method of contraception before or during sex. Emergency contraceptive pills can also have unpleasant side effects, such as making you sick to your stomach, and repeated use can result in increased side effects, like menstrual irregularities. Emergency contraception isn't effective over the long term because most women will eventually ovulate and it doesn't work after ovulation.
- Emergency contraceptive pills only protect against pregnancy when a woman takes them after sex. If a woman takes them and then has sex again without using another kind of contraception or her method fails, she can still get pregnant. If she still doesn't want to get pregnant, she needs to take emergency contraceptive pills again. Although emergency contraceptive pills would probably still protect you if you had sex immediately after taking them, there is no research to show how long they would work.

HOW PREGNANCY HAPPENS

Facts About Pregnancy

Other information:

Twins occur in two ways. One, the ovaries release two eggs at once and both are fertilized and implant themselves in the uterus so that two foetuses develop. These are called **fraternal twins**.

The other way is when one fertilized egg splits into two and both develop into foetuses, resulting in **identical twins**. They are identical because they come from the same fertilized egg and therefore have exactly the same genes.

Ectopic pregnancy happens when the fertilized egg implants itself outside the uterus, most often in a fallopian tube, although it can also implant in the abdomen, on the ovary or in the cervix. It may implant in the fallopian tube because scarring from an infection has blocked the tube. The fertilized egg then begins to grow outside the uterus. An ectopic pregnancy cannot develop normally outside the uterus and the growing tissue might destroy parts of the woman's reproductive system. For example, if the foetus begins to grow in the tube, which is tiny, it can burst without warning. This is called a tubal pregnancy.

Ectopic pregnancies are very dangerous and need to be treated as an emergency in a hospital. In the case of a tubal pregnancy, if the woman does not get it removed before the fallopian tube bursts, she may lose the tube or even die. Symptoms of an ectopic pregnancy include:

- Vaginal bleeding with severe abdominal or pelvic pain;
- Shoulder pain; and
- Feeling lightheaded and/or fainting.

CONTRACEPTIVE TALK SHOW



45 minutes

Objectives:

- To build supportive relationships between the participants
- To provide information about different methods of family planning
- To develop confidence to talk about family planning and contraception



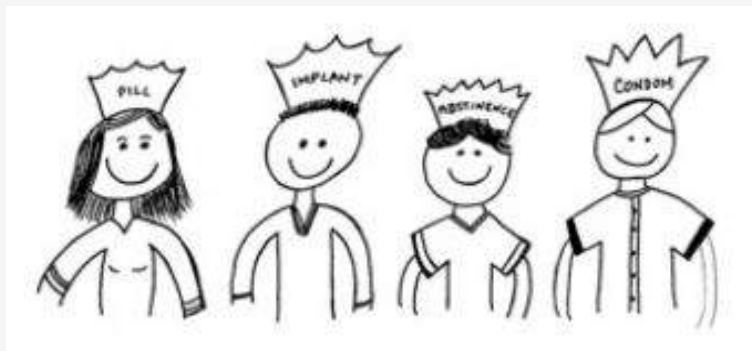
- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Music or a bell
- Scarves or cloths
- Samples of contraceptives OR pictures of contraceptives
- Questions box and slips of paper

Contraceptive Talk Show Mechanics:

- Explain that this activity will help them think about the advantages and disadvantages of different forms of contraception.
- Divide the class into five groups. Assign each group a method of contraception (abstinence, condom, pill, implant, IUD).
- Ask them to work out together what they think the main advantages and disadvantages of this form of contraception are.
- Ask each group to prepare one of their players to become the character who represents their assigned method of contraception approach (i.e. to become Miss Condom or Mr Abstinence).
- The groups will prepare their character to be interviewed on a TV 'chat show'.
- After groups have had time to prepare, call the interviewees to the front and have the Chat Show Host (facilitator) interview each one. Encourage the audience to cheer for their group's contraceptive. Questions should include:
 - Why do you think your type of contraception is the best choice a sexually active couple can make?
 - How do you actually work?
 - When people complain about you, what are their complaints?



INFORMATION ABOUT CONTRACEPTION



120 minutes

Objectives:

- To build supportive relationships between the participants
- To provide information about different methods of family planning
- To develop confidence to talk about family planning and contraception
- To provide information about the dangers of unsafe abortion



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Music or a bell
- Samples of contraceptives OR pictures of contraceptives
- Questions box and slips of paper

Information about contraception Mechanics:

a. Remind the group that one way to prevent pregnancy is through practicing abstinence. This is the method that most parents advocate for young unmarried people. However, if a partner want to have sex but do not want to make a baby, they need to know how to choose and use a modern method of contraception.

b. Explain the different methods and how they work using the Basic Facts about Family Planning and Contraception to help you. Include a brief description about how each works, where you get them, how much they cost, and if you need medical help to use them. As you explain, pass samples around the circle for them to look at. (Alternatively show the pictures of these contraceptives, using the fact sheets provided.)

c. Remind the group that while most methods of contraception only prevent pregnancy, condoms are effective at preventing pregnancy and also preventing the spread of sexually transmitted infections (STIs).

Key Message:

While it is good to give a strong message that abstinence is the method for avoiding unintended pregnancy (and the transmission of STIs) that most parents advocate for unmarried young people, it is also important to teach about condoms and contraceptives so that those who do become sexually active, or do have sex with multiple partners know how to reduce the risk of unintended pregnancy and STIs). Additionally, once young people marry, they may want to control the spacing between their children. They use contraception to help them space their children and limit the number of children that they conceive.

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Family planning is the practice of managing the number of children one has and the intervals between their births, particularly by means of contraception. Contraception includes a range of methods or devices used to prevent pregnancy. This means it can assist with family planning (prevention or and/or spacing of pregnancies).

There are 5 classifications of contraception that are accepted in the Philippines.

Long-Acting Reversible Contraception or LARC

LARC are methods that last for a long period of time often in years. These methods include the Intrauterine Device (Copper IUD and Progestin IUD), and Implant.

Hormonal Methods

These are laboratory-made hormones to make changes to your body that prevent pregnancy. These methods include the Combined Oral Contraceptive Pills (COC), Progestin-Only Pills (POP), Implants, and Progestin-only Injectables (DMPA).

Barrier Methods

These methods stop the sperm from reaching an egg. These methods include the Male and Female Condoms, Diaphragm, Cervical Cap and Spermicide.

Fertility Awareness-based Methods

These make use of natural methods to identify the fertile days when you are likely to get pregnant after a sexual intercourse. These methods include the Standard Days Method (SDM), Two Day Method, Billings Ovulation Method, Basal Body Temperature Method and the Symptothermal Method. Lactational Amenorrhea Method (LAM).

Permanent Methods

These methods involves surgical procedures to permanently block the release of the sperm from the man or egg from the woman. These methods include the No-Scalpel Vasectomy (NSV) and the Bilateral Tubal Ligation.

Contraception for adolescents has the following features:

- All currently available modern contraceptive methods are safe for adolescents.
- The use of progestogen-only injectables, such as depot medroxyprogesterone acetate (DMPA), for individuals below 18 years old has raised concerns because of their potential effects on bone density. However, the WHO clarified that such effects are balanced against the risk of an unplanned pregnancy.
- Young people often do not have the medical conditions that limit the use of certain contraceptive methods in older clients.
- Certain adolescent groups may be at a high risk for acquiring HIV and other sexually transmitted infections (STIs). This fact should greatly influence the selection of an appropriate contraceptive method for them. High discontinuation rates in this age group are due to low threshold to tolerance to some side effects. Therefore, members of this age group must be counseled about the temporary nature of these effects to motivate them to continue using the contraception.
- For some adolescents, the use of a daily regimen may be inappropriate because of the unpredictable frequency of intercourse and the need for privacy with regard to birth control use and sexual practices.
- For married or teenage mothers, healthy timing and spacing of pregnancy should be emphasized so that they may opt to use a long-acting reversible contraceptive method.

Educating adolescents on contraceptive methods and FP services should be done to provide correct information and improve knowledge on contraceptive use and appropriateness of contraception. The provision of adequate reproductive health (RH) counseling services for adolescents remains challenging because of the barriers posed by factors such as national policies, culture, misconception, poverty, and lack of education. RH counseling services must be made accessible, available, affordable, and understandable in a supportive and non-judgmental environment. Just like any client, young individuals must be assured of confidentiality and privacy and must not be subjected to unnecessary procedures before they can avail of the appropriate contraceptive method.

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

These methods are provided for FREE in all City and Municipal health centers, FPOP Clinics, and hospitals.

- Combined Oral Contraceptives (COC)
- Condom – Male
- Implant
- Injectable (DMPA)
- Intrauterine Device (IUD) – Copper T
- Progestin-only Pills (POP)

Lactation Amenorrhea Method (LAM) has no cost.

Bilateral Tubal Ligation and No-Scalpel Vasectomy (NSV) are also provided for free under the PhilHealth Package in government facilities. The private practitioners charge professional fees for these surgeries.

The cycle beads for Standard Days Method (SDM) maybe provided for free by some City and Municipal health centers and hospitals. If not, the cost of the cyclebeads is around Php100.00.

Male condom	
How it works	Rubber or latex barrier placed on the man's penis before it is put into the vagina or anus. It collects the man's semen, preventing it from entering the partner and therefore preventing pregnancy or the transmission of sexually transmitted infections.
Advantages	Cheap and very effective Small and easy to carry
Considerations	<ul style="list-style-type: none"> • You need to use a new condom each time you have vaginal or anal sex • It must be rolled onto the penis before any close physical contact takes place, because even if sperm is spilled near the vagina can cause a pregnancy. It must be taken off straight after the man ejaculates and disposed of carefully <p>Take care when removing the penis from the vagina or anus, otherwise the condom might come off or break</p> <ul style="list-style-type: none"> • Water-based lubricants will help stop the condom breaking • Condoms act as a barrier to STIs such as HIV but may provide protection against some infections such as herpes and genital warts • Cannot be used as the same time as a female condom.
Reliability	98% effective if used correctly
Sti/HIV protection	Helps protect against most STIs and HIV/AIDS



FACT SHEET: Family Planning and Contraception

How to use a male condom



STEP 1

Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



STEP 2

When the penis is hard or erect, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.



STEP 3

Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, make sure the foreskin is rolled down before putting the condom on.

Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – this could cause the condom to break.



STEP 4

Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.

FACT SHEET: Family Planning and Contraception

How to use a male condom



STEP 5

While pinching or holding the tip with one hand, unroll the condom all the way down to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.



STEP 6

After ejaculation and before the penis gets soft, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.



STEP 7

Tie the condom to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.

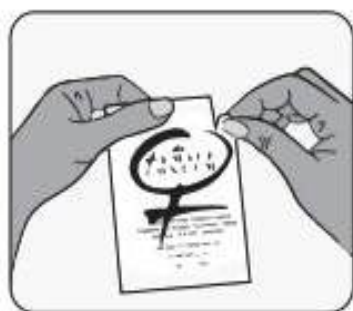
INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Female condom	
How it works	Female condom is a narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. A ring holds the condom in place during intercourse and the bag catches the man's semen so that it does not enter the vagina. If used properly, every time a person has sex, female condoms are effective in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, it also offers some additional protection from STIs that are spread by skin-to-skin contact.
Advantages	Some advantages of female condoms, in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect female fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman's understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before intercourse so that they do not interrupt sexual activity.
Considerations	<p>Female condoms are not difficult to use, but they may take some practice to get used to. Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, try a different body position (for example, lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.</p> <p>Some disadvantages of female condoms are: not as effective in preventing pregnancy as male condoms or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.</p>
Reliability	98% effective if used correctly
STI/HIV protection	Helps protect against most STIs and HIV/AIDS

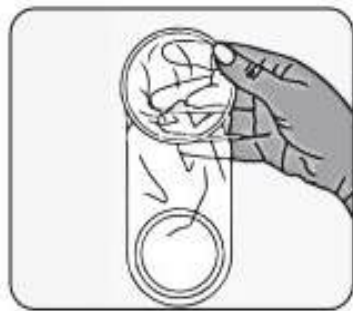
Basic Facts about Family Planning and Contraception

How to use a female condom - Reference: <http://www.ripnroll.com/femalecondoms.htm>



STEP 1

Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



STEP 2

When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at the notch on the top right. Do not open the package with your teeth or a sharp object like a knife or scissors.

The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse.



STEP 3

Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or turns into a figure eight.



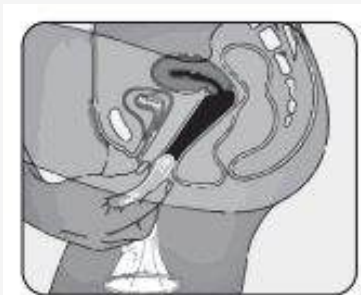
STEP 4

Choose a comfortable position – raise one leg, sit or lie down.

INFORMATION ABOUT CONTRACEPTION

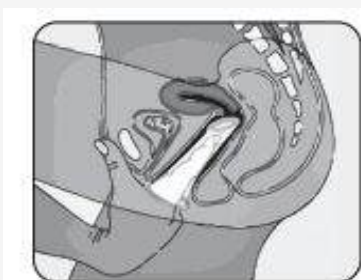
Basic Facts about Family Planning and Contraception

How to use a female condom - Reference: <http://www.ripnroll.com/femalecondoms.htm>



STEP 5

With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted.



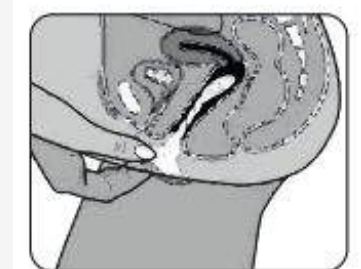
STEP 6

The condom is now in place. When you are ready to have sex, guide the penis inside the condom. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex.



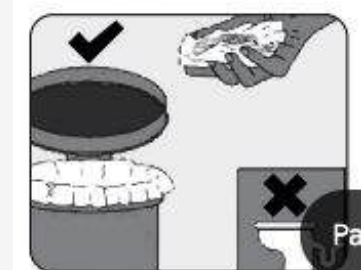
STEP 7

To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch.



STEP 8

Then gently pull the condom out of the vagina.



STEP 9

Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Contraceptive pills	
How it works	<p>Contraceptive pills prevent pregnancy through several mechanisms, mainly by stopping ovulation. If no egg is released, there is nothing to be fertilised by sperm, and the woman cannot get pregnant. Most kinds of contraceptive pills contain synthetic forms of two female hormones: estrogen and progestogen. Pills are taken by a woman daily. Some pills contain only one hormone—progestogen. This hormone prevents the sperm from reaching the egg transmitted infections.</p> <p>These include the combination pill and the mini-pill. The minipill is not recommended for young people. Contraceptive pills contain hormones that prevent pregnancy by suppressing ovulation, changing the movement of the fallopian tubes, making the mucous in the cervix thick, which prevents the sperm from entering the uterus and by reducing the thickness of the lining of the uterus before menstruation. When used correctly, the pill is highly effective in preventing pregnancy.</p>
Advantages	<p>Some advantages of the pill are: lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples.</p>
Considerations	<ul style="list-style-type: none">•• Not suitable for some medical conditions• Needs to be taken at the same time everyday. If the pill is taken more than 12 hours late, extra precautions are required• Can only be taken by a woman• Does not protect against STIs and HIV
Reliability	98-99% if taken correctly
STI/HIV protection	X No protection against STIs and HIV



INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Contraceptive pills

BRAND	GENERIC NAME & DOSAGE	TYPE OF PILLS	NUMBER OF PILLS PER PACK	PRICE
Althea	Cyproterone Acetate 2mg • Ethinyl Estradiol 35mcg	COC	21	₱514.25
Charlize	Ethinyl estradiol 30mcg • Levonorgestrel 150mcg Ferrous fumarate 75mg	COC	28	₱68.50
Cybellie	Cyproterone acetate 2mg • Ethinylestradiol 35mcg	COC	21	₱500.75
Daisy-30	Desogestrel 150mcg • Ethinylestradiol 30mcg	COC	21	₱72.75
Diane-35	Cyproterone acetate 2mg • Ethinylestradiol 35mcg	COC	21	₱689.50
Lady Pills	Levonorgestrel 150mcg • Ethinyl estradiol 30mcg	COC	28	₱50.50
Liza	Drospirenone 3mg • Ethinylestradiol 30mcg	COC	21	₱715.00
Lizelle	Drospirone 3mg • Ethinyl Estradiol 20mcg	COC	28	₱737.75
Lizonya	Drospirenone 3mg • ethinylestradiol 20mcg	COC	21	₱703.25
Marvelon	Desogestrel 150mcg • Ethinylestradiol 30mcg	COC	28	₱137.00
Melliane	Gestodene 75mcg • Ethinylestradiol 20mcg	COC	21	₱512.00
Micropil	Ethinyl estradiol 35mcg • norethisterone 400mcg	COC	21	₱79.50
Micropil Plus	Norethisterone 400mcg • Ethinyl Estradiol 35mcg Ferrous Fumarate 75mg	COC	28	₱88.00
Minipil	Levonorgestrel 100mcg • ethinylestradiol 20mcg	COC	21	₱243.75
Qlaira	Estradiol valerate • Dienogest • Lactose	COC	28	₱1,150.75
Trust	Ethinylestradiol 30mcg • Levonorgestrel 125 mcg Ferrous Fumarate 75mg	COC	28	₱57.75
Yasmin	Drospirenone 3mg • Ethinylestradiol 3mcg	COC	21	₱905.75
Yaz	Drospirenone 3mg • Ethinylestradiol 0.02mg	COC	28	₱905.75
Cerazette	Desogestrel 75mcg	POP	28	₱620.00
Daphne	Lynestrenol 500 mcg	POP	28	₱147.50
Exluton	Lynestrenol 500mcg	POP	28	₱208.25

Legend: ● COC - Combined Oral Contraceptive Pills rh-care.info/coc ● POP - Progestin-Only Pills rh-care.info/pop

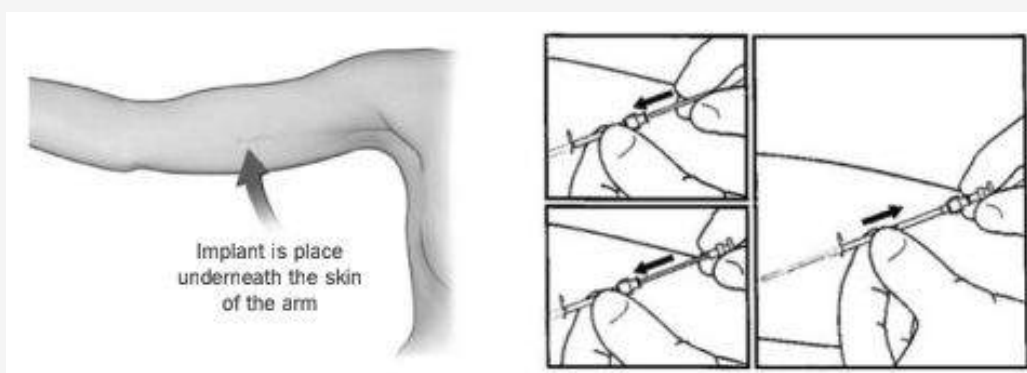
Sources: Watsons and Southstar Drug Online Stores as of June 2023



INFORMATION ABOUT CONTRACEPTION


Basic Facts about Family Planning and Contraception

Contraceptive implant	
How it works	A small rod containing the hormone progesterone which is inserted under the skin in the arm by a doctor. Prevents the egg being released and the sperm reaching the egg.
Advantages	Lasts for three years Small and easy to conceal Does not rely on remembering to take a pill every day
Considerations	<ul style="list-style-type: none">• Many women have very light periods or may completely stop having periods.• It is not suitable for women who may be pregnant, have liver disease or extremely heavy menstrual bleeding• The implant may cause side effects such as irregular bleeding, painful periods, nausea or mood swings. If this happens, you need to see your doctor• Does not protect against STIs and HIV
Reliability	99% effective
STI/HIV protection	X No protection against STIs and HIV



INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Contraceptive injection	
How it works	An injection of progesterone every one month or three months prevents sperm reaching egg and egg being released.
Advantages	<p>Lasts for 12 weeks</p> <p>Some advantages of contraceptive injections are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone estrogen; may decrease the risk of cancer of the ovary or uterus.</p>
Considerations	<ul style="list-style-type: none"> • While using hormone injections, many women stop menstruating after the first two or three injections • Need to go to a doctor or health service to have the injection • Irregular menstruation may occur after the first few injections • Delayed return to fertility • Does not protect against STIs and HIV <p>Some disadvantages of contraceptive injections are: does not protect against STIs, including HIV; may cause changes in the menstrual cycle; may cause irregular bleeding or heavy spotting; menstruation may not occur (called amenorrhea); may result in weight gain; side effects can last for a long time due to the amount of the hormone injected into the body; requires injections on a monthly or tri-monthly basis; and when a woman stops using it, there may be a delay in her fertility coming back.</p>
Reliability	99% effective
Sti/HIV protection	X No protection against STIs and HIV
 <p>The illustration shows a medical syringe with a needle and a small glass vial. The vial has a label that reads 'INJECTABLE CONTRACEPTIVE'. The syringe is positioned horizontally in front of the vial.</p>	

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

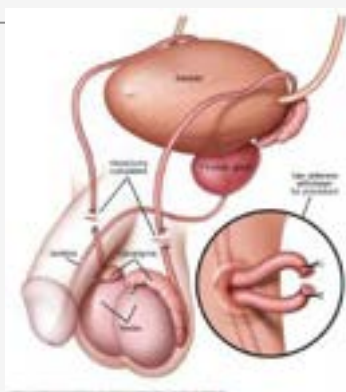
Intrauterine device	
How it works	<p>A small plastic object, containing copper placed inside a woman's uterus by a doctor, and left in place for 5 to 12 years. It stops the sperm reaching the egg, and also prevents a fertilised egg from attaching to the lining of the uterus.</p> <p>In the Philippines, two types of IUD are available: The Copper T380 (TCu) which is a T-shaped plastic device with a copper coil wrapped around its stem and copper bands around its arms. The device releases copper to prevent fertilization. It has a two-stranded monofilament tail. This type of IUD is effective for 12 years.</p> <p>The Hormone-releasing IUD (e.g., levonorgestrel-releasing IUD or Mirena) are made of plastic and steadily release small amounts of progesterone. This type of IUD is of limited availability locally and is effective for five years.</p>
Advantages	Very convenient and cheap because it lasts up to 12 years, but effectiveness may be slightly reduced after 5 years. Can be removed at any time, with fertility returning quickly for most women.
Considerations	<ul style="list-style-type: none">• Must visit a doctor or health service to have it fitted• May not be suitable for some women• Sometimes there is pain or discomfort when it is inserted, and from time to time once in place• Menstruation may be heavier and cause cramps• Need to check monthly that it is still in place. A doctor will demonstrate how to do this• Pelvic infection can be a risk for some women, which could lead to infertility in the future. In the event of unusual bleeding or pain, medical assistance should be sought• Does not protect against STIs and HIV
Reliability	98-99% effective
Sti/HIV protection	X No protection against STIs and HIV



INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

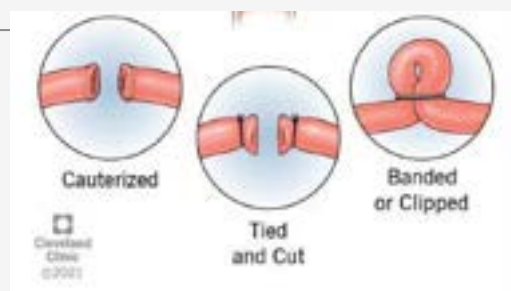
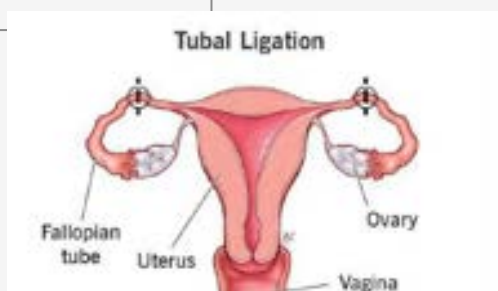
Vasectomy, male sterilization	
How it works	<p>No-Scalpel Vasectomy, "The Snip", Male Sterilization, Male Surgical Contraception</p> <p>A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen. It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate.</p> <p>No-Scalpel Vasectomy (NSV) is a permanent method of contraception for men in which the vas deferens (the tube that serves as the passageway of sperm) is tied and cut or blocked through a small opening on the scrotal skin. Although it is a permanent contraception for men, it does not decrease sex drive or affect sexual function.</p> <p>No-Scalpel Vasectomy (NSV) is a simple surgery performed by a doctor in an office, clinic, or a hospital. No-scalpel vasectomy (NSV) is a procedure in which a puncture wound is made at the midline of the scrotal skin using a vas dissecting forceps to reach both vas deferens on either side. This procedure is a highly preferable method because of less pain and tissue trauma and shorter operating and recovery time. In a vasectomy, the tube that carries sperm from each testicle (vas deferens) is cut and sealed.</p>
Advantages	<ul style="list-style-type: none"> • It has fewer side effects and complications compared to birth control methods used by women. • The male takes responsibility for contraception, taking the burden off from the woman. • Survey says some men prefer it as it increases the enjoyment and frequency of sex.
Considerations	<ul style="list-style-type: none"> • Vasectomy is not effective until three months after the surgery. This is a permanent method.
Reliability	100% effective
STI/HIV protection	X No protection against STIs and HIV



INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Female Sterilization, Tubal Sterilization, Tubectomy, “The Operation”, “Bilateral Tubal Ligation”, “BTL”	
How it works	<p>A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman’s ability to have sex or to feel sexual pleasure. It is a safe and simple surgical procedure that provides permanent contraception for women who do not want to bear more children. The procedure involves cutting or blocking the two fallopian tubes so that the woman’s egg cannot meet the man’s sperm. Although it is a permanent contraception for females, it doesn’t affect the menstrual cycle nor makes the body weak. Ligation is a minor surgery done in a hospital. Two surgical approaches include:</p> <ul style="list-style-type: none"> • A Mini-laparotomy where the abdomen is cut open to locate and safely cut or tie the female’s fallopian tubes and; • A Laparoscopy where a long, thin tube with a camera is inserted into the abdomen to help the doctor safely perform the surgery.
Advantages	<ul style="list-style-type: none"> • Highly effective and convenient: Tubal ligation is about 99% effective. It protects you for the rest of your life against pregnancy. You never have to remember to take birth control pills or change it, and you don’t have to visit your pharmacy or gynecologist for birth control. • Non Hormonal form of birth control: Some people prefer non hormonal forms of birth control. Tubal ligation doesn’t change your hormones. It also doesn’t affect your period or cause menopause. • Reduces risk of diseases or cancer: Studies have shown that tubal sterilization can reduce your risk for ovarian cancer by about 40%.
Considerations	<p>Regret: Studies have shown around 12% of people regret choosing sterilization and may benefit from waiting until age 30 to have the procedure. Make sure you’ve carefully weighed all pros and cons of getting your tubes tied.</p> <p>Permanent: Getting tubal ligation reversal surgery is expensive and not highly effective. Tubal ligation is meant to be permanent.</p> <p>Risks of surgery: Tubal ligation is a safe surgery and most people don’t have issues. But there are risks associated with all medical procedures.</p>
Reliability	99% effective
STI/HIV protection	X No protection against STIs and HIV



Basic Facts about Family Planning and Contraception

Natural Family Planning Methods

Fertility Awareness Based Methods (FAM)

Fertility awareness-based (FAB) contraceptive methods are based on the recognition of the beginning and end of the fertile period of a woman's menstrual cycle. Sometimes called periodic abstinence or natural family planning (NFP), these methods require abstaining from sexual intercourse during the fertile phase to avoid conception. The success of these methods depends on the woman's ability to identify the fertile phase of each menstrual cycle, the competence of the teacher-provider, and the couples' motivation and discipline to practice abstinence when required. FAB methods provide an alternative for women who want to use natural methods for medical, religious, or personal reasons.

Advantages of FAB

Can be used either to avoid pregnancy or to become pregnant

- No physical side effects
- Very little or no cost
- Immediately reversible
- Acceptable for some religious groups that reject or discourage the use of other methods
- No hormonal side effects
- Involves men and encourages responsibility on FP
- Educates couple about women's fertility cycles

Disadvantages of FAB

- May inhibit sexual spontaneity
- Difficult to practice (abstinence) on fertile days for some couples
- Will not work without continuing cooperation and commitment of the couple
- Requires consistent and accurate record keeping on body changes
- Can become unreliable or difficult to use when menstrual cycle length is short, long, or irregular; when fertility signs and symptoms are affected by illness; or when users are apprehensive or find difficulties in following instructions
- Does not protect against sexually transmitted infections, including human immunodeficiency virus (HIV)/autoimmune deficiency syndrome (AIDS)

Adolescents can use this modality if motivated enough to observe strict compliance.

- However, young women, especially those with irregular cycles, must avoid using these methods because of its high failure rate.
- Special counseling is necessary for young individuals to ensure correct usage of this method.

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Natural Family Planning Methods

Standard Days Methods

The SDM is based on the physiology of the menstrual cycle and the functional life span of the ovum and the sperm. It can be used by women if their menstrual cycles are 26 to 32 days long. The client uses color-coded CycleBeads to mark the fertile and infertile days of her menstrual cycle and to monitor her cycle length. Clients using this method abstain from sexual intercourse on fertile days (days 8 to 19) to avoid pregnancy.



Sympto-thermal Method

The client identifies her fertile and infertile days by combining BBT, cervical mucus observations, and other fertility signs, such as breast tenderness and ovulatory pain to avoid unprotected sex on fertile days.

Calendar-based Methods

Calendar-based methods are FAB methods that use calendar calculations to determine the period when becoming pregnant is unlikely. All women can use calendar-based methods. Although no medical conditions prevent the use of these methods, some conditions make them difficult to use.

Symptom-based Method

The use of symptom-based methods requires training for the client. Ideally, the couple should be trained to use this method to recognize the signs of fertility when abstinence from sex should be practiced.

When should you use this method?

- Clients with regular menstrual cycles can start the method any time of the month. They do not need to wait for the start of the next monthly bleeding.
- Clients with no monthly bleeding (menses) should delay symptom-based methods until their monthly bleeding returns.
- Clients who recently gave birth (regardless of whether they are breastfeeding) can start symptom-based methods once their normal secretions have returned. Normal secretions will return later in breastfeeding women than in non-breastfeeding women.
- Clients can start symptom-based methods immediately after a miscarriage or an abortion as long as they do not have infection-related secretions or bleeding due to genital tract injury.
- Clients switching from a hormonal method can start symptom-based methods in the next menstrual cycle after stopping the hormonal method.

INFORMATION ABOUT CONTRACEPTION

Basic Facts about Family Planning and Contraception

Natural Family Planning Methods

Basal Body Temperature Method

The BBT method involves identifying the fertile and infertile periods of a woman's cycle by taking and recording daily the rise in body temperature during and after ovulation. BBT is the temperature of the body at rest after at least three hours of continuous sleep before temperature taking. A woman's BBT rises during her ovulation period and stays high until the next menstruation because of a rise in progesterone level.

Billings Ovulation Method

The ovulation method or the Billings Ovulation Method involves the observation of wet and dry sensations in the vulva. The feeling of wetness and the secretion of wet, slippery, and clear mucus indicate a fertile period. The feeling of dryness and having no secretion or the presence of pasty, non-stretchy mucus or unchanging mucus pattern a day after menstruation indicates the infertile period.



Lactational Amenorrhoea Method (LAM)

Lactational Amenorrhoea can be used during the first six months after birth if the woman is exclusively breastfeeding her baby. Exclusive breastfeeding, which means the baby is getting only breast milk whenever it is hungry, can prevent the ovaries from releasing an egg for up to six months. It does not protect against STIs or HIV.

The LAM primarily works by preventing ovulation. Frequent breastfeeding temporarily prevents the release of the natural hormones that cause ovulation. This method is considered effective under the following three conditions: (1) the monthly menstruation has not returned, (2) the baby is fully or nearly fully breastfed and often day and night, and (3) the baby is less than six months old.

- The LAM can be started immediately after birth up to six months after childbirth. The client should breastfeed immediately (within one hour) or as soon as possible after the baby is born.
- The method can be used any time if the client has been fully or nearly fully breastfeeding her baby since birth and her monthly bleeding has not returned.

All breastfeeding women can safely use the LAM, but a client in the following circumstances may want to consider other contraceptive methods:

- Has HIV/AIDS (the mother needs to take ART and consult a health care provider)
- Is using certain medications during breastfeeding (including mood-altering drugs, reserpine, ergotamine, antimetabolites, cyclosporine, high doses of corticosteroids, bromocriptine, radioactive drugs, lithium, and certain anticoagulants)
- The newborn has a condition that makes breastfeeding difficult (including premature babies and those that need intensive neonatal care, are unable to digest food normally, or have deformities of the mouth, jaw, or palate)

SEXUALLY TRANSMITTED INFECTIONS



75 minutes

Objectives: To learn how STIs are spread and how they can be prevented; and to discuss the effects and consequences of STIs; to correct wrong information; and to discuss what to do if you have an STI.



- Make three signs marked 'True', 'False' and 'Don't Know' and post them at different places in the room where participants will be able to stand.
- Find out where people can get tested and treated for STIs in your community and identify any places that provide youth-friendly services.



- Flipchart paper, marker pens, tape and scissors or masking tape.

Myths and facts about Sexually Transmitted Infections (STI) Mechanics:

1. Write 'STI' at the top of flipchart paper.

Ask the participants:

- What does STI stand for? Write their responses on flipchart paper.
- How do you get an STI? (Answer: By having unprotected sexual intercourse.)
- Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone (e.g., herpes and genital warts (HPV)).

2. Ask the group to brainstorm the following and list their responses on the flipchart paper:

- STIs they know
- Any other names for those infections (slang)

If any of the following are missing, add them: gonorrhoea; chlamydia; syphilis; herpes; genital warts or human papillomavirus; hepatitis B; pubic lice; and scabies.

Note that these are the most common STIs.

3. Point out the signs labelled 'True', 'False' and 'Don't Know/Unsure' that you posted in the room.

Ask the participants to stand up and explain that you are going to read a statement and they should move to the sign that shows how they feel about each statement – if they think it is true, they will move to the True sign and so on.

4. Read the first statement below and give participants time to move. Ask each group why they are standing under that sign. Then give the correct answer and add to the explanations or information given by the participants as needed.

Use the Facilitator Answer Key: STIs – True or False below as a guide to the answers. Give the explanations and additional information as you go through the answers.

SEXUALLY TRANSMITTED INFECTIONS

True or False Statements

1. You won't get an STI if you only have oral sex.
2. Only people who have lots of sex partners get STIs.
3. You can get an STI from a toilet seat.
4. Many STIs can be transmitted to babies during pregnancy or birth.
5. You can have an STI even if you do not have any signs or symptoms.
6. Some signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.
7. Women have more noticeable signs and symptoms of STIs than men.
8. STIs caused by viruses cannot be cured.
9. Passing urine after sex protects you from STIs.
10. If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.
11. STIs cannot lead to cancer.
12. STIs that are not treated can result in problems getting pregnant.

6. Read out a second statement and repeat the same process. Continue for all of the statements.

7. Ask participants what other things they have heard about STIs that they think may be wrong. Discuss these and any other questions or comments that they have.

8. Ask participants: What should people who think they may have an STI do? Make sure the following key points come out in the discussion:

- Go to a clinic and get tested as soon as possible
- If you have an STI, tell all of your sexual partners to get tested
- Take all of the medicine prescribed even if you feel better
- Go back to the clinic to make sure the infection is gone
- Use condoms every time you have sex
- If you have an STI that cannot be cured, tell all of your future sex partners about it before you have sex with them.

9. Ask them:

- If you think that you might have an STI or you just want to get checked to make sure, where can you go?
- Which of those services is youth-friendly?

Wrap-up

Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.

- Anyone can get an STI if they have unprotected sexual intercourse.
- STIs are spread through unprotected sexual intercourse, including oral and anal sex. Some, like herpes and genital warts, can be spread from skin-to-skin contact.
- Both partners must be treated at a clinic to make sure that there is no chance of reinfection.
- Abstinence or condoms used correctly every time you have sex are the only ways to prevent transmission of STIs.
- Many STIs can be cured, but those caused by viruses, such as herpes, genital warts, and HIV, have no cure.
- There are vaccines to protect you from hepatitis B and from genital warts.

Key Message:

STIs happen because people are still engaging in unprotected sexual activity. They are common among adolescents. If a person suspects that s/he may have an STI, s/he should go for treatment rather than ignoring it. A person with an STI is more likely to get HIV and to spread HIV to others. Although you may feel scared, embarrassed or nervous to go to a clinic, it is the best thing to do to make sure that you are properly treated. Delaying medical treatment makes the STI worse. Self-treatment, traditional medicine and prayer are not effective solutions. Now that you know some of the basic information about STIs, let's learn more about one infection that is usually sexually transmitted - HIV.

SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections True, False, or I don't Know

1. You won't get an STI if you only have oral sex.	False: STIs can be transmitted through oral sex. You can get gonorrhoea in your throat, for example. Herpes and syphilis can also be spread through oral sex.
2. Only people who have lots of sex partners get STIs.	False: Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.
3. You cannot get STIs from toilet seats.	True: The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat.
4. Many STIs can be transmitted to babies during pregnancy or birth.	True: Many STIs, including gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. (Human papillomavirus (HPV) and chancroid are not transmitted to babies during pregnancy or birth.)
5. You can have an STI even if you do not have any signs or symptoms.	True: In more than half of all cases, a person with an STI has no signs or symptoms that they notice. Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts.
6. Some common signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.	True: These are the most common signs of having an STI.

SEXUALLY TRANSMITTED INFECTIONS

Sexually Transmitted Infections True, False, or I don't Know

7. Women have more noticeable signs and symptoms of STIs than men.	False: Women are more likely not to have any noticeable signs or symptoms than men. They may have signs that are inside the vagina or they may have no signs at all.
8. STIs caused by viruses cannot be cured.	False: STIs can be transmitted through oral sex. You can get gonorrhoea in your throat, for example. Herpes and syphilis can also be spread through oral sex.
9. Passing urine after sex protects you from STIs.	False: Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.
10.If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.	True: The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat.
11. STIs cannot lead to cancer.	True: Many STIs, including gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. (Human papillomavirus (HPV) and chancroid are not transmitted to babies during pregnancy or birth.)
12.STIs that are not treated can result in problems getting pregnant.	True: In more than half of all cases, a person with an STI has no signs or symptoms that they notice. Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts.

SEXUALLY TRANSMITTED INFECTIONS

Basic Facts About Sexually Transmitted Infections

How STIs are spread:	STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of a woman's anatomy).
Types of STIs:	STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus (HPV) or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomoniasis, scabies and pubic lice. They can be cured.
Signs and symptoms of STIs:	In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs and symptoms of STIs on or around the genitals are: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men. Because STIs often don't have signs and symptoms, many people are not aware that they have one. So, if you have had unprotected sex, you could have an STI and not know it.
STIs and HIV:	STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.
Consequences of untreated STIs:	Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (PID - pelvic inflammatory disease in women, inflammation of the testicles in men), infertility (not being able to get pregnant), cervical cancer (from HPV), liver cancer (from hepatitis B and C), serious damage to the nervous and cardiovascular system (from syphilis) and even death (from syphilis and HIV).
Genital warts (HPV) and cervical cancer:	The virus that causes genital warts (HPV) is an important cause of cervical cancer in women. There is now a vaccine against genital warts, so all young women should get vaccinated against genital warts, if possible. Women who have not been vaccinated can get a test, called a Pap smear, or the acetic acid test to detect precancerous lesions or other signs of cervical cancer. All women should get this test every three years if they can, but it is especially important for women who have genital warts and for women who are HIV-positive because they are at higher risk for cervical cancer.
Candidiasis:	Candidiasis, also called yeast infections, candida, white discharge or thrush, is usually not sexually transmitted. In women, it is the result of an increase in the natural yeast in the vagina. It is rare in men. Pregnancy, taking antibiotics, diabetes and illnesses that suppress the immune system, like HIV, make it more likely that a woman will get candidiasis. Signs of candida include thick white, discharge on the vulva and in the vagina; intense itching of the vulva and vaginal opening; and discomfort or pain during sex. It can be easily treated and will also go away on its own.

SEXUALLY TRANSMITTED INFECTIONS

Basic Facts About Sexually Transmitted Infections

Preventing STIs:	Abstinence or not having sex is the surest way to avoid getting an STI. For those who are having sex, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI. In addition to the vaccine for genital warts (Human Papillomavirus), there is a vaccine for hepatitis B.
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If you think you may have an STI, do the following:

1. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Traditional medicine is usually not effective in treating STIs.
3. Tell anyone with whom you've had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
4. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone.
5. Go back for a check-up to make sure the infection is gone, even if you feel better.
6. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
7. If you get an STI that cannot be cured, always tell your sex partners about the infection before you have sex with them and always use condoms.

Treatment of STI

If you had sexual intercourse, and notice symptoms of an STI or feel like you might have an STI, you need to see a doctor immediately. Your sexual partner must also consult a doctor. If you or your partner have STI, abstain from having sexual intercourse until you are cleared by your doctor. STI like HIV, warts, and herpes have no cure while other STI can be cured with the proper treatment. Therefore, if you are already having sexual intercourse, it is recommended that you regularly see a doctor to get checked for STI. Social Hygiene Clinics, City Health Clinics, and other public and private hospitals and clinics offer STI diagnosis. It is better to seek help than to keep things to yourself!

Medicines should be taken exactly as how the doctor prescribed them including how often and for how many days the medicines should be taken. It is important to finish the full course of medication to guarantee complete treatment. So even if you start feeling better or the symptoms disappear, finish the medication as prescribed.

If you get an STI, get diagnosed, and complete treatment – it is still possible to get the same STI again or other STI in the future. So to keep yourself healthy, remember to practice the ABCDE of HIV and STI prevention.

1. Each sexual activity puts you at risk of getting different Sexually Transmitted Infections. One can have several STI at the same time.
2. There are four common symptoms of STI that you have to remember: discharge, sores, warts, and itching.
3. HIV is a Sexually Transmitted Infection (STI).
4. Go to a doctor if you think you may have STI.
5. Do not take medicines not prescribed by your doctor.
6. Getting treated for STI in the past does not make you immune to that STI or other STI in the future.
7. STI may have long-term complications.

Remember that anyone can get an STI.

SEXUALLY TRANSMITTED INFECTIONS

Basic Facts About Sexually Transmitted Infections

The table below lists some of the most common STIs and provides information about each of them.

Type of STI	Gonorrhoea	Chlamydia	Chancroid	Syphilis
Common names				
Infectious agent	Bacteria	Bacteria	Bacteria	Bacteria
How do you get it?	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact Skin-to-skin contact
When will it start to show?	1 – 10 days	1 – 3 weeks	Stage 1: 1-3 months Stage 2: 3 – 6 months Stage 3: Many years	3 – 14 days
What are the symptoms?	Women: Pelvic pain, painful urination, vaginal discharge; fever; most will have no symptoms. Men: Painful urination, discharge or drip from penis or no symptoms	Women: Pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse or no symptoms Men: Discharge from penis, painful urination; most have no symptoms	Stage 1: A painless sore Stage 2: Fever, headache and a rash Stage 3: Very ill. The cause is not always easy to find.	Soft painful sore on the genitals (less noticeable in women) Swollen lymph glands in the groin
Treatment	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics
What are the effects if untreated?	<ul style="list-style-type: none"> • Pelvic infection • Infertility • Blindness in baby • Sterility in men • Risk of tubal pregnancy • Facilitates HIV transmission • Infertility • Blindness in baby • Sterility in men • Risk of tubal pregnancy • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Severe infection of reproductive organs (PID) • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Infertility • Skin diseases • Paralysis • Mental illness • Arthritis • Baby born blind or stillborn • Death • Facilitates HIV transmission 	Scarring, thickening of tissues, fistula (passages or holes between organs, such as the vagina and the urethra)

SEXUALLY TRANSMITTED INFECTIONS

Facilitator and participant information: STIs

The table below lists some of the most common STIs and provides information about each of them.

Type of STI	Herpes	Human Papillomavirus	Hepatitis B	HIV
Common names	Blisters, cold sores			
Infectious agent	Virus	Virus	Virus	Virus
How do you get it?	Sexual contact Skin-to-skin contact with or without a sore From mother to child	Sexual contact Skin-to-skin contact	Sexual contact Exchange of body fluids (blood, saliva and urine)	Sexual contact Exchange of body fluids (blood, vaginal and rectal secretions, breastmilk)
When will it start to show?	2 – 20 days	1 – 6 months	1 – 6 months	(more information in the next pages)
What are the symptoms?	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. Sometimes there are no signs or symptoms.	Small painless bumps on the genitals with slight itching or burning. They can be inside the vagina in women or the urethra in men with no outward signs. Women need a pap smear or acetic acid test to detect lesions.	Stage 1: Flu, fatigue, weight loss, painful joints Stage 2: Jaundice the skin and whites of the eyes become yellow	(more information in the next pages)
Treatment	Not curable Medications can help prevent the sores from reappearing	Not curable Warts can be removed by burning, freezing or minor surgery A vaccine is available	Rest and healthy food Lifelong infection A vaccine is available to prevent this infection	(more information in the next pages)
What are the effects if untreated?	<ul style="list-style-type: none"> • Sores go away without treatment, but may reappear when person is ill or stressed • Can pass to baby • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Can grow large and spread • Some types can lead to cervical cancer • Can pass on to baby 	<ul style="list-style-type: none"> • Can cause liver disease, liver cancer and death • Can pass on to baby 	(more information in the next pages)

SEXUALLY TRANSMITTED INFECTIONS

Facilitator and participant information: STIs

The table below lists some of the most common STIs and provides information about each of them.

Type of STI	Public lice	Scabies
Common names	Crabs	
Infectious agent	Parasite	Parasite (a small mite)
How do you get it?	Sexual contact Close physical contact Sharing a bed or clothes	Sexual contact Close physical contact
When will it start to show?	Immediately	1 month
What are the symptoms?	Itching in the area of the chest, genital hair Lice crawling and small eggs (nits) on hair and clothing	Itching at night Red lines in the skin as the scabies burrow Ulcers develop after scratching
Treatment	Special shampoos or lotions All bedding and clothing must be washed in hot soapy water	Special cream Wash all clothing and bedding before applying. Repeat after three days
What are the effects if untreated?	Skin irritation	Spreads all over the body

HUMAN IMMUNODEFICIENCY VIRUS



75 minutes

Objectives: To help participants develop a deeper understanding of what people experience when they go for an HIV test.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- A bag or hat containing small pieces of paper in two different colours with a few pieces of a third colour

Visual Imagery on HIV Mechanics:

1. Explain to the participants that they are going to do a visual imagery exercise that will help them imagine what it would be like to experience HIV counseling and testing. Be certain to adapt the imagery to the local context.

Ask each participant to take a piece of paper out of the bag or hat, remember the colour, and hold onto it. Say the following (adapt the text if necessary):

'This will work better if you close your eyes. I'd like you to imagine that you are in bed at home in the morning. The alarm clock is ringing and, as you fumble around to turn it off, you slowly wake up. You are still feeling tired, and you notice that your head is feeling heavy, a little heavier than usual. In fact, you realize that you probably have a fever, and you ache just trying to move your body. As you get up to wash, you decide that you won't go to school or work today but that you will go to the doctor to see whether you are sick.

'At the doctor's office, you are finally examined and the doctor says that everything will be fine, you just have the flu (influenza). On your way home, however, you remember thinking in the waiting room about the fact that you have never had an HIV test. Maybe now is the time to do it. So when you get home, you call the doctor's office to make an appointment to have an HIV test.

'It's the day of the test now. Think about your journey to the clinic. Perhaps you have to take a bus, go in a car, or walk there. Imagine what the clinic looks like when you get to the door. Perhaps there is a sign on the door with the clinic's name or perhaps it's an anonymous place. You walk in, and they give you a number and you wait your turn. Finally a counsellor greets you, asks you some questions about your past behaviour, drug use, and sexual history. Then you have a blood or saliva sample drawn, and you are given an appointment to return to the clinic to receive your test results.

HUMAN IMMUNODEFICIENCY VIRUS

'The time goes slowly. Now it's the day you go for your test results. In the morning, as you wash or take a shower, you wonder what it would be like to receive a positive test result. You remember the familiar journey to the clinic. On the way you might remember an experience from your past when somehow you might have risked being infected with HIV. You enter the clinic and tell the receptionist your name. While you wait, you see the counsellors go in and out of the office with other clients.

'Now the counselor greets you and asks you to follow him or her into the office. You are shown a number to compare with the one you are carrying to confirm that the test results you are about to receive are definitely yours. Once you see that the numbers match, the counsellor opens up your file to give you your results.

Those of you who selected the paper that is [name a colour] tested positive. Those of you who selected the [name another colour] paper tested negative. If you took a piece of the [name the third colour], you had an inconclusive test result.'

Allow a few moments of silence again and then continue: 'Think about whether you would say anything or ask the counsellor any questions. Maybe you are wondering with whom you might share the news.

'Now I'd like you to come back to the present, to this room, and remember that you are in a training exercise and not really in a clinic. When you are ready, you can open your eyes, and we will share some thoughts and feelings.'

Wrap-up

Allow the group to discuss their experience. Be ready for considerable emotion from the group members, particularly as you might have some participants who have already had an HIV test and tested positive. Allow participants to discuss their feelings, while reminding them that some of the people in the room might be affected by HIV/AIDS.

Ask the participants:

- How do they feel about the activity
- What are their key insights and reflections
- How they can apply it to their day-to-day activities
- Other reflections

Key Message:

Point out that sometimes people might send others to take an HIV test without thinking about or understanding the implications. Mention that sometimes people who get a positive test result first tend to tell several people about it quickly. When the emotional impact of the news really sinks in, they sometimes regret telling some of those people. Therefore, individuals should be told to consider carefully whom they trust enough to tell the news.

HUMAN IMMUNODEFICIENCY VIRUS



60 minutes

Objectives: To assess how much participants know about HIV; to review basic information about HIV transmission and prevention; to enable participants to share the knowledge they have with each other; and to ensure that all participants have the correct information.

- Explain how HIV is and is not transmitted.
- List the five fluids that can transmit HIV when exchanged.
- Describe how HIV can be prevented.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, a bag or other container, optional: small prize for the winning team.

How much do you know about HIV? Mechanics:

1. Write the following statements for the game onto slips of paper (without the answers) and fold them up. Keep the three categories of statements separate by putting each into a separate bag or container. Label each bag so you know which is which.

Statements about how you get HIV:

A person can get HIV if they have sex without using a condom.	True
A person can get HIV by using needles that were used by someone else.	True
A person can get HIV from a mosquito that bit someone with HIV before.	False
An HIV-positive woman who is pregnant can pass HIV to her baby.	True
An HIV-positive woman who breastfeeds can pass HIV to her baby.	True
HIV can be transmitted through witchcraft.	False
I can get HIV by being around people who are HIV-positive.	False
Condoms can spread HIV.	False
A person with a sexually transmitted infection can get infected with HIV more easily.	False

HUMAN IMMUNODEFICIENCY VIRUS

Statements about how to prevent HIV:

Not having sexual intercourse is one way to protect yourself from HIV.	True
Using contraceptive injections is one way to protect yourself from HIV.	False
Pulling the penis out before the man ejaculates is one way to protect yourself from HIV.	False
Having sex only with your only one partner who is also doing the same for you will protect you from HIV.	True
If a person is not in a high-risk group, they don't need to worry about getting HIV.	False
A person doesn't need to worry about getting HIV because there is now a cure.	False
There is a vaccine to prevent HIV infection.	False
A person taking medicines for HIV cannot spread the virus.	False
If a person and their partner both have HIV, they don't need to use condoms.	False
Having unprotected sex with a person who looks healthy and fit is safe.	False
A pregnant woman who is HIV-positive can take medicine to protect her baby from HIV.	True

Wrap-up

10. Ask participants what the main points of the activity were. Add any of the following points that they do not mention:

- HIV can be transmitted through unprotected sex; through the exchange of blood (from sharing needles or other sharp cutting or piercing instruments); and from an infected mother to her baby during pregnancy, birth or breastfeeding.
- The five body fluids that can transmit HIV are semen, pre-ejaculate, vaginal fluids, blood and breast milk.
- Any time these fluids are exchanged between people there is a risk of HIV being transmitted.
- HIV can be prevented by not having sex and by using condoms correctly every time you have sex.
- Girls and women are at higher risk for HIV for biological reasons and because of the effects of gender-based violence on their health.

Key Message:

HIV is the virus that causes AIDS. Although HIV has no cure, there are treatments that can help people stay healthy and live a long life if they have HIV. Now that we have reviewed the basic information about how HIV is transmitted, we are going to look at how HIV attacks the body and makes someone sick.

TO KNOW OR NOT TO KNOW YOUR HIV STATUS



45 minutes

Objectives: • Describe what a person needs to do to know their HIV status, including why they need to be tested a second time after three months.

• Explain convincingly why it is better to know your HIV status if you are negative and if you are positive.

• State whether they would be willing to get tested for HIV and why or why not



- Find out where HIV testing is provided in your community and country.
- Take 4 pieces of flipchart paper and copy the four charts (see below)



- Flipchart paper, marker pens, tape and scissors or masking tape a bag or other container, optional: small prize for the winning team.

To know or not to know your HIV status Mechanics:

1. Take 4 pieces of flipchart paper and copy the four charts below onto them:

1. If you are HIV-negative and you know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

2. If you are HIV-negative but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

3. If you are HIV-positive and you know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

4. If you are HIV-positive but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen

2. Before starting the activity, post the four sheets of flipchart paper you prepared on different walls of the room, in order from 1 to 4. They should not be very close to each other.

3. Tell participants that this activity is about HIV testing. To review what participants already know about HIV testing and to add to and correct their knowledge, ask participants the following questions.

- How can a person know if they are HIV-positive or not?
- What is the HIV test? What does it measure? (Answer: It measures the presence of antibodies to HIV, not the virus itself.)
- Why does a person who tests negative need to go back for a second test? What is the window period?
- Where can you get tested for HIV in this community?
- What happens when you go to get tested for HIV?
- Why do people get tested for HIV?

TO KNOW OR NOT TO KNOW YOUR HIV STATUS

3. Divide the participants into four groups. Give each group a marker and direct each group to go and stand by the sheet of paper with the number of their group on it. When they are ready, give them the following instructions for the activity:

- Read what is written at the top of their sheet – for example: ‘If you are negative and you know it, how will you feel? What will you do? What will happen?’ Then write all the answers you can think of. If you can’t think of anything, do not write anything.
- After two minutes, I will tell you to move to the next sheet. Then Group 1 will go to sheet 2, group 2 to sheet 3, group 3 will go to sheet 4 and group 4 will go to sheet 1. When you get to a new sheet, read what is written there first and only add anything that is missing.
- Each time, I call time, move to the next sheet.
- Make sure you read what is written at the top carefully!

Ask if they have any questions. After responding to questions, tell them to begin.

4. After two minutes, tell them to move to the next sheet. Do this three times until each group has gone to each sheet.

5. Ask them to bring the sheets to the front of the room and then sit down. Put up the sheets next to each other on the wall at the front of the room, in order from 1-4.

6. Start with sheet 1, ‘If you are negative and you know it, how will you feel? What will you do? What will happen?’ Ask a participant from Group 1 to read how they will feel. Then ask another to read what they will do. Then ask another to read what will happen.

For all of the sheets, if there is anything that is not correct, question it. For example, if they write that if you are positive but do not know it, you can ‘live your normal life.’ You can ask: How long will you live a ‘normal life’? What will happen when HIV has destroyed your immune system? Or if they write that if they know they are positive they will ‘get sick and die,’ ask the others if this is true. Then, if necessary, ask: How can someone who knows they are positive stay healthy and alive? If they write something that they may or may not do or that may or may not happen, for example, ‘commit suicide’, ask: ‘Will everyone do that?’ or ‘Are you sure that will happen?’

7. Use the information below to guide you during the discussion.

Group 1: If you are HIV-negative and you know it:

- How will you feel? Happy, relieved; feel sure, no wonder or worry about my status; want to stay negative, want to protect myself
- What will you do? Use condoms to stay negative, practice outercourse or abstain from sexual activities; can have baby without worrying
- What will happen? Nothing, if you continue to protect yourself

Group 2: If you are HIV-negative but you don’t know it:

- How will you feel? Worried, uncertain (for no reason); unsure or worried if you want to get pregnant
- What will you do? May use condoms; may take risks, depends on the person
- What will happen? Could get infected if you don’t protect yourself

TO KNOW OR NOT TO KNOW YOUR HIV STATUS

Group 3: If you are HIV-positive and you know it:

- How will you feel? Feel sad, depressed; worried about passing HIV to partners or your children; fear of being rejected by partners family or others
- What will you do? Get health care; take medicines when you need them; join a support group, find support; protect your partners, use condoms; tell your partners; protect your baby from HIV if you are pregnant
- What will happen? You can stay healthy if you take ARVs; live; may experience stigma and discrimination; may be rejected

Group 4: If you are HIV-positive but you don't know it:

- How will you feel? Worry; feel uncertain
- What will you do? Infect others; may pass HIV to your baby; won't get health care and medicine to stay healthy and alive
- What will happen? Eventually will get sick or get AIDS, could die from AIDS

8. Ask participants from Group 2 to read the responses to the three questions on Sheet 2. Then tell participants to look at sheets 1 and 2. Ask them to raise their hand if they think it is better to know their status if they are negative. Then ask: Why do you think it is better? (Answers: There are no benefits to not knowing your status if you are negative; you won't worry; you will want to protect yourself; and you can have children without worrying.) Discuss as needed until everyone agrees that it is better to know. Using a red marker, circle 'Know' several times.

9. Ask participants from Group 3 to read the responses to the three questions on Sheet 3. Then have participants from Group 4 read the responses on Sheet 4.

10. Tell participants to look at sheets 3 and 4. Then tell them to raise their hands if you think it is better to know your status if you are positive. Ask them: Why do you think it is better to know? (Possible answers: It is better to know because, even though there are some downsides, the benefits are greater than the difficulties, especially, being able to get medicine and stay healthy and alive.)

Note to facilitator: If some participants still think it is better NOT to know your status if you are positive, ask those who think it is better not to know, the following questions:

- Why do you think it is better not to know your status?
- What are the most serious consequences of not knowing that you are HIV-positive? (Getting sick and dying since you can't get medicine for HIV if you don't know your status; infecting your partners and your children.)
- Is getting sick and dying better than knowing you are positive and getting treatment so you can live?
- If you don't know your status, does that change your status? (Answer: No.)
- So, it doesn't change the fact... eventually, you will know when you get sick, right?
- What do you know about the medicines that can treat HIV? (If necessary, emphasize that the medicines allow most HIV-positive people to stay healthy for a very long time.)
- Let's answer the question again, how many of you think it is better not to know your status if you are positive?

TO KNOW OR NOT TO KNOW YOUR HIV STATUS

Discuss until all or nearly all participants think that it is better to know if you are positive. Depending on their reasons for thinking it is better not to know, you may need to come up with other questions to challenge their thinking.

11. When all or nearly all participants agree that it is better to know if you are HIV positive, use a red marker to circle 'Know' several times. Then point to the two sheets on which you have circled 'Know' and say: So overall, we all agree (or nearly all agree, depending on your group) that it is better to know your HIV status.

12. Generate a discussion by asking participants the following questions:

- If a person has had sex, even with a condom, should they get tested for HIV?
- How often should they get tested? (Answers: It is recommended that all adolescents and young people should be tested at least once. If they take risks, like having unprotected sex, they should get tested at least once a year. If they take many risks, they should be tested every 3-6 months.)
- Why might a couple in a serious relationship get tested? Why would they want to know their status? (Answers: If they want to get pregnant or they are pregnant; to have children safely; before getting married; to decide if they will get married; before having sex without a condom.)
- Is it better for a couple to get tested together or separately? Why? (Answers: It is better for them to get tested together: so they know each other's status; so if one or both is positive, they can get counselling together.)
- Why should all pregnant women get tested for HIV? (Answer: so that they can take medicine to protect the baby from HIV if they are positive).

Wrap-up

Ask participants to summarize the main things that they learned from the activity. Add any of the following key messages that they do not mention:

- It is better to know your HIV status than not to know it.
- The advantages of knowing that you are positive or negative are greater than the disadvantages.
- All young people should get tested at least once. If they have risk behaviours, they need to be tested more often.
- All women should get tested before or during pregnancy; if they are HIV-positive, they can get care to decrease the risk of passing HIV to their baby.
- You can get tested for HIV test at [Note to facilitator: add the appropriate information for your community and country.]

Key Message:

Getting tested for HIV is important because knowing whether you are negative or positive can help you to protect your health and the health of your partner. If you have an STI or HIV, you will need to tell your previous sex partners so that they can get tested too. If you have an STI or HIV that cannot be cured, you also need to tell any new partners before you have sex with them. In the next activity, we will discuss how you can do that.

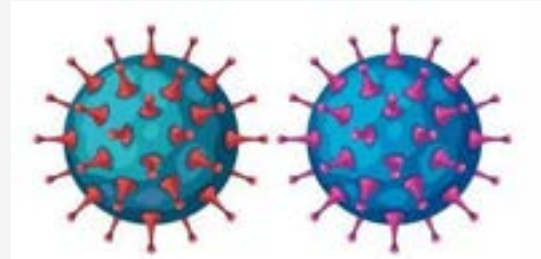
HUMAN IMMUNODEFICIENCY VIRUS

Basic Facts about Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome

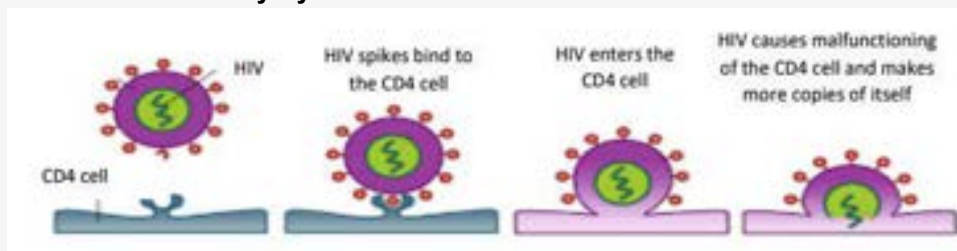
What is HIV and AIDS?

The immune system is a collection of cells and substances that defends the body against foreign substances (virus, bacteria, or other germs) called antigens, and helps keep the body healthy. When antigens enter the human body, the immune system produces antibodies in the blood to fight the antigens.

The immune system can be compared to an army guarding the country and protecting it from foreign invasion. It is composed of white blood cells, called T-lymphocytes and B-lymphocytes, which perform the role of an army. Among the T-lymphocytes are cells called Cluster of Differentiation 4 (CD4).



The Human Immunodeficiency Virus or HIV is a virus that attacks these CD4 cells and weakens the immune system. Once HIV enters the cell, it uses this cell to make copies of itself - a process known as replication. Over time, the copies of the virus increases in the body which cause more CD4 cells to be destroyed. When this happens, the immune system can no longer defend the body from antigens. This condition is called **Acquired Immunodeficiency Syndrome or AIDS**.



Source of illustration: Avert, <http://www.avert.org/about-hiv-aids/how-infected-body>

Differentiating HIV from AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a condition of a person infected with HIV when the immune system is already weak or destroyed and the body can no longer fight common infections.

HIV infection MAY LEAD to AIDS but a person with HIV DOES NOT NECESSARILY have AIDS.

H – Human: because this virus can infect human beings ONLY. Animals and mosquitoes cannot have HIV.

I – Immunodeficiency: because the virus causes a deficiency or a failure to work properly in the body's immune system. The body becomes weak and not able to fight infections.

V – Virus: because this organism is a virus, it is not able to reproduce by itself. It reproduces by taking over the machinery of the human cell.

As HIV increases in the body, the immune system becomes even weaker. This makes it difficult for the body to fight infections. When there are many infections present at the same time, the condition is called AIDS.

A – Acquired: because it is a condition transmitted from person to person. It cannot be inherited or passed through genes.

I – Immuno: because it affects the body's immune system, which functions to fight germs such as bacteria and viruses.

D – Deficiency: because it makes the immune system not able to work properly, making the body unable to fight infections.

S – Syndrome: because a person with AIDS may experience a wide range of symptoms due to different diseases and infections.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

What is HIV and AIDS?

The role of CD4 or T-cells are important in the body because they are part of the immune system. They are like the body's lookouts because their job is to keep watch and identify any germs, like bacteria or viruses, that cause diseases when they invade the body. A healthy person has a high CD4 count. So at the time a person becomes infected with HIV, they have a high CD4 count, but as HIV starts to attack and destroy their immune system, their CD4 count slowly goes down.

Soon after they first get HIV, some people may feel like they have the flu, but it goes away. Many people are HIV-positive for as long as 5-10 years or more without knowing that something is wrong. When HIV enters a person's body, it attaches itself to the CD4 or T-cells and enters them. It turns each T-cell into an HIV making factory, producing thousands of new HIV. These new HIV are released into the person's body and attach themselves to more T-cells and the T-cell eventually dies. At this stage, the number of viruses in the person's body goes up very, very fast.

When the CD4 cells notice that HIV is in the body, it sends a signal to the immune system to start to making antibodies to HIV. Antibodies are the cells that the immune system produces to fight off specific infections. So HIV antibodies only attack and kill HIV. The HIV test detects the antibodies to HIV. For up to 12 weeks after becoming infected with HIV, the blood test for HIV will not show that the person is HIV positive. The reason is that during this time, there may not be enough antibodies in the blood yet for the test to detect them. Even so, the person can still spread the virus through unprotected sexual activity.

As the virus also continues to destroy the CD4 cells, the immune system also continues to produce millions more CD4 cells. However, this doesn't really help because HIV enters those cells and causes them to make and release more HIV and then to die. Although the person does not feel or look ill yet, the immune system is slowly getting weaker and losing its ability to fight off infections.

Overtime, there are more and more viruses in the body and fewer and fewer CD4 cells. When there are many HIV in the body and the few CD4 cells, the person is said to have a high viral load and low CD4 count. When there are not enough CD4 cells to fight infections, sicknesses, like tuberculosis (TB) and pneumonia, can easily attack the body.

So when the CD4 count is low, the person starts to get sick and is diagnosed with AIDS. The longer the person stays without knowing that they are HIV positive, the more likely it is that they will develop AIDS. When someone doesn't know they have HIV, a health care worker cannot monitor their health and give them antiretroviral medicine (ARVs) when they need them. Without antiretroviral medicine, it is likely that the person will eventually die from AIDS.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

HIV Transmission

For HIV transmission to occur, there are three FOURS that you must remember:

4 BODY FLUIDS that can transmit HIV

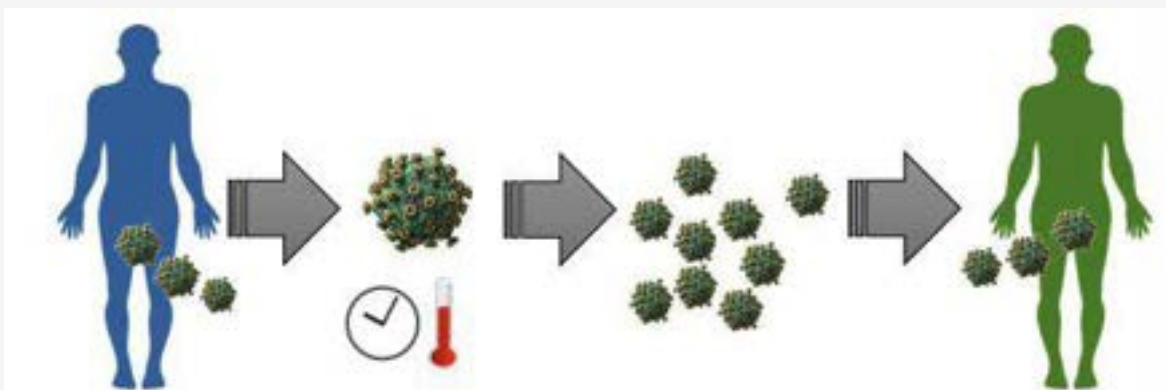
4 PRINCIPLES of HIV transmission

4 WAYS to transmit HIV

HIV transmission requires the exchange of body fluids containing the virus. In the body, there are 4 BODY FLUIDS that carry high concentrations of HIV.

None of the usual daily interactions like talking, coughing, shaking hands, or hugging involve the exchange of blood, semen, vaginal fluids, or breast milk. Thus, you will not get infected with HIV through daily interactions with people with HIV.

For HIV to be successfully transmitted from a person with HIV to another person, it must meet the 4 PRINCIPLES: E-S-S-E.



EXIT (Paglabas ng HIV)

HIV must exit the body of a person with HIV.

SURVIVE (Pagkabuhay ng HIV)

HIV must be in the right conditions to survive (factors include time outside the body, temperature, etc.).

SUFFICIENT (Pagka Sapat na dami ng HIV)

Enough amount of the virus must be present.

ENTER (Pagpasok ng HIV)

HIV must enter the bloodstream of another person to infect him or her.

The body fluid containing HIV must first EXIT the body of a person with HIV. Once HIV exits the body, it must be in conditions in which it can SURVIVE. HIV is a virus. Just like all living things, HIV must be in the right environment to survive. Otherwise, it will not live long outside the human body. Also, SUFFICIENT quantities of HIV must be present to cause infection. Blood, semen, vaginal fluids, and breast milk are the four body fluids that contain high concentration of the virus. Finally, HIV must ENTER the bloodstream of another person to infect him or her.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

From the term HUMAN immunodeficiency virus (HIV) itself, HIV needs to be transmitted from one person to another person. It cannot be transmitted through mosquitoes or other animals.

If mosquitoes bite a person with HIV, they cannot spread HIV because the virus is broken down in their stomach and therefore, does not survive in their bodies. Moreover, only the saliva of mosquitoes is involved when drawing blood from a host.

Exit	FOUR WAYS OF HIV TRANSMISSION		Entry
	Survive	Sufficient	
HIV-positive person	Unprotected (i.e. without a condom) vaginal, anal, or oral sexual intercourse with an HIV-positive person		Sex Partner
HIV-positive mother	From HIV-positive mother to her child during pregnancy, delivery, or breast feeding		Child
HIV-positive person who injects drugs	Sharing of HIV-contaminated needles, syringes, and other injecting equipment		Person who uses HIV-contaminated needles
HIV-positive blood or organ donor	Blood transfusion or organ transplant of HIV-contaminated blood and blood products		Blood or organ recipient

HIV is transmitted from an HIV-positive person to another person mainly through:

- (1) unprotected sexual intercourse;
- (2) from an HIV-positive mother to her child during pregnancy, labor and delivery or breastfeeding;
- (3) sharing of HIV-contaminated needles and injecting equipment among people who inject drugs; and
- (4) transfusion of HIV-contaminated blood or transplant of HIV-infected tissue or organ.

Prevention of HIV

The basic idea behind the prevention of HIV is stopping the body fluids of a person with HIV from entering the body of another (e.g. placing a “barrier” between the body fluids).

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Combination HIV and AIDS Prevention and Treatment: The ABCDEFG of Prevention and Treatment of HIV and AIDS

Abstain from Sex	<p>Abstain from sexual intercourse. Having sexual intercourse means facing the serious consequences of possible pregnancy/parenthood or getting sick. When you decide NOT to have sexual intercourse before you are ready, you allow yourself to fully enjoy your youth. You do not have to worry about unplanned pregnancy, HIV, STI, or complicated emotional issues. You can focus on achieving your goals instead.</p> <p>Since you and your partner both have your future ahead of you, having sexual intercourse is a decision you should make carefully.</p> <p>Abstinence is the MOST EFFECTIVE METHOD of preventing HIV. Think about delaying your first sexual activity until you are ready. It is OK to say NO.</p>
Be mutually faithful Be Sex Positive	<p>Be faithful to one partner who is also faithful to you. Having sexual intercourse with several people puts you at higher risk of having HIV so avoid having many sexual partners.</p> <p>However, if you are exercising your sexual rights and you consented to have sex and if both are ready to have sexual intercourse you must use a condom and lubricants and it is also encouraged to ensure that both should know their HIV status because education is prevention and protection.</p> <p>Your HIV status can only be determined by getting an HIV test. Once you make the decision to have sexual intercourse, there are responsibilities that you and your partner must understand. These include the prevention of HIV, STI, and unplanned pregnancy.</p>
Correct and consistent use of Condoms and Lubricants	<p>Correct and consistent use of condoms is a reliable method to prevent the spread of HIV, as well as other sexually transmitted infections (STI). It is one of the most widely available and highly effective HIV prevention tools. Condoms also prevent unplanned pregnancy.</p> <p>However, abstinence remains more effective than the use of condoms in preventing pregnancy, HIV infection, and STI.</p> <p>Correct. Condom use is a skill. There is a correct way of using condoms. They also have expiration dates so always check the package. Do not store condoms in your wallet for a prolonged period of time and do not expose them to direct sunlight.</p> <p>Consistent. Condoms must be used in EACH sexual act during ANY type of sexual intercourse (vaginal, anal, and oral) and with ALL sex partners.</p> <p>Male condoms are used more often in the Philippines but female condoms are also available.</p>

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Combination HIV and AIDS Prevention and Treatment: The ABCDEFG of Prevention and Treatment of HIV and AIDS

Do not share needles and syringes	<p>Do not use drugs or drink alcohol. These substances may affect your thinking and decisions. Prohibited drugs and alcoholic drinks may make you do things that you might regret later on. Moreover, injecting drugs using a needle used by an HIV-positive person presents a very high risk for HIV transmission.</p>
Educate yourSelf	<p>Education and early detection. There is no better protection than proper knowledge. Get the facts on HIV and do not be embarrassed to share what you have learned with your friends. Sharing your knowledge may allow you to save a friend's life.</p> <p>Aside from getting proper knowledge about STI and HIV, it is also important to know if you are infected by getting tested for HIV.</p> <p>There are many public and private facilities which offer HIV testing. Social Hygiene Clinics (SHC), sometimes referred to as City Health Office (CHO) or Reproductive Health and Wellness Center (RHWC), offer free HIV testing and treatment, and can be found in most cities.</p> <p>Pregnant mothers are encouraged to get tested for HIV. Early diagnosis of HIV will allow the mother to get antiretroviral therapy (ART) to prevent transmitting HIV to her unborn child. Knowing your HIV status early will allow you to protect yourself and others. Do not be shy or scared to get an HIV test.</p>
Familiarize yourSelf with pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)	<p>Post-exposure prophylaxis or PEP is the use of antiretrovirals by a person who may have recently been exposed to HIV to prevent that person from becoming HIV positive.</p> <p>The person needs to take ARVs right after they may have been exposed (for example, during a rape or if a condom breaks).</p> <p>Pre-exposure prophylaxis or PrEP is the use of antiretrovirals by a person who does not have HIV but who is at high risk of getting HIV to prevent that from happening. The person needs to take antiretrovirals every day. Therefore it is only for high risk groups, like the negative partner in a discordant couple, and key populations like sex workers and gay men.</p>

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Combination HIV and AIDS Prevention and Treatment: The ABCDEFG of Prevention and Treatment of HIV and AIDS

Get tested	<p>The HIV test is a blood test that looks for antibodies to HIV in the blood. When HIV enters the body, the body starts to make antibodies right away to fight the virus.</p> <p>The test can usually find these antibodies in the blood 2 to 8 weeks later, but it may take as long as three months for the body to make enough of them to show up in a test. In very rare cases, it can take up to 6 months. For this reason, if the HIV test is done during the first 3 months after possible exposure to HIV and is negative, a second test needs to be done more than 3 months after the possible exposure to HIV.</p>
Get on treatment	<p>Antiretroviral drugs (ARVs) are the drugs used to treat HIV. Because HIV is a retrovirus, drugs used against HIV are called antiretroviral. Antiretroviral therapy (ART) is the combination of drugs prescribed by the doctor to treat HIV. It may also include support to take the drugs correctly. HIV is always treated by taking multiple drugs at the same time, which is called combination therapy. All of the drugs may be in one pill to make it easier for the person to take it.</p> <p>How ARVs work: There are different types of ARVs that work in different ways, but all of them help to stop HIV from making copies of itself (replicating) within the immune system. If HIV cannot replicate, it is unable to damage the immune system and the person's immune system becomes strong again. This allows the person to remain healthy or to regain their health.</p>
Get on regular viral load test	<p>The goals and benefits of ART: The goal of ART is to reduce the amount of HIV in the blood as low as possible and to increase the number of CD4 cells in the blood as much as possible. Viral load and CD4 counts are two terms used to describe the health status of a person with HIV. Viral load is the amount of HIV in a person's blood. On ART, the viral load can be reduced to the point where HIV can no longer be detected in the blood by the HIV test. When there is very little HIV in the blood it is called viral suppression. When there is little HIV in the blood, it cannot attack and damage the person's immune system, so their CD4 count will go up and they will be healthy. The more CD4 cells a person has, the healthier he or she is. When a person's viral load is very low, they are also much less likely to transmit HIV to their sexual partners.</p> <p>When to start ART: The World Health Organization now recommends that everyone with HIV should be taking ART. So as soon as a person tests positive for HIV, they should begin treatment. However, some countries may not be implementing this yet. A person living with HIV who is not taking ARVs should talk to an HIV specialist about getting treatment.</p>

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Differentiated HIV Testing Services (HTS)

(Adapted from the Department of Health Administrative Order No. 22-0035)

The following details are part of the Department of Health Administrative Order No. 22-0035 on the Guidelines in the Implementation of Differentiated HIV Testing Services for HIV clients in the Philippines.

HIV Testing — refers to any procedure used to identify the presence or absence of HIV infection, which includes test for triage or HIV screening, laboratory facility based testing, mobile procedures, and other approaches.

HIV Testing Services — refers to a broad range of services that shall be provided alongside HIV testing, including counseling, linkage to necessary and appropriate HIV prevention, treatment, and care, and other clinical support services and coordination with stakeholders to support quality assurance.

Guidelines

Provision of HTS shall observe the fundamental principles of human rights as it relates to universal health care and gender equality which includes but not limited to:

- Right to self-determination
- Right to informed consent
- Right to privacy and confidentiality
- Right to information
- Right to choose a health provider
- Right to be informed of patient rights and obligations

Conduct of HTS shall be based on the:

- Philippine HIV and AIDS Policy Act (RA, 11166)
- Universal Health Care Act (RA 11223)
- Data Privacy Act of 2012 (RA 10173)
- Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354)
- Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610)

Informed consent shall be obtained from all HTS clients through written, electronic, or recorded means. Although verbal consent from clients 15 years old and above is adequate in CBS and ST, securing written or electronic consent shall be preferred.

Informed Consent:

Consent for HIV testing shall be obtained from the clients 15 years old and above through written or electronic consent. Consent will be allowed either written or electronically complied.

Any young person below fifteen (15) years who is pregnant or has engaged in high-risk behavior shall be eligible for HIV counseling and testing with the assistance of a licensed and trained social worker or health worker and consent shall be obtained from the person without the need for consent from a parent or guardian, based on the RA 11166.

- a. In all other cases not covered above, consent to HIV testing for minors shall be obtained from the parents or legal guardian of infants or children born to HIV positive mothers, persons below 15 years old, or is mentally incapacitated.
- b. Proxy consent shall be obtained from the licensed and trained social worker or health worker in cases when:
 - i. The child's parent or legal guardian cannot be located despite seven (7) working days of reasonable efforts, OR refused to give consent pursuant to Section 29 of Republic Act No 11166.
 - ii. The child has been voluntarily or involuntarily under the protective custody of the Department of Social Welfare and Development (DSWD).
 - iii. The child has been living with the family, guardians, or relatives but with admission of abuse, neglect, and / or exploitation from any members of the family/household.
 - iv. The child is categorized under Children in Need of Special Protection by RA 7610, v. Assent of the minor shall also be required prior to any HTS procedure to protect their best interest and consider their evolving capacity.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Differentiated HIV Testing Services (HTS)

(Adapted from the Department of Health Administrative Order No. 22-0035)

1. Facility-based HIV Testing (FBT)

a. Any client who initiates accessing the following services shall be routinely offered HTS:

- Antenatal and Postnatal Care
- Tuberculosis management and care
- HIV prevention for key populations
- People in closed settings, including people deprived of liberty
- STI and HIV diagnosis and management
- Reproductive health and wellness
- viral hepatitis
- Adolescent Clinics

b. Adults, adolescents, and children with symptoms or apparent presence of indicator conditions suggesting HIV infection, or those with risky behaviors, shall be offered HTS through provider initiated counseling and testing (PICT) in clinical settings. PICT can be provided by trained healthcare providers, which include but are not limited to physicians, nurses, and midwives.

c. All HIV-exposed infants shall be tested for HIV in accordance to DOH AO 2018-0024: Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People living with Human immunodeficiency virus (HIV) and HIV-exposed infants)

d. HIV proficiency training is no longer required for HIV Testing, but identified rHIVda training requirement remains for Certified rHIVda Confirmatory Laboratories (CrCL) [refer to AO 2019-0001: Guidelines on the Implementation of Rapid HIV Diagnostic Algorithm (rHIVda)].

1. Community-Based HIV Screening (CBS)

This service shall be provided to key populations at the community or closed settings and shall be implemented based on Department Memorandum (DM) 2020-0276, or the Interim Guidelines on Community-based HIV Screening.

1. Self-Testing (ST)

This service shall be offered to high-risk key population clients who would not otherwise access HTS in the community or facility settings and who would prefer to collect specimens, perform the tests, and interpret the result either alone (unassisted) or with a trained provider or peer (assisted). Results of unassisted and assisted self-testing will be consolidated and will be referred to a treatment hub or rHIVda site for repeat and confirmatory testing, care and treatment if reactive, refer to combination prevention if non-reactive and advise re-testing

1. Index Testing (IT)

- This service shall be offered and shall be made voluntary to the sexual partner(s) of PLHIV considering the needs and safety of the index client and their partner(s).
- Biological infants and young children of PLHIV and whose HIV status is unknown shall be offered HTS through provider-assisted index testing.
- The PLHIV shall be assured of continued HIV services regardless of their decision to participate.
- All providers offering IT shall adhere to minimum safety and ethical standard requirements for the conduct of IT.

1. Social and Sexual Network Testing (SSNT)

- This service shall be offered to all persons, regardless of HIV status, coming from networks with substantial risk for HIV to motivate and invite other people in their sexual or social networks to engage in voluntary HIV testing.
- SSNT shall be integrated in other services like STIs, Tuberculosis, and Hepatitis B and C.
- Safety and privacy of clients shall be ensured when offering SSNT.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Differentiated Approaches in HIV Testing Services

(Adapted from the Department of Health Administrative Order No. 22-0035)

Conduct of HIV Testing Services

1. The conduct of HTS shall include the following components:

- (a) mobilization;
- (b) testing; and
- (c) linkage to appropriate services.

2. Mobilize through different forms of reach, which include in-reach (through SSNT and IT), community outreach (through ST and CBS), clinical reach (through FBT), and virtual reach as entry points for HTS.

3. Testing for triage (TO) through FBT, CBS, or ST, or T1 if in CrCL shall ensure provision of pre-test information and obtaining consent prior to testing.

a. Each approach shall follow procedures based on their respective specific guidelines

4. Link clients to appropriate services based on the result to TO

a. Clients with non-reactive TO results shall be referred to appropriate services including retesting, SSNT, combination prevention services, and other ancillary services based on the needs of the client.

b. Clients with reactive TO results shall be referred to an HIV treatment facility for linkage to confirmatory testing and care using an official referral form or by accompanying the client, if applicable.

c. For clients with invalid or inconclusive TO results, further services shall be provided based on the specific guidelines of FBT (Annex D), CBS (Annex d. All clients shall be referred to auxiliary services based on the needs of the client, which may include other sexual health services, mental health services, substance-related harm reduction, and gender-affirming services.

For clients who disclosed **sexual abuse**, they shall be referred for clinical and psychosocial management and redress services. If reported within **5 days of occurrence**, minimum clinical management include **first-line support, HIV post-exposure prophylaxis (PEP)** (if within 72 hours of sexual contact), **STI presumptive treatment or prophylaxis, and other reproductive health-related services**.

HUMAN IMMUNODEFICIENCY VIRUS

Basic facts about Human Immunodeficiency Virus

Treatment of HIV and AIDS

Adherence: Adherence means taking the drugs exactly as the doctor or health care worker told them to take them. It also means taking them every day for the rest of one's life. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed, for example, on a full or empty stomach and eating and drinking the right things with the pills. It also means taking medications prescribed to treat other illnesses such as TB.

Adherence requires that the person living with HIV is motivated and committed to their treatment and health over the long term. Adherence is improved when people are knowledgeable about their treatment and when their family, friends, and health care workers support them and help them overcome any challenges.

Some barriers to treatment adherence include:

- Experiencing side effects to ART drugs;
- Stopping taking ART because they feel better;
- Not understanding of the importance of adherence;
- Forgetting to take their medication due to alcohol consumption or for other reasons, like disruptions of daily routines, travel;
- Fear of stigma, discrimination, and rejection especially by partners and family, leading to not disclosing their HIV status and then fearing being found out if they are seen having or taking the medication;
- Not enough food to support ART (Many ARVs require the person to take them on a full stomach. If they do not, they experience severe pain);
- Believing that they can be healed after being prayed for and therefore thinking they don't need to take the treatment.

Things that make adherence easier include:

- Getting into a regular routine of taking the ARVs;
- Using clocks and alarms to remind them to take their medication;
- Knowledge of and belief in the effectiveness of ART;
- Having told others of their HIV status;
- Having access to social support;
- Having access to nutritional support;
- Using treatment supporters who provide those living with HIV with ongoing adherence counselling and make referrals for further support;
- Having ART services close by;
- Being motivated by their improved health.

RESPECTFUL RELATIONS AND PREVENTION OF INTERPERSONAL VIOLENCE



45 minutes

Objectives: To build supportive relationships between the participants. To define different types of interpersonal violence and their immediate and long-term consequences. To identify non-violent alternatives to interpersonal conflict. To explore violence prevention strategies



- In life, some people may turn to violence as a solution to getting what they want. However, violence causes harm (for the perpetrators, the victims and the bystanders). Rather than using violence, there are many positive ways to solve conflict (or prevent conflict from happening in the first place). In this session, we will look at some of these strategies.



- Flipcharts and markers n Meta-cards n Questions box and slips of paper

Violence affecting young people Mechanics:

1. Explain that in this activity participants will work in groups to brainstorm the different kinds of interpersonal violence that adolescents face in different settings: home; school; relationships, camps, public places (street, public transportation etc.). The adolescents may be either the victims, the perpetrators or the bystanders. Write each example on a separate meta-card.

2. Ask one group to report back for each setting. Ask other groups to add if they have any additional ideas. Discuss: Is violence experienced differently for girls and boys? Children, youth and adults? Richer and poorer people?

4. Point out that we can group interpersonal violence into categories – like physical violence, sexual violence and psychological violence. Some kinds of violence fit in to more than one category.

There are many different forms of violence. Remind the group that not all kinds of violence involve physical contact. They can fit into the different categories of physical, sexual, psychological or verbal violence. Some forms of violence fit across more than one of these categories.

- Psychological violence includes threatening, abusing, scaring, humiliating or shaming people – so that they feel bad even though no one has touched them.
- Physical violence can involve hurting the body or damaging or stealing someone's possessions.
- Sexual violence means having sexual contact without permission of the other person. This includes rape, and also other sexual contact like touching private parts of the body without permission. It can also include saying sexual things about someone, telling stories or posting pictures of a sexual nature about someone.
- Verbal violence involves written or verbal name-calling, intimidating behaviour, spreading rumours about someone, or shouting and screaming at them.

Key Message: The first step to preventing and responding to violence in our community is to identify the kinds of violence that are a problem. There are many different forms of violence and some people are more vulnerable to experiencing violence than others.

RESPONDING TO INTERPERSONAL VIOLENCE



45 minutes

Objectives: To build supportive relationships between the participants. To define different types of interpersonal violence and their immediate and long-term consequences. To identify non-violent alternatives to interpersonal conflict. To explore violence prevention strategies



- Identify some of the services that are available to help people if they have experienced or know someone who has experienced sexual violence. Anticipate that in any group there will be more than one person who has already experienced sexual violence. Tell participants about where people can get help. Add extra activities if you need to lighten the mood. Avoid disclosures and the retelling of personal stories as they can be upsetting and distract attention from the focus on prevention or intervention strategies.



- Flipcharts and markers n Meta-cards n Questions box and slips of paper

Responding to interpersonal violence Mechanics:

1. Introduce the three-step model outlining responses to interpersonal violence. This model helps people think about the following:

Level 1	Safety and self-care The actions an individual takes in the immediate situation to address their need for a safe outcome (What should they do?)
Level 2	Telling and reporting The actions a victim can take to report the violence and/or ask for help and who from (Who should they tell? How can they say exactly what happened?)
Level 3	Acting for Change The work that can be done with others at the family/school/community level to prevent this kind of violence from happening (e.g. education and awareness)

2. Ask groups to choose one type of violence (they can refer back to their previous brainstorm) and then map the different actions that can be taken by victims and bystanders at the different levels in response. They can map their ideas on a flipchart.

3. Invite groups to share their ideas.

Key Message: When thinking about positive responses to violence, we need to think at different levels. What can a person do in the immediate situation to ensure a safe outcome? How can a person report this event to others so as to get support? What needs to happen in the broader community to prevent this happening in the first place?

WITNESSING INTERPERSONAL VIOLENCE. WHAT CAN I DO?



45 minutes

Objectives: To build supportive relationships between the participants. To define different types of interpersonal violence and their immediate and long-term consequences. To identify non-violent alternatives to interpersonal conflict. To explore violence prevention strategies



- Choose scenarios from the list that are relevant to your context.
- Flipcharts and markers n Meta-cards n Questions box and slips of paper

Witnessing interpersonal violence. What can I do? Mechanics:

1. Explain that even when people are not involved in interpersonal violence ourselves, it can still affect them. When people see other people being violent, it is difficult to know what to do. People worry that if they get involved they might get hurt or make the situation worse for the victim. In this activity we will think of advice for people who witness violence.
2. Divide participants into groups of four or five.
3. Read a scenario from the list below aloud.
4. Ask groups to brainstorm answers to the question: What could the character do? Ask them to think of at least three possible actions. Repeat with another scenario.
5. Ask one or two groups to feedback the advice they had. Ask other groups to add ideas. Invite discussion and comment to explore possible consequences. If s/he did that, what might happen as a result? If s/he did nothing, what might happen?

Witnessing violence scenarios

There is not much to do since the school is temporarily closed and my friends often get bored and try to find things to entertain themselves. Sometimes they tease some of the younger kids and give them a hard time. I don't join in. I only watch. Last week they roughed up my neighbour. He had bruises afterwards. Later my neighbour asked me why I did nothing to stop them.

When we are out at night one of my friends is always teasing the girls. I can see they don't like it. He is always bragging. My sister tells me that her girl friends are frightened of him.

When I was walking with my sister, some of the girls from her school shouted means names at her. She told me that yesterday when she was walking home, they took her book and threw it in the dirt. She thinks something worse will happen next time.

An older friend came to my house the other day and told me and my brother that he has some pornography on his phone that he can show us. He says that it is fun to watch and we will learn something from it. I am nervous about looking at this as I know that the church/mosque would not approve and also my parents would not want me to do this.

Key Message: It can be difficult to know what to do if we see or hear about violence. This activity has helped us think of a range of strategies. Sometimes it is ok to get involved and tell people to stop directly. Other times it is more sensible to report the incident to someone else.

RESPECTFUL AND RESPONSIBLE SEXUAL RELATIONSHIPS



75 minutes

Objectives: To build supportive relationships between the participants. To define different types of interpersonal violence and their immediate and long-term consequences. To identify non-violent alternatives to interpersonal conflict. To explore violence prevention strategies



- If you need to help the group understand some of the different forms of sexual violence, use the fact sheet provided.



- Flipcharts and markers n Meta-cards n Questions box and slips of paper

Respectful and responsible sexual relationships Mechanics:

1. Remind the group that some kinds of violence are sexual in nature. This is when someone is physically or psychologically scared, shamed or hurt in a sexual way. This includes forms of unwanted sexual touching, name-calling, and homophobic bullying. In its extreme form it includes forced sexual acts such as touching sexual parts of the body without permission, and rape.

2. Remind the group that when it comes to sexual relationships, it is important to make sure that both partners give consent to any sexual activities. One way we can avoid problems, including different forms of sexual violence is to ensure that all people understand their sexual responsibilities.

3. Ask participants to work in groups of four or five people. Their job is to write a list of responsibilities in sexual relationships. These responsibilities should apply to both males and females.

4. After five minutes ask one group to read their list. Ask others to add any additional responsibilities. Develop a combined list of sexual responsibilities. You may need to add in some that the group have not thought of (some examples are below).

Sexual responsibilities include:

- The responsibility to respect your partner and their wishes and needs.
- The responsibility to not put your partner at risk of diseases or unwanted pregnancy.
- The responsibility to stop as soon as your partner asks you to.
- The responsibility to look after your health and the health of your partner.
- The responsibility to not pressure your partner to do things they do not want to do.
- The responsibility to consider the consequences of your actions (e.g. unwanted pregnancy if no contraception is used).
- The responsibility to protect the privacy of your partner (not to talk about your partner behind their back).

5. Explain that when people are not responsible in sexual relationships this can harm people's reputations or lead to unwanted pregnancy, transmission of STIs, sexual harassment or sexual abuse which are serious offences.

6. Remembering responsibilities in sexual relationships.

Refer to the list of sexual responsibilities from the previous activity. Read aloud one of the scenarios provided. Ask participants to discuss in pairs:

- Which sexual responsibilities should the character(s) in the scenarios remember?
- What should the character(s) do to behave in a responsible way?

7. Explain that some people believe that if they have strong feelings and desires then this means it is acceptable for force a woman or a man to have sex with them. But this is against the law. Strong people control their desires and understand the importance of respecting other people's rights.

RESPECTFUL AND RESPONSIBLE SEXUAL RELATIONSHIPS

Rights and respect scenarios

Ring is walking with her sisters and some boys come to say hello. One of the boys taps Ring on the shoulder and says he is a friend of her older brother and that he will walk her home. He will show her a special shortcut. Ring does not want to leave her sisters.

In the last few months, Vic has started thinking about sex a lot and some of his friends have told him how 'great' it feels to have sex. Vic has a crush on Lerma, a younger girl who lives in his village. One night he sees Lerma sitting alone near the beach. He goes up and sits close to her.

Lucille has been talking with a boy Benjie for three months. When no one is looking they hold hands and kiss. One afternoon while they are with some friends near the market. Benjie tells Lucille that it is time to take their relationship to the next level that that he knows somewhere that they can go and be alone. Lucille has strong feelings for Benjie but knows that she does not want to have sex with him. She wants to wait until she is married.

Jerson and Essa have had sex twice in secret. Both times they have used a condom. One night, they are about to have sex and Jerson explains that this time, he does not have a condom and does not want to use one. Essa is worried about getting pregnant outside of marriage and does not want to take this risk.

Elena and Reggie often spend time with a group of other young people around the beach on Sunday evenings. One evening, they find themselves alone. Reggie says he has some alcohol that he has taken from his Uncle. He tells Elena that she should drink some to relax. After they have shared a few drinks, Reggie moves closer to Elena. He tries to kiss her.

Kevin and Alfe has started to see each other regularly. They have a lot of fun together and like each other a lot. Kevin has had several boyfriends in the past and has had sex before. Alfe is younger and has not had a boyfriend before. One night, the boys are kissing. Kevin shows Alfe a condom and says they will now have sex. Alfe feels like he has no choice but he wants to say no.

Edwin has a girlfriend. He thinks she is very pretty. She has sent some private photos to him on his phone. One evening Edwin is with his friends and they say that they don't believe he has a girlfriend. Edwin is tempted to share the photos with his mates to show them how beautiful she is.

Sally and Nash are married. One evening, Sally tells Nash she cannot have sexual intercourse as she is tired and not feeling well. Nash tells Sally that she is his wife and must have sexual intercourse with her.

Key Message:

It is important that everyone is aware of their sexual responsibilities. When we are not aware of our sexual responsibilities or when we do not observe them, people can get hurt. It is important for people to be aware of and practice their sexual responsibilities.

MOVING AS ONE GAME



30 minutes

Objectives: To build supportive relationships between the participants. To define different types of interpersonal violence and their immediate and long-term consequences. To identify non-violent alternatives to interpersonal conflict. To explore violence prevention strategies



- Ensure that all participants will provide consent before doing the game.



- Music

Moving as one game Mechanics:

1. In this game, people must copy the leader. Participants stand in a circle.
1. One person leaves the room. This person is the detective.
1. Once the detective is out of the room, appoint one participant to lead the movements.
1. This person will begin slow movements (such as waving or tapping). All other participants must follow. The aim is to disguise who is leading. It should appear that all players are moving as one. However, the leader must slowly change the movements so that the one pattern of movement is not repeated for too long.
1. Call the detective in. She/he must try to spot who is leading the motion within one minute. If correct, she/he will choose the next detective, and the game will be repeated. If incorrect, she/he must leave the room again this time with an assistant detective. While they are gone a new leader is appointed and the game repeats

Key Message:

When violence remains unquestioned or not talked about, things tend to stay the same in relation to violent behaviour. For change to happen, people have to take steps to change practices. They have to choose to lead non-violent solutions. They have to follow non-violent leaders. Change takes strong leadership (as in this game), time and courage.

SEXUAL VIOLENCE

Basic facts about Sex and Gender-based Violence

What is Sexual Violence - Sexual violence is defined as a sexual act committed against someone without that person's consent. There are many different kinds of sexual violence. Sometimes they involve contact and sometimes they do not.

Sexual harassment is using impolite, pornographic words, or sending sexual messages or images by text or internet, or engaging in unwanted sexual behaviours towards another such as intentionally touching them or commenting on their bodies so as to make them uncomfortable or embarrassed in their daily activities. Sometime it can seem to those who do it to be only a harmless joke. However, it is a form of violence that is hurtful and harmful.

Sexual abuse is the term we use when adults interfere sexually with children. This may or may not include rape. This is also a serious crime.

Rape (or also called sexual forcing): is when a victim does not consent but is forced, threatened or lured to have sexual relations. Although rape is more commonly done by males toward females, sometimes men rape boys or other men, and sometimes females force sex with men. This is a serious crime. Rape can also occur in marriage. Men are not entitled to force their wives to have sex or to physically threaten or to beat them. This is also against the law. Sometimes heavy drinking is associated with abuse and rape. This is still a crime. Men should be aware that they could become more aggressive if they get drunk and should make sure they drink in moderation so as not to cause harm to others.

Victims/Survivors: It can be hard for the victims to seek help or to tell anyone if they have been sexually abused or raped. They often feel shame or think that it must be their fault. This can affect them badly. However, these crimes are not the fault of the victim. If this has happened to you or to someone you know, try to find someone to trust with the story. This might be a family member, a health worker or a teacher. If you know of this happening and you want some help on where to go, you are welcome to talk privately with one of the facilitators after the session.

Online Sexual Abuse and Exploitation of Children (OSAEC): The use of ICT as a means to abuse and/or exploit children sexually, which includes cases in which offline child abuse and/or exploitation is combined with an online component. This can also include, but is not limited to, the production, dissemination and possession of child sexual abuse and exploitation materials (CSAEM); online grooming of children for sexual purposes; sexual extortion of children, sharing imagebased sexual abuse; commercial sexual exploitation of children; exploitation of children through online prostitution; and live-streaming of sexual abuse, with or without the consent of the victim. (RA 11930 or Anti-OSAEC and Anti-CSAEM Act)

The **National Study on Online Sexual Abuse and Exploitation of Children in the Philippines** found that in many cases, poverty was the primary motivation for children and families to get into this situation. Older children are promised education or money by foreigners who want their sexual pictures or videos. Younger children are lured into perpetrators' homes with candies and chocolates.

- **Perpetrators - Those who are usually from foreign countries** Building the trust and confidence of the children, fostering friendship and nurturing a relationship with them is what you call "grooming." This grooming is done by "perpetrators" online, those that pay for the videos or pictures of children to be shared and sold on the internet.
- **Facilitators - Those who procure children to do sexual acts online, usually parents, older siblings, or relatives** Then, there are those people who are close to the children who force or convince them to undress, perform sexual acts, rape or torture them in front of the web camera, and get the money. They are called the "facilitators." They could be a child's parents, relatives or neighbors. This is a hidden crime, unknown to many but experienced more and more by Filipino children in their own homes, in their own families, and communities.
- **Victims - Babies as young as 3 months old were reported to be victims of online sexual abuse and exploitation.** They come from poor communities, and live with their families who are desperate to earn money. These children are forced by their parents, relatives, and neighbors to perform sexual acts in front of the camera.

Prevention of Sexual Exploitation, Abuse, and Harassment. It is a framework or set of guidelines adopted by organizations, particularly in humanitarian, development, and peacekeeping sectors, to prevent and respond to incidents of sexual exploitation, abuse, and harassment by employees or representatives.

ALCOHOL, DRUGS, AND PEER PRESSURE



45 minutes

Objectives: To build supportive relationships between the participants. To provide knowledge about alcohol and drugs the association of use with risky behaviour. To identify the relative risks associated with different alcohol and drug use practices



- Choose scenarios from the list that are relevant to your context.



- Flipcharts and markers, Meta-cards n Questions box and slips of paper, Music

Exploring reasons for alcohol and other drug use and non-use Mechanics:

1. Explain that there are different reasons why people drink, smoke or use other drugs. Sometimes it is the reasons for use that make the drug use more risky. There are also many reasons people have for not using alcohol or other drugs. The next activity will have us think about these different reasons.
1. Organise participants into groups of about five or six. Ask them to brainstorm on one side of the page the reasons why some young people drink alcohol or use other drugs. On the other side they should brainstorm the reasons why some young people choose not to drink alcohol or take other drugs.

Examples might include:

Reasons for using alcohol	Reasons for not using and drugs
Curiosity Pleasure To relieve stress Wanting to escape reality Peer Pressure Seeking a thrill To show off To celebrate To fit in To feel more confident	Fear of consequences Lack of knowledge of consequences Against personal values Against religion Too young Too risky Can not trust themselves Believe it is wrong Have to study or work Concerned about effects

1. Ask the groups to then put a mark next to the reasons for use that they think are the most likely to be associated with short term and for longer term risk or harm and discuss why.

Key Message: There are many different reasons why people choose to use alcohol and drugs and even more reasons as to why people choose not to use at all, or only to use at certain times. It is very important for young people to understand what the influences on their decisions are, be aware of the effects of drugs, and know how to make good decisions for themselves.

RISK RANKING



60 minutes

Objectives: To build supportive relationships between the participants n To provide knowledge about alcohol and drugs the association of use with risky behaviour n To identify the relative risks associated with different alcohol and drug use practices



- Choose scenarios from the list that are relevant to your context.



- Flipcharts and markers n Meta-cards n Questions box and slips of paper Risk Ranking cards “, Music

Risk Ranking Mechanics:

1. Explain that it is important to be able to assess when use of alcohol or other drugs may be more or less risky so that we can make good decisions. In this activity, we will engage in some problem-prediction or risk assessments.
1. Divide participants into two groups or three groups (ensure there is one facilitator per group). Give each group a set of the Risk Ranking cards.
1. Divide the cards among the group. In turn, each person must place their card on an imaginary line in the floor which goes from most risky to least risky. As they do this they will explain a little about what they think the situation will involve and why it is more/less risky than others. They may comment on amount, reason, context, setting or the company in which the drinking is taking place.
1. Tell participants they may move other people’s cards when it is their turn, as long as they explain why they are doing so.
1. Once everyone has had a turn, ask the group to discuss the answer to the following question: What are the different factors that contribute to the relative riskiness of the alcohol or other drug use behaviour?
1. Once all of the groups have finished, ask for someone from each group to report back on what they put at the top and the bottom of the list. See if the groups agree with each other. Ask participants to point out the main differences between the situations they put at the most risky end of the list and those that they put at the least risky end.

Key Message:

It is important to be able to predict or think ahead about the sorts of harms that can occur as a result of alcohol or other drug use. Being able to imagine what might happen is an important first step for avoiding or preventing harm to oneself or others. When you assess possible risk you need to consider a number of factors including the drug, the amount, the person, the context, the environment and the reason for the drug use.

RISK RANKING CARDS

Risk Ranking Scenarios Cards

Telling your friend to drink so that they have the courage to talk to someone of the opposite sex	Having a small amount to drink at a festa
Drinking with older boys and girls who like to get drunk and then race their motorbikes	Forcing a male friend to drink to prove his manhood
Giving a person a lot of alcohol because you want to get sexually involved with them	Going to a sex worker after drinking a lot of alcohol
Trying a drug because your friend told you it would make you feel confident	Smoking Shabu because others are using it
Getting drunk on a boat	Trying an alcoholic drink just to see what it tastes like
Driving a car when drunk	Having a drink because you are angry with someone
Drinking heavily when pregnant	Having a small amount of alcohol with your aunty
Drinking with a girl/boyfriend to make you feel more confident to have sex	Having sex without a condom after drinking
Injecting Shabu with others	Adding some alcohol to a person's drink without telling them

RISK RANKING CARDS

Risk Ranking Scenarios Cards

Drinking beers with friends while playing cards	Drinking alcohol with people you don't know
Injecting a drug with a syringe already used by others	Having sex with a stranger after drinking a lot of alcohol
Drinking Tubá when you do not know what is in it	Walking home with people who have been drinking alcohol
Letting a primary school child drink alcohol	Having a few drinks at the cousin's wedding
Having sex after using shabu	Having a puff of your cousin's cigarette
Trying an illegal drug when you don't know what it is	Drinking alcohol when there are weapons around
Encouraging a friend to drink a bottle of gin with you	Drinking a lot of beer in a short amount of time as a dare
Getting into a fight after drinking	Smoking a packet of cigarettes in one day

FORTUNE STICKS GAME



45 minutes

Objectives: To build supportive relationships between the participants. To provide knowledge about alcohol and drugs the association of use with risky behaviour. To identify the relative risks associated with different alcohol and drug use practices



- Choose scenarios from the list that are relevant to your context.



- Flipcharts and markers n Meta-cards n Questions box and slips of paper “ Fortune Sticks game cards “, Music, Barbeque Sticks

Fortune Sticks Game Mechanics:

1. Explain that the next activity is used to look at how our actions can lead to more positive or more negative outcomes, depending on our choices.
1. Ask each group to send one player up to choose their fortune situation. They must choose one card from the ‘person’ container, one from the ‘place’ container and one from the ‘situation’ container.
1. The group members then work together to predict:
 - What are the possible harms that could occur?
 - What actions could be taken to prevent these harms and turn the story into a happy ending?
 - What actions could be taken that would mean that the story is likely to come to an unhappy ending?
1. Ask groups to report on their scenarios and the actions they thought matched with the good and bad endings.

Key Message:

People can be lucky and not come to harm when they take risks, but if we really want to remain safe and well, it is the actions that we take that will help to influence whether we have a safe or an unhappy ending.

FORTUNE STICKS GAME

PERSONS

Boy (10 years)

Girl (16 years)

Girl (14 years)

Boy (19 years)

Lesbian (15 years)

Girl (11 years)

Boy (13 years)

Transman (18 years)

Transwoman (17 years)

Gay (12 years)

FORTUNE STICKS GAME

PLACES

Outside the marketplace, late in the afternoon

Outside the Karaoke bar, late at night

At the edge of the village, at sunset

Beside the river, during the day

Along the road to the village

On the beach after dark

In the city plaza

Outside a cinema

Inside their house without parents

Inside their school during break

FORTUNE STICKS GAME

SITUATIONS

**Drinking a lot of home brewed alcohol
with friends**

Drinking a lot of beer with strangers

**Drinking with an older man who offers gifts if they
will spend time with him at his hotel**

**Drinking beer with a group of friends to
celebrate a birthday**

**Drinking with others who are drinking beer and
then going to race their motorbikes**

**Letting an older person flirt with you, buy you
drinks, and begin to touch you**

**Accepting a ride from someone
who has been drinking**

**Letting an older friend, who has been drinking,
show you pornography on his phone**

Drinking a lot of gin

Trying Shabu

Trying Marijuana

ALCOHOL AND OTHER DRUGS INFORMATION

Basic facts about Alcohol

What is alcohol?

Alcohol is a drug that slows down the messages from the brain to the rest of the body. It has a relaxing or calming effect in small amounts. In larger amounts it can cause people to lose control of their behaviours and do things they would not do if sober. When drinking alcohol a person is much more likely to make poor decisions because they are unable to process all the facts and think things through. They might get violent or get sexually involved with someone. In higher amounts people lose coordination and this can cause injuries and accidents, especially in traffic. In higher amounts again people can vomit and go into a coma. They can choke on their vomit while in a coma and die. Very high amounts of alcohol can cause a coma, which results in death.

Effects of alcohol In small amounts alcohol can cause people to:

- Slow down
- Feel more happy and relaxed
- Get a bit confused
- Feel more confident
- Feel tired and sleepy
- Become clumsy
- Become giggly or silly
- Feel less inhibited and do or say things they might not if sober

Larger amounts of alcohol can cause people to:

- Slur their speech
- Disrupt their concentration
- Behave differently
- Feel sick or vomit
- Feel very sad or down
- Engage in sexual activity
- Have a hangover the next day
- Get into trouble with parents or school
- Have an accident
- Be embarrassed because they said or did something they wouldn't normally do
- Have unprotected sex
- Get into fights or cause damage
- Feel angry or become violent
- Become unconsciousness
- Suffer memory loss about what happened when drink

Heavy use of alcohol for a long period of time can cause:

- Brain damage—including memory loss
- Heart problems—increased blood pressure, heart attack
- Addiction
- Liver damage—food cannot be broken down properly
- Diabetes—the body can't break down sugar very well

Alcohol and the law In the Philippines alcohol is legal. However, the legal drinking is 18. This means that it is illegal to purchase or drink alcohol if a person is under 18.

ALCOHOL AND OTHER DRUGS INFORMATION

Basic facts about Tobacco

What is Tobacco?

Tobacco is the main ingredient that is in cigarettes. People often smoke cigarettes because it makes them feel relaxed. However, tobacco has negative health consequences and leads to diseases affecting the heart and lungs. There are over 4,000 chemicals in cigarettes, 51 of them are known to be carcinogenic. A carcinogen is something that causes cancer. Many of the chemicals are poisonous.

Effects of tobacco

In small amounts alcohol can cause:

- Stained fingers
- Less oxygen to the brain
- Bad breath
- Stained teeth
- More coughs and colds
- Increased heart rate and blood pressure
- Reduced fitness
- Shortness of breath
- Dental problems
- Pregnancy complications

Heavy use of tobacco in the long-term can cause:

- Stroke
- Blindness
- Gum disease/tooth loss
- Mouth/throat cancer
- Heart disease/heart attack
- Emphysema (walls of lung tubes collapse)
- Lung cancer n Stomach ulcers
- Skin becomes dry, discoloured and wrinkled
- Bladder cancer
- Reduced fertility in women
- Erectile dysfunction

Tobacco and the law In the Philippines tobacco is legal. However, the legal age for using tobacco is 18. This means that it is illegal to purchase or use tobacco if a person is under 18.

Basic facts about common drugs

Crystal Methamphetamine ('Shabu')

What is 'Shabu'? Amphetamines, including methamphetamines, are a group of related drugs. They can come as powder, tablets, capsules or crystals. Amphetamine powder can range in colour from white through to brown. Crystal methamphetamine (which people also call 'shabu'), is a strong form of amphetamine. It generally comes in large 'sheetlike' crystals or as a crystalline powder. Illegally produced amphetamines are often mixed with other things, like caffeine, sugar, baking powder, starch and ephedrine. These other things can have unpleasant or harmful effects. Crystal methamphetamine or 'shabu' is the most used illicit drug in the Philippines. Most people smoke it, but it can also be snorted (sniffed), injected, or simply dissolved in a liquid. When a person increases their use, their tolerance for the drug also increases, and they need greater quantities to get 'high'.

ALCOHOL AND OTHER DRUGS INFORMATION

Effects of 'Shabu'

The effect of any drug (including amphetamines) is different for different people. How a drug affects a person depends on how much is taken, how strong it is, how it is taken, if any other drugs are taken, whether the person is used to taking it, the mood of the person, and many other things.

If used in small quantities, shabu can cause:

- increased heartbeat and blood pressure
- breathing gets faster
- dry mouth
- Increased sweating
- enlarged pupils
- reduced appetite
- feelings of energy and alertness
- experience a false sense of confidence
- restlessness
- problems sleeping
- aggressive behaviour

If taking large amounts, shabu can cause:

- headaches and dizziness
- stomach cramps
- loss of coordination
- shakiness
- irregular heart beat
- violent or aggressive behaviour
- collapse, overdose and death.

With heavy use over a long period of time, longer term effects may include:

- depression, anxiety and paranoia
- aggression and violence for no apparent reason
- chronic sleeping problems
- malnutrition due to loss of appetite
- increased risk of getting sick due to not eating or sleeping properly
- dental problems
- kidney problems
- increased blood pressure and heart problems
- drug-induced psychosis where someone may suffer delusions, hallucinations and confused thinking.

Other considerations The way a person uses amphetamines can also affect their health. For example: n injecting drugs can damage blood vessels n snorting drugs can damage the lining of the nose n smoking drugs can damage the lungs n sharing equipment can increase the risk of transmitting a blood borne virus (e.g. HIV).

The effects of crystal methamphetamine (ice), such as feeling over confident and invincible, can affect driving ability. It can also have people take risks with sex or have people become more violent. The symptoms of coming down and withdrawal can also affect a person's ability to drive safely, make them moody and difficult to be with.

Shabu and the law In the Philippines, shabu is illegal. The penalty for possession of Shabu is life imprisonment to death.

ALCOHOL AND OTHER DRUGS INFORMATION

Marijuana

What is Marijuana?

Marijuana is made from the dried leaves and flowers of the marijuana plant. It is sometimes called grass, dope, pot, weed, skunk or ganja.

Effects of Marijuana

Like alcohol, marijuana has relaxing effects and in small amounts it affects coordination and judgement and can make people anxious or paranoid. In larger amounts, it can cause people to have headaches, feel nauseous, have delusions or hallucinations. If used heavily over a long period of time, longer-term effects may include problems with concentration, learning and memory, physical health problems, mental health problems and fertility problems.

If used in small amounts, some of the following changes can happen:

- feel more relaxed and calm
- giggly
- less coordinated
- feel mixed up, confused and less able to concentrate and make decisions
- more aware of sensations like colour and sound
- get bloodshot eyes
- heart beats faster and blood pressure decreases
- feel hungry
- become anxious and paranoid.

If used in large amounts, some of the following changes can happen:

- have headaches
- feel sick and possibly vomit
- get dizzy or faint
- have delusions or hallucinations.

If used heavily over a long period of time, longer term effects may include:

- problems with concentration, learning and memory
- breathing problems like asthma and bronchitis
- cancer of the mouth, tongue, throat and lungs
- irregular menstrual cycles
- lowered sperm count
- mental health problems
- drug-induced psychosis where someone may suffer delusions, hallucinations and act very strangely

Marijuana and the law In the Philippines, there are strict laws against the possession and use of marijuana.

WHAT DO PEOPLE GET STRESSED ABOUT



60 minutes

Objectives: To build supportive relationships between the participants. To identify a range of stressors and methods for managing stress. Explore the different emotions may occur/co-occur in response to certain experiences. To explore strategies for promoting wellbeing and for managing stress in ourselves and others



- Note that people don't have to talk about their personal stories, rather things that young people in general can find stressful.



- Chairs arranged in a circle n Flip Charts and markers. Slips of paper. Relaxing music (Optional). Questions box and slips of paper

What do people get stressed about Mechanics:

1. Organise participants into six groups and give each one of the following six categories:

1. Home	4. Friends
2. School	5. Romantic Relationship
3. Work	6. Physical Environment

2. The group's job is to identify the stressors that young people face in this environment. Ask them to write each stressor on a separate slip of paper. Give groups five minutes to brainstorm (encourage each group to think of at least five things).

3. Bring the group back together in a circle.



WHAT DO PEOPLE GET STRESSED ABOUT



4. Ask groups to report back one by one, laying their papers down one by one. Ask other participants to add anything that they would like to add. Some example answers are provided below.

Wrap-up

Ask the participants what are the main things they learned in this activity. Add any of the following key messages:

Note that people can experience many different kinds of stress. Stress can be an ongoing thing, it can go up and down, or sometimes it can seem like it gets stuck on high. Use the metaphor of a rollercoaster to illustrate this.

Key Message:

Stress is a normal part of life and it is important to be aware of stress in ourselves and others so that we can manage it well. Later in the session we will look at stress management strategies.

SIGNS OF STRESS



45 minutes

Objectives: To build supportive relationships between the participants. To identify a range of stressors and methods for managing stress. Explore the different emotions may occur/co-occur in response to certain experiences. To explore strategies for promoting wellbeing and for managing stress in ourselves and others



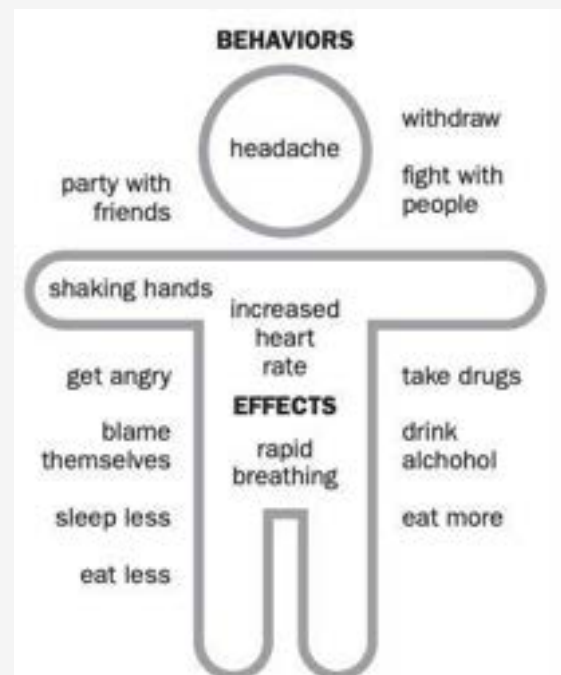
- Keep participants in the same groups as the previous activity.



- Chairs arranged in a circle. Flipcharts and markers. Slips of paper n
Relaxing music (Optional). Questions box and slips of paper

Signs of Stress Mechanics:

1. Ask each group to draw the outline of a body.
2. On the outside of the body, write down some of the behaviours or actions that people might do when they feel stressed.
3. On the inside of the body, they should write or draw some of the things that people feel in the body when they get stressed.



Key Message:

It is important to be able to identify how we respond to stress both in terms of our behaviours and physical reactions. If we are conscious of these things we can develop positive strategies to manage stress.

TALKING ABOUT EMOTIONS



75 minutes

Objectives: To build supportive relationships between the participants. To identify a range of stressors and methods for managing stress. Explore the different emotions may occur/co-occur in response to certain experiences. To explore strategies for promoting wellbeing and for managing stress in ourselves and others



- Keep participants in the same groups as the previous activity.

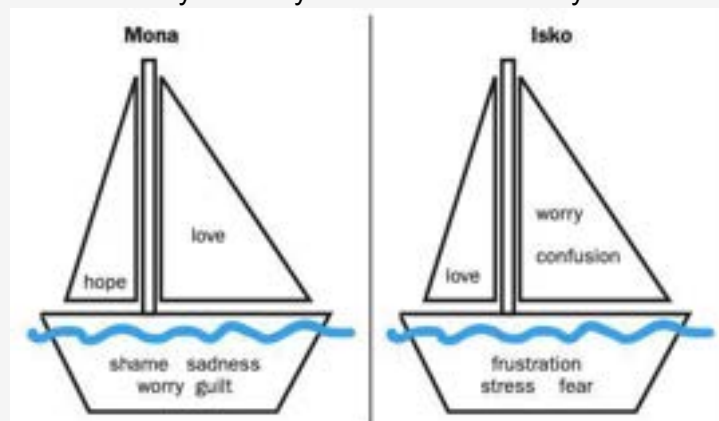


- Chairs arranged in a circle n Flipcharts and markers n Slips of paper n Relaxing music (Optional) n Questions box and slips of paper Emotions Boat

Talking about emotions Mechanics:

1. Explain that when we are going through times of stress or change, it is important to be able to identify and label our emotions, it is also important to be able to tune in to the emotions of other people (e.g. friends or family).
2. Draw an example 'Emotions Boat' for the group. The boat is a metaphor to show that some emotions can be happening close to the surface, whilst others may be buried (under the sea), but are still affecting the person. Emotions that are deeper below the surface may even be causing the ones closer to the top. For example fear or hurt or shame often causes anger or jealousy, though it might be just the anger that shows.
3. Read a scenario aloud (choose a relevant scenario from the list provided).
4. Ask groups to draw an emotions boat for each character. Emotions that are closer to the surface should be written above the 'waterline', and those that are hidden or more deeply felt will be written below the 'waterline'. An example is provided.

Example scenario: Character 1: Mona. Character 2: Isko. Mona has had a boyfriend, Isko for nearly one year. He is very good looking and nice and she likes him very much. One evening Isko tells Mona that his family is leaving the village to find a better life in the city. Isko says he will not be able to see her for several months and he wants to have sex with Mona to show his love and commitment. He says he will come back one day to marry her. Mona has always wanted to wait until marriage to have sex.



TALKING ABOUT EMOTIONS

Alternative scenarios

- a. Alladin is staying at his cousin Datu's house. He notices that Datu looks down and tired and has no energy for playing basketball or joking around. When Alladin asks what is wrong, Datu says that his parents have been fighting a lot since his dad lost his job.

Character 1: Alladin Character 2: Datu

- a. Rodel's father recently died. His mother is having a hard time caring for the family. She tells him he must leave school as he is now responsible for helping the family earn income. He has looked and looked but he can't find any work.

Character 1: Rodel Character 2: Mother

- a. Lerma is 15. She has recently met a nice boy. One day, the boy tells her that he would like to be her boyfriend. When she goes home and tells her father that she met the boy, her father tells her that she is too young to have a boyfriend and she is no longer allowed to speak with this boy. **Character 1: Lerma Character 2: Father**

5. Ask groups to look at the emotions below the surface and discuss: Why might the characters be trying to hide these emotions? Are there different pressure on males and females to hide certain emotions?

6. Ask some groups to report back. Ask what kinds of support the characters in the scenario would appreciate from their friends, family or teachers in these scenarios?

Wrap-up

Ask the participants what are the main things they learned in this activity.

1. How do they feel about the session?
2. What are their key highlights?
3. How they can apply it on their day-to-day living?
4. Other reflections

Key Message:

It is important to be able to identify and manage our own emotions. It is also important to be able to identify others' emotions, even the ones that they may be trying to hide. This helps us to know how to respond to that person appropriately.

MENTAL HEALTH PROBLEMS



60 minutes

Objectives: To build supportive relationships between the participants. To identify a range of stressors and methods for managing stress. Explore the different emotions may occur/co-occur in response to certain experiences. To explore strategies for promoting wellbeing and for managing stress in ourselves and others.



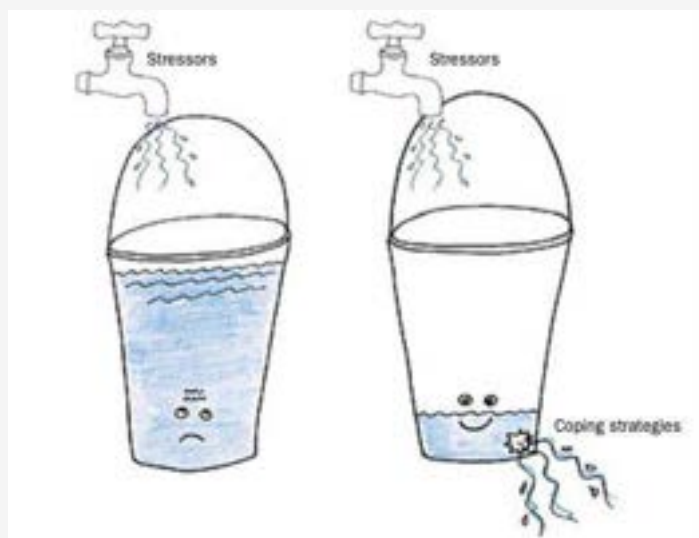
- This activity is optional but encouraged. It can help to build some mental health literacy. It will help people be able to recognize, manage and prevent mental health problems (or mental illnesses) in themselves and others.



- Chairs arranged in a circle. Flipcharts and markers. Slips of paper n Relaxing music (Optional). Questions box and slips of paper Drawing about Mental Health Stressors

Talking about Mental Health Problems Mechanics:

1. Explain to the group that you are going to give some information about mental illness.
2. Draw a picture of a bucket. Show different containers pouring water into the bucket. Explain that if we keep pouring water in and if there is no way for it to get out, it will eventually overflow.
3. Draw another picture of a bucket, but this one has holes and you can see that water is coming out the holes, whilst the containers are pouring more in.
4. Explain that our mental health can be like this bucket. The stresses are the water pouring in and the holes are like our coping strategies. When there is a lot of stress happening, and there are not enough coping strategies, the bucket will overflow and we feel our mental health will not feel in good shape. But if have coping strategies and supports we can cope through tough times. Or, sometimes things just ease off a bit and we do not experience as much pressure.
5. Sometimes when the pressure is too much, or lasts too long, or a big problem comes all at once, the pressure can cause a person to develop a mental illness.
6. Both mental health and physical health can go up and down, and there are things we can do to look after ourselves or to seek help when we are not well. Sometimes, just as with physical health, a person can suffer from a long lasting mental health problem that needs medical care and medication. Like some physical health problems, certain mental health problems are treated with medicine which the person may need to take in a ongoing way across their life, just like someone would need to do if they had an ongoing physical problem like asthma, or diabetes.



MENTAL HEALTH PROBLEMS

7. Mental illnesses are common. There are three common types of mental illness which we are going to learn about, as these are very common and in most people their effect only lasts for a certain period of time—not for a lifetime.

Depression: Everyone feels ‘down’ or sad from time to time—it’s part of being human. ‘Depression’ means that feelings of sadness last longer than normal, affect most parts of your life, and stop you enjoying the things that you used to. It can affect your sleep patterns and your appetite. But usually it makes it very difficult for people to just do the things they usually do in life. A person with depression will benefit from additional support and care from a doctor or a psychologist.

Anxiety: ‘Anxiety’ is like ‘worry’. It’s an unpleasant emotion that most people feel at some time when they’re faced with challenges. Mild anxiety, like just before a sporting event or an exam, is normal and can help people perform at their best. But when anxiety is a mental illness it is more intense, lasts for a longer time, interferes with daily living, and won’t go away. It can affect sleep patterns, make people feel panicky or scared to do the things they need to do in life. A person with an anxiety condition will benefit from additional support and care from a doctor or a psychologist.

Post Traumatic Stress Disorder (PTSD): When a person experiences a traumatic event like a natural disaster, a car crash or violence, it’s normal to have a really hard time dealing with it straight away and for a time afterwards. Most people begin to recover from a traumatic experience in the following few weeks. However, some people find that their symptoms get worse rather than better over time. They may also feel depressed or anxious. They may continue to have flashbacks and nightmares about their bad experiences. If the reaction is severe, lasts longer than a month and does not begin to lessen over time, it is possible the person has Post Traumatic Stress Disorder (PTSD), rather than just post traumatic stress. In this case they would benefit from additional support and care from a doctor or a psychologist.

Wrap-up:

Many young people experience these mental health problems but that they also recover from these problems. Their recovery can be helped along if they have support, care and understanding from others. It can also be helpful for people to understand what is happening to them so as they can also work on their own self-care. Self-care can include things like getting exercise, sleep and healthy food, doing activities with others, and challenging their own negative thoughts.

Key Message:

You do not need to be a medical professional to give the simple information below. It is simple information to allow participants to understand that there are some mental illnesses that are common. If a person is worried that they or their friend is experiencing a condition such as the ones described here, it is important that they talk to a medical professional.

BASIC COPING STRATEGIES



45 minutes

Objectives: To build supportive relationships between the participants. To identify a range of stressors and methods for managing stress. Explore the different emotions may occur/co-occur in response to certain experiences. To explore strategies for promoting wellbeing and for managing stress in ourselves and others.



- Keep participants in the same groups as the previous activity.



- Chairs arranged in a circle. Flipcharts and markers. Slips of paper
Relaxing music (Optional). Questions box and slips of paper

Basic Coping Strategies Mechanics:

1. Divide participants into groups of 4 or 5. Ask each group to make a freeze frame demonstrating a positive coping strategy. Positive coping strategies are actions one takes to manage and reduce stress, in a way that isn't going to be harmful or detrimental (they are represented by the hole in the bucket).
2. Explain that there are many things that we can do to look after ourselves to prevent the onset of mental health problems or to care for ourselves if we experience mental health distress.
3. They include exercise, rest, meditation, singing, dancing, eating well, connecting with friends or family, and finding something meaningful to do. There are also things we can do to help others. Social support from caring friends, workmates or family can help people to deal with and recover from mental health problems.
4. When problems are severe, doctors can help. Sometimes they prescribe medications for more serious problems. Psychologists can also help by talking with people and helping them to learn coping strategies and different ways of thinking about the things that are causing them distress. When people cannot access medical support, it is important use some good coping strategies like the ones suggested in the freeze frames.

Wrap-up:

Mental health and illness are understood differently across different contexts. It is important to explore local understandings as these often have an influence on how communities respond to mental health problems. An important part of positive programming for mental health is to challenge attitudes of stigma and discrimination.

Key Message:

We all need a range of different coping strategies to help us to deal with stress and challenge. We can also help friends to calm down or to cheer up when they are in bad times.

POSITIVE COPING STRATEGIES



60 minutes

Objectives: To build supportive relationships between the participants. To identify a range of positive coping strategies. To understand the distinction between positive and negative coping strategies. To investigate the concepts of positive and negative self-talk



- Keep participants in the same groups as the previous activity.



- Meta-cards and pens. Relaxing music (optional).
Questions box and slips of paper

Basic Coping Strategies Mechanics:

1. Explain that we all have many different coping strategies that help us to deal with the stress and challenge. Coping strategies help us feel better when things get tough. Coping strategies can be positive or negative

- Positive coping strategies are actions you take to manage and reduce stress in your life, in a way that isn't going to be harmful or detrimental.
- Negative coping strategies include things like taking it out on others, use of violence and aggression, taking alcohol or other drugs, and self-blaming. We aim to reduce or cut these out of our profile as these types of strategies tend to make things worse rather than better, either for ourselves or for others.

2. Ask each group to brainstorm at least positive coping strategies, writing each on a separate piece of paper.

3. Explain that positive coping strategies can be grouped into categories. Ask one group to present their strategies, placing them into one of the five categories below. Ask other groups to add any additional strategies they have. Some examples are provided.

Energetic	Calming	Social	Shift Attention	Get organised
exercise sports dancing	drawing meditation prayer music lie down sleep	play phone a friend party talk about it	watch tv work study read	make a list tidy up make a plan

4. Explain that in general we aim to have a wide range of positive coping strategies, and to be able to use them in combinations to match the challenges we are experiencing.

5. Ask participants to choose one coping strategy from each of the five categories that they would like to remember in the future. Ask them to talk to a partner about why these are their favourite coping strategies.

Key Message:

It is useful to have a range of positive coping strategies to apply in different stressful or challenging situations in our life.

BUILDING POSITIVE SELF-TALK



45 minutes

Objectives: To build supportive relationships between the participants. To identify a range of positive coping strategies. To understand the distinction between positive and negative coping strategies. To investigate the concepts of positive and negative self-talk.



- Keep participants in the same groups as the previous activity.



- Meta-cards and pens. Relaxing music (optional).
- Questions box and slips of paper

Basic Coping Strategies Mechanics:

1. Explain that in this activity, they are to create a role-play in which they will act out what someone's self-talk or thinking might sound like. They will work in groups of 3.

2. One person is the body of the character and the other two take the roles of the negative self-talk and the positive self-talk that happen inside this person's mind. The negative-self talk and the positive-self talk will be arguing with each other. The aim is to get her positive self-talk side to win. Groups can be allocated one of the scenarios provided in the previous activity or come up with one of their own if they prefer.

3. Challenge them to find a way to have the positive self-talk win the argument. The role-play should be time limited to one minute.

4. Each group should prepare and present their role-play. At the end of each role-play presentation ask:

- What kinds of messages was the negative self-talk sending?
- What kinds of things did the positive self-talk argue?
- How can we make the positive self-talk more convincing than the negative? (Hints: make it specific and practical. E.g. you failed this assignment but you may pass the next one. This will take some courage, but you have been courageous before).

5. Point out that often we need courage to act on our positive self-talk.



Key Message:

We all have emotional reactions. However, our own self-talk can also produce further emotional reactions, Negative self-talk can increase distress, shame, guilt, or feelings of worthlessness. The best way to deal with negative self-talk is to argue back with positive self-talk. This is a skill we can get better at with practice.

TRAFFIC LIGHTS GAME



30 minutes

Objectives: To build supportive relationships between the participants n To identify a range of stressors and methods for managing stress n Explore the different emotions may occur/co-occur in response to certain experiences n To explore strategies for promoting wellbeing and for managing stress in ourselves and others



- This activity is optional but encouraged. It can help to build some mental health literacy. It will help people be able to recognize, manage and prevent mental health problems (or mental illnesses) in themselves and others.



- Chairs arranged in a circle. Flipcharts and markers. Slips of paper. Relaxing music (Optional). Questions box and slips of paper Drawing about Mental Health Stressors

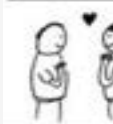
Traffic lights game Mechanics:

1. Explain to participants that this game will call on them to remember five different formations. Ask three volunteers to come and demonstrate what each of these formations will look like.



Thinking

One person: Each person stands on one leg with their hands on their head.



Date

Groups of two: Two people stand opposite each other with one hand pointing towards their partner, and the other hand on their heart.



Hospital

Groups of three: One person lying on the floor (representing the patient), and one person kneeling at either side (representing doctor and nurse).



Traffic light

Groups of three: One behind each other with the front person kneeling, the second crouching just behind them, and the third standing upright. Each should open and close their hands on either side of their face to represent flashing traffic lights.



Motorbike

Groups of two: One person kneels with their hands in the air and the other stands behind them holding their hands.

2. Explain that when the facilitator calls a command, the participants must make the right sized group and quickly make the relevant formation.

3. The participants who are last to obey, miss out on a group, or fail to correctly complete the formation, must go out. The winners are those who are left last in the game.

Key Message: In times of stress and challenge, it is important to find time to have fun, play and laugh with other people. Social and physical activity is good for our mental wellbeing. It is often said that 'laughter is the best medicine' and research has shown that experiencing positive emotions is good for our psychological well being.

SELF-CARE AND PEER SUPPORT STRATEGIES

Basic Facts about Self-care and Peer-support strategies

Self-care strategies

- Take some deep breaths
- Give yourself some time out
- Get active
- Use positive self-talk
- Do a calming activity
- Read a book
- Eat a favourite food
- Play a game
- Do a favourite hobby
- Write down your thoughts
- Playsport
- Listen to some music
- Find time to relax

Help-seeking strategies

- Phone a friend
- Talk to a parent
- Talk to a doctor
- Talk to a teacher

Peer support strategies

- Ask your friend how they are
- Suggest a social activity
- Seek advice from a trusted adult
- Write a supportive text message
- Tell a funny joke
- Suggest someone to talk to

SELF-CARE AND PEER SUPPORT STRATEGIES

Basic Facts about Self-care and Peer-support strategies

Apply these suggestions to help trainers and peer educators relax, reduce stress, and invite balance into their lives.

Breathe deeply. Have you ever noticed your breathing when you are feeling stressed or moving too fast? It is probably shallow and tight. Take a few slow, deep breaths to relax. Take a walk.

Get out. Go shopping. Play sports. Exercise not only helps burn off nervous energy but also allows you to leave the place causing you stress.

Eat well. Busy people often skip meals or eat fast food too frequently. Heavy foods, too many or too few calories, and inadequate nutrition can make you feel lethargic. Eat vegetables, fruits, grains, and lean proteins – nutritious, high-energy foods.

Drink water. Most people do not drink enough water and feel dehydrated, tired, and achy. Next time you feel dry or in need of a liquid ‘pick me up’, drink water instead of coffee, tea, or high-sugar drinks. Experts say that once you feel thirsty, you are already dehydrated, so drink up.

Slow down. Do not worry; you do not have to stop. By making sure your mind is actually where your body is, you will feel (and appear) less scattered, think more clearly, and be more effective. Time-management and delegation strategies can help avoid confused priorities and schedule conflicts.

Team up. If you are a stressed-out trainer or peer educator, you may not be letting other people help you get things done – whether delegating tasks to other peers or trainers, partnering with other groups, or simply networking for support and advice. Sharing the load with other people and staying connected to positive people can help prevent stress.

Sleep well. A good night’s sleep is not a luxury; it is a necessity for clear-thinking and mindful responsiveness. Aim to get a good night’s rest by watching what you eat before you go to bed, turning off the television and computer, and taking a few minutes to slow down and transition from ‘busy day’ to ‘restful night’ – perhaps by sipping some herbal tea and listening to soothing music.

Loosen up. Tight muscles and narrow, critical thinking exacerbate stress and propel you towards burnout. Find ways to stretch both body and mind. Take a bath. Pray. Gentle stretching loosens tight muscles, while similar ‘mind exercises’ or meditation can help lessen chronic perfectionism and criticism.

Have fun. Laughter is great medicine, so surround yourself with fun things and people. Watch your favorite funny movies, play with your kids or animals, choose to be around people who make you laugh, or just laugh at yourself when you get overly serious or unhappy.

Get away. Whether for an hour, a day, or a week, remove yourself from your work and concentrate 100 percent on someone or something else. Recharge yourself today so you are more productive and can enjoy your work tomorrow.

CONVERSATION CIRCLE

Closing Activity for Module II Sessions Gathering Lessons Learned

Objectives: To reflect on the module and note the key facts and skills learned; and to think about how they will use this new knowledge and skills by making a commitment to change one thing about themselves related to growing up and becoming an adult.

1. Based on the information discussed and what you learned in the sessions conducted, answer the following questions:
 - What is the most important thing you learnt from the sessions conducted?
 - Why this information is important to you?
 - How will it influence your behaviour?
 - Write or draw a commitment or promise to yourself related to growing up and becoming an adult.

Module III

My Participation

Never forget what you are, for surely the world will not. Make it your strength. Then it can never be your weakness. Armour yourself in it, and it will never be used to hurt you.

- George R. R. Martin, A Game of Thrones
(A Song of Ice and Fire, Book I)

Every person's life unfolds in a way that is unique to them. Each significant event you experience leaves a trace: every high, every low, every elation, every suffering. These experiences shape you into who you are meant to be. And when you decode them, you'll discover that the Universe has a plan for who you are meant to be. You are here to fill your unique role, career, and mission. Your greatest job is to uncover your story, stay true to it, and act from it.

- Vishen Lakhiani,
The Buddha and the Badass



OVERVIEW

What are the roles of adolescents and youth in the community?

Module Three: *Knowing My Participation* aims to equip adolescents and young people with the skills, knowledge, and confidence to take on leadership roles as peer educators. It emphasizes the importance of personal responsibility, advocacy for youth rights, and building effective communication skills to support their peers and community.

By the End of the Module, Participants Should Be Able To:

- **Understanding Peer Education:** The foundation of this module is to introduce the concept of peer education, where young people educate their peers on important issues like sexual and reproductive health, gender equality, and mental well-being. Participants will learn how peer education is based on trust and relatability, making it a powerful tool for youth-to-youth engagement. Understanding how peers can influence behavior, attitudes, and decision-making is key to the success of peer-led interventions.
- **Roles and Responsibilities of a Peer Educator:** As peer educators, participants will take on a leadership role within their communities. This objective will focus on their responsibilities, such as being role models, providing accurate information, creating a safe space for discussion, and offering support. They will learn about the ethical aspects of peer education, such as maintaining confidentiality and respecting the diverse backgrounds and experiences of others. By clearly defining their role, participants will feel empowered to make positive contributions while understanding the expectations placed on them.
- **Communication Skills:** Effective communication is crucial for peer educators. This part of the module will focus on developing skills in active listening, empathy, and non-judgmental communication. Participants will practice how to engage their peers in discussions, ask open-ended questions, and facilitate group sessions in a way that encourages participation and open dialogue. They will also learn how to tailor their communication style to different audiences, ensuring that their messages are clear and impactful.
- **Planning for the Future:** Participants will reflect on their personal goals and aspirations, both as individuals and as peer educators. This includes exploring how they can contribute to positive change in their communities, advocate for the rights of young people, and continue growing as leaders. The module will encourage them to think critically about how they can balance their responsibilities to themselves and their communities, fostering a sense of purpose and direction.

OVERVIEW

What are the roles of adolescents and youth in the community?

- **Advocacy for Youth Rights and Change:** Peer educators play a crucial role in advocating for the rights of young people, especially in areas like sexual and reproductive health, education, and gender equality. Participants will learn how to become advocates for change, using their platforms to raise awareness, challenge harmful norms, and influence decision-makers in their communities. They will explore advocacy strategies such as organizing campaigns, engaging with local leaders, and using social media to amplify their voices.
- **Developing a Peer Education Program:** This objective focuses on the practical aspect of planning and conducting peer education sessions. Participants will learn how to create session guides that outline the goals, structure, and activities for each peer education session. This includes selecting relevant topics, preparing discussion points, and ensuring that sessions are interactive and engaging. By developing their own session guides, participants will gain hands-on experience in curriculum development and program planning.
- **Demonstrating How to Conduct Peer Education:** In this part of the module, participants will have the opportunity to practice leading peer education sessions. Through role-playing and simulations, they will demonstrate their ability to facilitate discussions, manage group dynamics, and respond to questions or concerns raised by their peers. This will help them build confidence and refine their facilitation techniques, ensuring they are well-prepared to lead effective sessions.

By the end of this module, participants will have a clear understanding of their roles as peer educators, be equipped with the skills to lead meaningful discussions, and feel empowered to advocate for positive change in their communities. They will also have the practical experience of creating and delivering peer education sessions, setting them up for success in their leadership journey.

SWAP STATS!



60 minutes

Objectives: Provide an overview of the SRHR situations of the adolescents and young people using the Young Adult Fertility and Sexuality Survey (YAFS5) 2021 or any data sources



- read and understand the latest YAFS5 2021 (https://www.uppi.upd.edu.ph/sites/default/files/pdf/YAFS5_National_Dissemination_Slides_FINAL.pdf) or any data source
- print and paste each relevant data that you would like to emphasize from the YAFS5 or any data sources (one data in each metacard)
- prepare the YAFS5 or data situationer powerpoint slides



- printed data pasted in the metacards (one data/metacard per participant)
- YAFS5 or data powerpoint slides
- projector
- microphone
- music (upbeat)

Swap Stats! Mechanics:

1. Distribute the data card to each participant. Ensure that all participants will have at least one data card
2. Ask the participants to read their data card
3. Ask the participants stand up and choose a partner
4. Ask the participants to read and share to their partner the data card/s for 1-2 minutes
5. After 1-2 minutes, the facilitators will shout “Swap!” as a signal that all participants will swap their data cards to their partners and choose new partner for the next turn
6. After 4-5 turns, end the session and invite all participants to go to their places for the plenary discussion
7. Ask the participants about their learning from the swap stats!
 - a. How do they feel while doing the activity
 - b. What are their learning
 - c. Why is it important to learn the data/stories of adolescents and young people?

Wrap-up: The YAFS5 (Young Adult Fertility and Sexuality Study) presents comprehensive data on Filipino adolescents' and young adults' sexual and reproductive health. Key findings include a rise in early sexual activity, unintended pregnancies, and HIV risk behaviors. It also highlights the growing prevalence of mental health concerns, including suicidal ideation. Additionally, internet and social media play a significant role in shaping youth behaviors and attitudes. The study calls for strengthened programs in sexual education, mental health support, and digital literacy to address these evolving challenges among the Filipino youth population.

Key Message: For peer educators, the YAFS 5 highlights the urgent need to address the increasing rates of early sexual activity, unintended pregnancies, and mental health issues among Filipino youth. Peer educators should focus on providing accurate information on sexual and reproductive health, promoting responsible decision-making, and fostering safe online behaviors. They play a crucial role in guiding peers to access proper services, reduce risky behaviors, and raise awareness about mental health challenges, helping to create a supportive and informed youth community.

PEER EDUCATION



75 minutes

Objectives: To help participants to understand the nature and purpose of peer education and to gain insight into the mechanisms of behaviour change and how these relate to peer education.



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Three flip charts and markers
- projector
- microphone
- music (upbeat)

Peer Education Mechanics:

1. Conduct three consecutive group 'call-outs' (an activity similar to brainstorming, in which participants call out their responses) on the following questions:
 - What do we mean when we say 'peer education'?
 - What are the possible advantages of peer education?
 - What are the possible disadvantages of peer education?

Record all responses on the flip charts.

When agreeing on a working definition of peer education, it is important to come as close as possible to the following description:

'Peer (health) education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health.'

A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.

Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour as a result of the learning process.

PEER EDUCATION

Advantages

- ▼ Young people take on programmatic responsibilities
- ▼ Educators and target group members often use the same slang terms
- ▼ Peer educators gain skills that are important for their continued personal development
- ▼ Peer education can supplement other educational interventions, such as the work of teachers, social workers, and health service providers
- ▼ Peer education is a community-level intervention that can provide a link to other community services
- ▼ Peer educators can gain access to groups that are otherwise difficult to reach
- ▼ Peer education can be relatively inexpensive when compared to other interventions

Disadvantages

- ▼ As peer educators age, they grow out of their role; new people always have to be recruited and trained
- ▼ Peer education programmes pose large management burdens on NGOs, schools, etc., and require skilled supervisors to be on the staff of a programme
- ▼ It is difficult to evaluate the impact of peer education, especially when proper monitoring and evaluation budgets have not been set aside for the programme
- ▼ If educators are not well trained, peer education can have a harmful effect (misinformation and unprofessional advice)
- ▼ If not properly targeted, activities called peer education may really be outreach or general education interventions

Wrap-up

Ask the participants what are the main things they learned in this activity. Add any of the following key messages: emphasize that peer education is not the solution to every problem, and sometimes it may be better to use other approaches. The objectives of the intervention, the characteristics of the target group, and the specific setting are all elements when considering whether peer education is appropriate.

Key Message:

Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and access information and health services that they need for themselves.

PEER EDUCATION

Basic Facts About Peer Education

What is peer education?

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests).

These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health.

Peer education can take place in small groups or through individual contact and in a variety of settings: schools, universities, clubs, churches, workplaces, street settings, shelters, or wherever young people gather.

Examples of youth peer education activities include:

- Organized sessions with students in a secondary school, where peer educators might use interactive techniques such as game show quizzes, role plays, or stories
- A theatre play in a youth club, followed by group discussions
- Informal conversations with young people at a discotheque, where they might talk about different types of behaviour that could put their health at risk and where they can find more information and practical help

Peer education can be used with many populations and age groups for various goals. Recently, peer education has been used extensively in HIV/AIDS prevention and reproductive health programmes around the world.

A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.

Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour as a result of the learning process.

PEER EDUCATION

Basic Facts About Peer Education

Why peer education?

A young person's peer group has a strong influence on the way he or she behaves. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a positive way.

The credibility of peer educators within their target group is an important base upon which successful peer education can be built. Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because of the educator's and the audience's shared background and interests in areas such as music and popular celebrities, use of the language, family themes (e.g., sibling issues, the struggle for independence), and role demands (e.g., student, team member). Youth peer educators are less likely to be seen as authority figures 'preaching' from a judgemental position about how others should behave. Rather, the process of peer education is perceived as receiving advice from a friend 'in the know' who has similar concerns and an understanding of what it is like to be a young person.

Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

PEER EDUCATION THEORY TO PRACTICE



60 minutes

Objectives: To help participants understand the practical application of theoretical and other methodological approaches to behaviour change



- read the fact sheet, mechanics, concepts and the sample statements
- keep in mind that you need to establish respect and non-judgement during the activity
- decide if you wish to add any characteristics that are particularly appropriate to your community.



- Markers, tape, flip chart paper, and Handouts for Peer Education and Behaviour Change Theories
- projector
- microphone
- music (upbeat)

Peer Education Theory to Practice Mechanics:

1. Distribute the handout and give a brief presentation on the theories and models for behaviour change. Instruct participants to separate into three groups, each with flip chart paper and markers.
2. Ask participants to choose a programme in which one of their group members is involved and analyse all aspects of it. Then ask them to outline the programme on the paper and to identify the theories and models (or parts of theories and models) that are being used in it.
3. Emphasize that multiple theories and models may be used in the same programme and that only some aspects of theories and models may be used. Ask each group to present its discussion to all other participants.

Wrap-up

- Point out that without realizing it, everyone uses theories and models of behaviour change in their everyday work. Initiate a discussion on the topic of why organized theoretical and methodological approaches to behaviour change should be included in training programmes.
- Emphasize once again that a theory or a model does not have to be used in its entirety and that different parts of different theories and models can be used in one programme. Nevertheless, it is important that programmes be rooted in appropriate theories and models.

Key Message:

Understanding peer education theories is crucial for peer educators because these theories guide how to effectively influence behavior change. They help peer educators recognize the importance of social influence, attitudes, and norms, empowering them to act as credible role models. By applying these theories, peer educators can better motivate their peers, provide accurate information, reduce barriers to health-seeking behaviors, and foster an environment of empowerment and trust. This knowledge equips them to drive meaningful, sustainable changes in their communities.

THEORY TO PRACTICE

Peer Education and Behaviour Change Theories

The theory of reasoned action

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- The person's attitudes towards this behaviour (his or her beliefs about the consequences of the behaviour)
- The person's perception of the social norms towards a certain behaviour in a group or culture In the context of peer education, this concept is relevant because:
 - Young people's attitudes are highly influenced by their perception of what their peers do and think
 - Young people may be highly motivated by the expectations of respected peer educators

The social learning theory

According to this theory, individuals can increase their ability to take control of their lives (called self efficacy) by acquiring new knowledge and skills that teach them how to better handle situations. This learning can occur:

- Through direct experience
- Indirectly, by observing and modelling the behaviour of others with whom the person identifies ■ Through training in skills that lead to confidence in carrying out a behaviour

In the context of peer education, this means that the inclusion of interactive experiential learning activities is extremely important and that peer educators can act as influential teachers and role models.

The diffusion of innovations theory

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms is predominantly seen as a result of person-to-person exchanges and discussions. In the context of peer education, this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. Especially in outreach work, where the target audience is not reached through formally planned activities but rather through everyday social contacts, the role of opinion leaders as educators may be very important. These three theories assert that people adopt certain behaviour not because of scientific evidence but because of the subjective judgement of close, trusted peers who act as role models for change.

The theory of participatory education

This theory states that empowerment and full participation of the people affected by a given problem is key to behaviour change. The relevance of this theory in the context of peer education is obvious: many advocates of peer education claim that the (horizontal) process of peers talking amongst themselves and determining a course of action is key to the success of a peer education programme.

THEORY TO PRACTICE

The health belief model

The health belief model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action will prevent illness (expectancy), then the person will take a positive action towards that behaviour. An important aspect of the health belief model is the concept of perceived barriers, or one's opinion of the tangible and psychological costs of the advised action. Peer educators could reduce perceived barriers through reassurance, correction of misinformation, and assistance. For example, if a young person does not seek health care in the local clinic because he or she feels that confidentiality is not respected, the peer educator may provide accurate information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

Social ecological model for health promotion

According to this model, behaviour is determined by the following:

- Intrapersonal factors – characteristics of the individual such as knowledge, attitudes, behaviour, self concept, and skills
 - Interpersonal processes and primary groups – formal and informal social network and social support systems, including the family, work group, and friendships
 - Institutional factors – social institutions with organizational characteristics and formal and informal rules and regulations for operation
 - Community factors – relationships among organizations, institutions, and informal networks within defined boundaries
 - Public policy – local, state, and national laws and policies
- This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioral change.

IMBR model: information, motivation, behavioural skills, and resources

The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the information (the 'what'), the motivation (the 'why'), the behavioural skills (the 'how'), and the resources (the 'where') that can be used to target at-risk behaviours. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model. In the context of peer education, this means that a programme that does not include all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it.

THEORIES OF PEER EDUCATION

Basic Facts About The theoretical base for peer education

When undertaking a peer education programme, the objectives are often to reinforce positive behaviours, to develop new recommended behaviours, or to change risky behaviours in a target group. Why and how do people adopt new behaviours? The fields of health psychology, health education, and public health provide relevant behavioural theories that explain this process. It is important to be aware of these theories, because they provide a theoretical base that explains why peer education is beneficial. Moreover, these theories can help guide the planning and design of peer education interventions.

The following theories and models of behaviour change are of particular relevance for peer education.

Theory of reasoned action

This theory states that the intention of a person to adopt a recommended behaviour is determined by:

- A person's subjective beliefs, that is, his or her own attitudes towards this behaviour and his or her beliefs about the consequences of the behaviour. For example, a young woman who thinks that using contraception will have positive results for her will have a positive attitude towards contraceptive use.
- A person's normative beliefs, that is, how a person's view is shaped by the norms and standards of his or her society and by whether people important to him or her approve or disapprove of the behaviour.

In the context of peer education, this concept is relevant because young people's attitudes are highly influenced by their perception of what their peers do and think. Also, young people may be motivated by the expectations of respected peer educators.

learn:

- Through direct experience.
- Indirectly, by observing and modelling the behaviour of others with whom the person identifies (for example, how young people see their peers behaving).
- Through training that leads to confidence in being able to carry out behaviour. This specific condition is called self-efficacy, which includes the ability to overcome any barriers to performing the behaviour. For example, using role plays to practise how and when to introduce a condom can be important in developing the self-confidence to talk about safer sex methods with a partner.

In the context of peer education, this means that the inclusion of interactive experiential learning activities are extremely important, and peer educators can be influential teachers and role models.

THEORIES OF PEER EDUCATION

Basic Facts About The theoretical base for peer education

Diffusion of innovations theory

This theory argues that social influence plays an important role in behaviour change. The role of opinion leaders in a community, acting as agents for behaviour change, is a key element of this theory. Their influence on group norms or customs is predominantly seen as a result of person-to-person exchanges and discussions.

In the context of peer education, this means that the selected peer educators should be trustworthy and credible opinion leaders within the target group. The opinion leader's role as educator is especially important in informal peer education, where the target audience is not reached through formally planned activities but through everyday social contacts.

Theory of participatory education

This theory states that empowerment and full participation of the people affected by a given problem is a key to behaviour change.

In the context of peer education, this means that many advocates of peer education believe that the process of peers talking among themselves and determining a course of action is key to the success of a peer education project.

Health belief model

The health belief model was developed in the early 1950s by social psychologists Godfrey Hochbaum, Stephen Kegels, and Irwin Rosenstock. It was used to explain and predict health behaviour, mainly through perceived susceptibility, perceived barriers, and perceived benefits.

This model suggests that if a person has a desire to avoid illness or to get well (value) and the belief that a specific health action would prevent illness (expectancy), then a positive behavioural action would be taken with regards to that behaviour.

In the context of peer education, this means that the health belief model is most relevant concept is that of perceived barriers, or a person's opinion of the tangible and psychological costs of the advised action. In this regard, a peer educator could reduce perceived barriers through reassurance, correction of misinformation, incentives, and assistance.

For example, if a young person does not seek health care in the local clinic because he or she feels that his or her confidentiality is not respected, the peer educator may provide information on a youth-friendly service, thus helping to overcome the barrier to accessing proper health care.

THEORIES OF PEER EDUCATION

Basic Facts About The theoretical base for peer education

Social ecological model for health promotion

According to this model, behaviour is viewed as being determined by the following:

- Intrapersonal factors – characteristics of the individual such as knowledge, attitudes, behaviour, self-concept, and skills
- Interpersonal processes and primary groups – formal and informal social networks and social support systems, including the family, work group, and friendships
- Institutional factors – social institutions with organizational characteristics and formal and informal rules and regulations for operation
- Community factors – relationships among organizations, institutions, and informal networks within defined boundaries
- Public policy – local, state, and national laws and policies

This theory acknowledges the importance of the interplay between the individual and the environment, and considers multilevel influences on unhealthy behaviour. In this manner, the importance of the individual is de-emphasized in the process of behavioural change.

In the context of peer education, this means that it is important to recognize that peer education is just one piece of the puzzle. While peer education can be an important intervention to affect intrapersonal and interpersonal change, in order to be successful, peer education activities must be coordinated with other efforts designed to influence institutions, communities, and public policy.

IMBR model: information, motivation, behavioural skills, and resources

The IMBR model addresses health-related behaviour in a way that can be applied to and across different cultures. It focuses largely on the information (the 'what'), the motivation (the 'why'), the behavioural skills (the 'how'), and the resources (the 'where') that can be used to target at-risk behaviours. For example, if a young man knows that using condoms properly may prevent the spread of HIV, he may be motivated to use them and know how to employ them correctly, but he may not be able to purchase or find them. Thus, the concept of resources is important to this model.

In the context of peer education, this means that a programme that does not have a comprehensive approach including all four IMBR concepts probably lacks essential components for reducing risk behaviour and promoting healthier lifestyles. A programme might, for example, explain to young people the need for contraception and describe contraceptive methods but might omit demonstrating their proper use. Participants would then be informed about what to do but not how to do it. Other programmes might inform participants of the what and the how of certain healthy behaviours but not give them strong emotional or intellectual reasons as to why they would want to practise such behaviours. Although resources can be considered part of 'information', it is important to provide young people with information about where to access appropriate resources or services beyond the scope of peer education sessions. Such resources might include, for example, youth-friendly clinics, counselling services, HIV/STI and pregnancy testing and care programmes, and other sources of commodities (e.g., condoms and contraceptives).

PRIVACY SQUARE



60 minutes

Objectives: To help participants think about how individuals share information when thinking about sexual health and HIV/AIDS



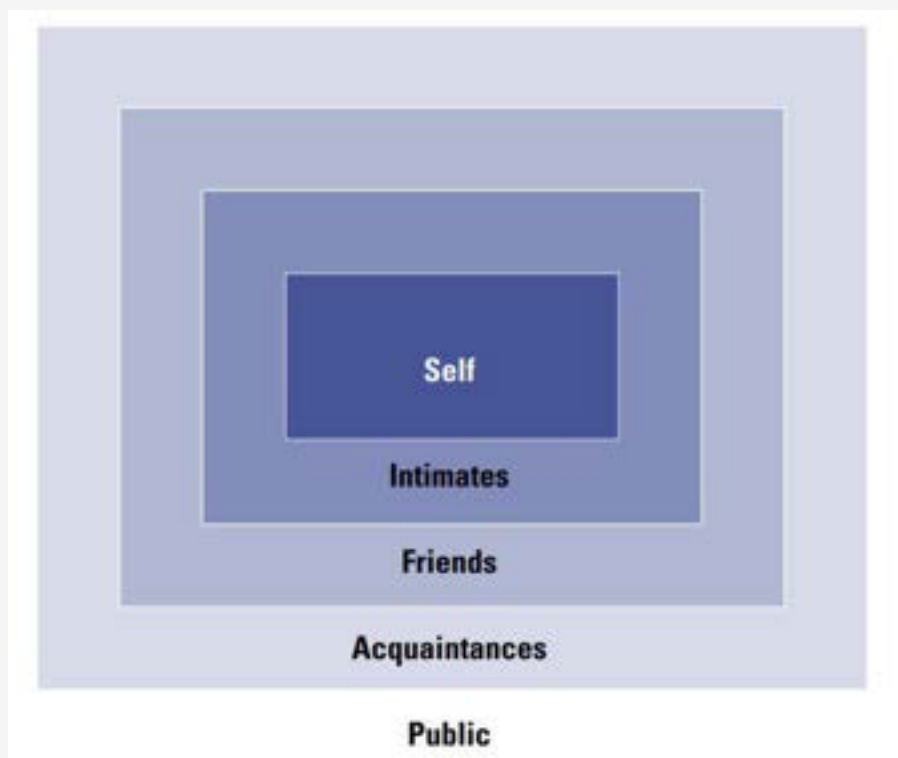
- For each participant: Handout Privacy Squares and a pen or pencil. You will also need flip chart paper, markers, and a list of 'privacy square items'.



- printed copy of the privacy squares
- projector
- microphone
- music (upbeat)

Privacy Squares Mechanics:

1. Give each participant a copy of Privacy Square and a pen or pencil. Display a large flip chart paper with the concentric privacy squares.



PRIVACY SQUARE

With whom would you share:

- Your height (ht)
- Your weight (wt)
- Your dissatisfaction with some part of your body (body)
- Your method of contraception (contra)
- The extent of your sexual experience (extent)
- Your sexual fantasies (fantasies)
- Whether you enjoy erotic material (X)
- Whether you have fantasized about a homosexual relationship (gay-fan)
- Whether you have had a homosexual relationship (gay-exp)
- Your feelings about oral sex (oral)
- Whether you have considered being tested for HIV (considered)
- Whether you have been tested for HIV (tested)
- Whether you tested positive for HIV (+)

2. Explain to participants that when educating about sexuality, they must respect the privacy of others. To explore what privacy means to each of us, participants should write the privacy square items listed above in the appropriate square, indicating with whom they would share each type of information. (They can use the symbols or abbreviations instead of the whole phrase.)

3. Ask participants to also think about people in their lives who might 'fit' into the respective squares. Help define terms such as 'acquaintance' and 'intimates'.

4. You can begin by saying, for example: 'Let's start with your height. Think about with whom you would be able to share information about how tall you are. Would you share it with the people you consider your intimates? Acquaintances? Or in a public setting with people you do not know?'

5. Point out that some of the experiences will not apply to some participants. Explain that for those questions, the participants should try to consider with whom they would share the information if those experiences did apply to them.

6. When reading out questions about privacy, be careful to allow enough time for participants to think about the question and their answer to it.

Wrap-up:

Ask the participants what they felt about the exercise. Did they learn anything about themselves? Point out that because we are used to working in the world of sex education and to talking and thinking about it, we may forget how private certain issues are to some people.

POWER WALK



60 minutes

Objectives: To raise awareness about the inequality of opportunities in society To foster an understanding of possible personal consequences of belonging to certain social minorities or cultural groups To help participants identify vulnerable and marginalised groups To promote empathy with those who are different from oneself



- Read the session guide prior and prepare for possible power related concerns that the participants will raise



- One index card for each participant with a character from a typical community written on each (see list of characters below), tape or CD player and soft/relaxing music,
 - projector
 - microphone
 - music (upbeat)

Power Walk Mechanics:

1. Write each of the characters listed below on an index card or piece of paper. (Adapt these as necessary for your cultural context.)

- Mayor of a small town (male)
- Social assistance employee in municipality (female)
- Member of the committee for minors (female)
- School teacher (female)
- Boy in detention facility, age 14
- Girl in residential institution, age 13
- Uncle, 'guardian' of a niece
- Single mother with three children, ages 12, 6, and 2
- Girl with disability, age 10
- Boy, intravenous drug user, age 16
- School principal (male)
- Teacher in boarding school (female)
- Street kid, age 10
- HIV-infected pregnant woman, age 23
- Primary school girl, age 13
- Primary school boy, age 14
- Adolescent girl, looking for a job, age 16
- Victim of cross-border trafficking, girl, age 17
- Police officer (male)
- Violent father
- Judge in juvenile justice system
- Medical doctor (female)
- Father with disability
- Migrant worker with a family of four (male)
- Peer Educator (age 18)
- Peer Educator (age 20)

POWER WALK

2. Prepare a flip chart sheet with this list of characters. Do not display the sheet until you start Part 3 of the exercise. This exercise requires a big space, so if room is not available indoors, you might want to take the group outside.

Part 1

Create a calm atmosphere by playing soft background music or by asking participants to remain silent. Hand out the role cards at random, one to each participant. Tell them to read their card but not show it to anyone else. Invite them to sit down. Now ask them to begin to get into the role. To help, read some of the following questions out loud, pausing after each one to give them time to reflect and develop a picture of themselves as this person:

What was your childhood like? What sort of house did you live in? What kind of games did you play? What sort of work did your parents do?

What is your everyday life like now? Where do you socialise? What do you do in the morning, in the afternoon, in the evening?

What sort of lifestyle do you have? Where do you live? How much money do you earn each month? What do you do in your leisure time? What do you do in your holidays?

What excites you? What are you afraid of?

Now, stop the music.

Part 2

Ask participants to remain absolutely silent as they line up beside each other (as if on a starting line). Tell them that you are going to read a list of statements. Every time that their character can agree to the statement, they should take a step forward. Otherwise, they should stay where they are. Ask participants to remember the number of steps they take until the end of the exercise. Now read aloud the statements listed below, one at a time. (Adapt these as necessary for your cultural context.)

- I can influence decisions made at the municipal level.
- I get to meet visiting officials from ministries.
- I get new clothes when I want.
- I have time and access to watch TV, go to the movies, spend time with friends.
- I am not in danger of being sexually abused or exploited.
- I get to see and talk to my parents.
- I can speak at town meetings.
- I can pay for treatment in a private hospital if necessary.
- I went to or expect to go to secondary school.
- I will be consulted on issues affecting children/young people.
- I am not in danger of being physically abused.
- I sometimes attend workshops and seminars.
- I have access to plenty of information about HIV/AIDS.
- I can provide a child what he or she needs.
- I have access to social assistance if necessary.
- I can talk to an adult I trust when I have problems.
- I am not isolated.
- I can report cases of violence, abuse, and neglect of children when I identify them.
- I can provide for and protect my children

POWER WALK

After reading all statements, invite everyone to take note of their final positions: Some participants will have moved a long way forward, while others are further behind. Ask the 'power walkers' (those at the front) to reveal what roles they are playing. Then ask those in the back to reveal their roles. Give participants a couple of minutes to come out of their roles before debriefing as a group.

Part 3

Bring the group back together for the debriefing. Before they take their seats, ask each participant to record the number of steps each took on a table on the flip chart. When everyone is seated, ask how they felt about the activity. Then, lead a group discussion about the following questions:

- How easy or difficult was it to play the different roles? How did they imagine what their character was like?
- How did people feel stepping forward? Not stepping forward? How did those who made very few or no steps feel as they watched all the others moving forward? For those who stepped forward often, at what point did they begin to notice that others were not moving as fast as they were?
- Why are some people at the front and some at the back? Does the exercise mirror society? How?
- What factors might account for these disparities?
- Which human rights are at stake for each of the roles? Could anyone say that their human rights were not being respected or that they did not have access to them?
- How does gender account for the different end positions?

Wrap-up:

Discuss what first steps could be taken to address inequalities in society. How can we reach the people at the back? How can we reduce their vulnerability?

- Power can be used positively and negatively.
- We all have power within us, even if sometimes we don't realize it.
- Using our power over others often violates their human rights.
- We can join our power with others to change our community for the better.
- We all have power to do something, to act.

Key Message:

It is important to understand that we all have power inside ourselves as individuals and that we can come together to join our power to work for the social changes that we want. In all societies, some people are given more power than others based on social norms. This is not because they earned it or they are better than others – it is mostly based on tradition and situations. When you are in a group that has been given more power by society, it is important to remember how it feels when those with more power use that power over you and treat you unfairly. We need to have empathy for others and treat them as we would like to be treated. It is important that as a peer educators, we look at some groups that have power in our society and try to understand the experiences of being in groups with and without power to identify ways on how to support them.

POWER WALK

Basic Facts About Power

Different Types of Power

Power within is the strength that arises from inside ourselves when we recognize that we all have an equal ability within ourselves to positively influence our own lives and community. By discovering the positive power within ourselves, we are moved to address the negative uses of power that create injustice in our communities and society. We can nurture the power within ourselves, so that we can take control of our own lives and work to improve our communities.

Power over means the power that one person or group uses to control another person or group. This control can come from direct violence or more indirectly, from the social beliefs and practices that position men as superior to women. Using one's power over another is injustice. We need to understand that whenever any group uses their power over another group, it is unjust and leads to community problems, including violence, and health problems such as HIV.

Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Understanding and valuing power with can inspire us to join our power with others to support those who are disadvantaged and to work for positive change in our communities.

Power to is the belief, energy and actions that individuals and groups use to create positive change. Power to is when individuals decide to work to ensure that everyone enjoys all of their human rights, and can achieve their full potential. We can use our power to take action to create a community that supports and promotes human rights and the equality of all human beings.

CO-FACILITATION SKILLS



45 minutes

Objectives: To create awareness that good teamwork contributes to the success of a training programme. The session provides opportunities for exploring and developing co-facilitation skills through interactive exercises.



- Read the session guide prior and prepare for possible power related concerns that the participants will raise



- Handout Co-Facilitation Styles and Handout Co-Facilitation Quiz
- projector
- microphone
- music (upbeat)

Co-Facilitation Skills Mechanics:

1. Have the participants pair up and go through the co-facilitation quiz. Let them decide how they will do this task.

Wrap-up:

Ask the participants how they decided to do the quiz (e.g., individually, together). What did they find out about co-facilitating with their partner? In what ways would it be difficult to co-facilitate with their partner? How would they overcome these difficulties? Distribute Handout Co-Facilitation Styles.

Dos and don'ts of co-facilitating

▼ Do go over with your co-facilitator what you will each be covering before you get to a training workshop. Be clear who is doing what and in what time frame.

▼ Do be on time. Be early enough to decide how you and your partner want to arrange the room.

▼ Do be responsible for your own time. Don't ask your co-facilitator to watch the clock and signal to you when your time is up. Carry a watch with you and check it so you are aware of how much time you have left.

▼ Do start and end on time. Don't go over the time agreed upon either with participants or with your co-facilitator. If you run out of time and you haven't covered all that you were supposed to, stop where you are and do better next time. Remember participants can always stay and speak to you after the session is over.

▼ Do contribute to your partner's leadership. Don't interrupt or challenge. Wait to be invited to speak by your co-facilitator. You can talk to participants when it is your turn to present – to give correct information or add what you know about the subject.

CO-FACILITATION SKILLS

- ▼ Do invite your co-facilitator to speak when you need help. Don't assume he or she will rescue you. Say: 'Joe, do you have anything to add?' or 'Jane, do you know the answer to that?'
- ▼ Do sit off to the side when your partner is presenting a subject. Don't sit next to your partner or hide where he or she cannot see you. Sit somewhere so that you can both make eye contact but where the person who is presenting can have the spotlight.
- ▼ Do focus on what your partner is saying. Don't do other things while your partner is presenting (like reading the paper or working on your calendar or homework). When presenting after your co-facilitator, try to refer to what he or she has said. If you pay attention to what your co-facilitator is saying, your participants will, too
- ▼ Do help when needed. Don't give directions for activities that contradict what your partner is trying to do.
- ▼ Do compliment your partner. Don't denigrate him or her. Tell your partner what you liked about his or her presentation (what she said and what she did). Positive feedback on specific actions means that action will be repeated. Don't joke with your partner if it excludes the group or demeans someone. A positive, supportive relationship between co-facilitators creates a safe learning environment for the participants. The relationship between the facilitators is of primary importance to the education of the group.

CO-FACILITATION SKILLS

Co-Facilitation Styles

Tag team versus competition style

The 'tag team' style allows one person to present, while the other person observes and supports his or her partner. Partners can divide the material in a way that lets them capitalize on their individual strengths and have their own moment in the spotlight. A competitive style puts facilitators at odds with one another as they teach the class. As such, the tag team style is the preferred method.

Preservation of energy

Presenting can be tiring both for the facilitators and the participants. Co-facilitators provide diversity in voices, presentation styles, and energy levels. Co-facilitation helps to hold the attention of the group, while giving each facilitator time to shine and time to rest.

Maximizing diverse resources

No one, no matter how well educated or skilled, has a talent for or knows about everything. Working as a team allows each person to contribute the best of his or her gifts, talents, and resources.

Extra eyes, ears, and hands

Two facilitators can manage a group better than one. The second person can help gauge participants' reactions and notice whether people seem to understand the material. The co-facilitator can also help hand out materials and can assist in monitoring discussions when participants have been separated into small groups. Finally, a co-facilitator can also handle problems with the physical environment, latecomers, and phone calls.

Support

Two facilitators in the same room should support each other rather than compete for floor space. Everyone can have an 'off' day when nothing works well: perhaps an activity did not go as planned, or you lose your place in a lecture. The co-facilitator is there to help smooth over those moments. Co-Facilitators' behaviour towards one another – being supportive and respectful – should serve as a model for the way participants should behave towards each other.

CO-FACILITATION SKILLS

Directions: Circle 'agree' or 'disagree' for each question.

1. When I am talking, I do not mind if my co-facilitator interrupts me to make an important point.	Agree	Disagree
2. When I feel that something important should be mentioned during a workshop, I need to be able to interrupt the other facilitator so that I can make my point.	Agree	Disagree
3. When my co-facilitator makes a mistake while leading a workshop, it is okay for me to correct him or her in front of the group.	Agree	Disagree
4. I want to be able to trust my co-facilitator to be able to figure out when I need help facilitating.	Agree	Disagree
5. The way to let your co-facilitator know that you have something to say is to raise your hand until you are acknowledged.	Agree	Disagree
6. I feel uncomfortable being in charge so I would prefer to have my co-facilitator run things.	Agree	Disagree
7. When my co-facilitator talks a lot, I feel like I have to say something just to remind the group that I am there.	Agree	Disagree
8. If a participant discloses upsetting information, I usually wait to see if my co-facilitator will handle it before I do.	Agree	Disagree
9. I get nervous at the beginning of each workshop because it is so hard to get started.	Agree	Disagree
10. I like to be flexible to the group's needs, so I do not like to plan out exactly what we are going to cover in a workshop.	Agree	Disagree

RECRUITMENT AND RETENTION OF PEER EDUCATORS



90 minutes

Objectives: To provide participants with guidelines on selection criteria and the strategies for recruiting peer educators



- Read the session guide prior and prepare for possible power related concerns that the participants will raise



- Flip chart paper, markers, and tape
- projector
- microphone
- music (upbeat)

Selection criteria for recruitment of peer educators Mechanics:

1. Divide participants into four groups and ask each group to discuss one of the following questions:
 - What selection criteria should be used when recruiting peer educators?
 - What are key personality traits of strong peer educators?
 - What strategies can be used to advertise peer education recruitment?
 - What methods can be used to choose peer educators?
1. After each group has discussed and developed lists, ask them to report back to the entire group. Encourage the groups to present their lists by improvising role plays on them.
1. Ensure that participants have captured the most common responses to the questions (see the table below). After all four groups have reported back, lead a discussion on the advantages and disadvantages of the presented strategies.
- 2.

Important selection criteria	Key personality traits	Common recruitment strategies	Methods for selection
<ul style="list-style-type: none"> ▼ Peers of target audience ▼ Can meet expectations of project (this will vary according to objectives) 	<ul style="list-style-type: none"> ▼ Respected by peers ▼ Non-judgemental ▼ Discreet ▼ Tolerant ▼ Role model ▼ Energetic ▼ Interested ▼ Self-confident 	<ul style="list-style-type: none"> ▼ Posters and flyers ▼ Television and radio announcements ▼ Website, email ▼ Word of mouth, via existing peer educators and their friends 	<ul style="list-style-type: none"> ▼ Application forms ▼ Nomination ▼ Interview ▼ Pre-selection training event

RECRUITMENT AND RETENTION OF PEER EDUCATORS

- ▼ Do invite your co-facilitator to speak when you need help. Don't assume he or she will rescue you. Say: 'Joe, do you have anything to add?' or 'Jane, do you know the answer to that?'
- ▼ Do sit off to the side when your partner is presenting a subject. Don't sit next to your partner or hide where he or she cannot see you. Sit somewhere so that you can both make eye contact but where the person who is presenting can have the spotlight.
- ▼ Do focus on what your partner is saying. Don't do other things while your partner is presenting (like reading the paper or working on your calendar or homework). When presenting after your co-facilitator, try to refer to what he or she has said. If you pay attention to what your co-facilitator is saying, your participants will, too.
- ▼ Do help when needed. Don't give directions for activities that contradict what your partner is trying to do.
- ▼ Do compliment your partner. Don't denigrate him or her. Tell your partner what you liked about his or her presentation (what she said and what she did). Positive feedback on specific actions means that action will be repeated. Don't joke with your partner if it excludes the group or demeans someone. A positive, supportive relationship between co-facilitators creates a safe learning environment for the participants. The relationship between the facilitators is of primary importance to the education of the group.

Wrap-up:

Explain that no matter what recruitment strategy is used, programmes should seek to represent their target audience and choose recruits based on the objectives of a project. This often means selecting a balance in gender, vulnerability, and age.

Emphasize that making recruits and selected individuals aware from the beginning of what is expected will help to decrease turnover or dropping out. Finally, they should look for people who are charismatic facilitators, organized workers, modest observers, and sensitive communicators.

RECRUITMENT AND RETENTION OF PEER EDUCATORS

Building and retaining a peer educator team

After recruiting and training a team of peer educators, it is useful to develop a contract of expectations with them. The contract should be a result of collaboration with peer educators, trainers, and program staff. This contract acts as guidelines to help peer educators understand their roles. It also establishes clear responsibilities from the beginning and a timeline of commitment.

Ask the team to agree to abide by the contract and sign it. The contract should include:

- ▼ Guidelines about attendance, punctuality, and following established ground rules.
- ▼ Notification if team members know they will be absent (for example, if they have a doctor's appointment). Participants should understand that if they miss some training sessions, they are responsible for gathering the relevant information that they have missed.

Explain that excessive absences or tardiness might be grounds for assessing suitability for the team and that participants will be given warnings if their continued participation is in question.

All team members should have certain basic skills, although some might be specialists with a particular talent in a given area. Experience shows that many peer education groups naturally fall into a pattern in which they tend to rely on the same people to do the same things. For example, the group may begin to rely too much on one or two of the educators to provide scientific or medical information. If the group's 'experts' are suddenly unavailable for a training session, the others may feel incompetent or unqualified to present the relevant teaching unit.

It is important, therefore, to make sure that all peer educators in the group begin to increase their confidence and expertise so that they can cover all of the topics taught by your group. How can you make sure this happens? In an ideal world, you would train the group to a point at which you could randomly select any of the topics, and a peer educator could demonstrate how to teach the topic right away. You can teach them early in the training that they are responsible for learning everything required in the programme, perhaps by establishing a certification/qualifying test for which they can prepare. Your group may appreciate receiving a certificate marking their completion of the training, since this will demonstrate an accomplishment about which they can feel pride and which will increase their self-esteem.

As a trainer, you are likely to find yourself having to monitor and respond to the way in which peer educators behave towards one another. As with any group, interpersonal tensions may erupt. It is also common for cliques to form within a peer group. If the programme is well structured from the beginning, the use of trust-building and team-building exercises will be incorporated into the training. During the training, the facilitator should randomly assign participants to small groups and activities, so that the trainees gain maximum exposure to each other. This may help reduce the tendency for sub-groups or cliques to form. When peer educators have more opportunities to discover things they like about each other, there may also be fewer tendencies for cliques to exclude someone or treat a participant in a negative way.

Retention

Turnover, when peer educators leave the project, is to be expected once peer educators or trainers complete their contract and fulfil program expectations. Managers and trainers can help increase rates of retention by good recruitment and management and also by providing regular feedback, information, and incentives. Identifying low cost ways to retain or keep peer educators in programs should be considered an essential part of any training program. Strong youth-adult partnerships can assist in retention, including working with parents, community stakeholders, and program staff.

DESIGN OF PEER EDUCATION TRAINING



75 minutes

Objectives: To discuss various models and strategies for training peer educators



- Read the session guide prior and prepare



- Flip chart paper, markers, and tape
- projector
- microphone
- music (upbeat)

Design of peer education training Mechanics:

1. First, explain that there are many different designs for peer educator training programmes, all with their own advantages and disadvantages. Some programmes use an intensive training schedule over several full days; others employ shorter, individual sessions that extend over a period of weeks or months.
1. One successful design of a peer educator training programme requires a consistent commitment by the trainees to one evening of training per week throughout the (academic) calendar.
1. In such a training format, the peer educators can, for example, meet once a week after school for two to three hours. When the group is ready to conduct community education sessions, the same evening time-slot can be used to maximize the number of peer educators who can attend. An advantage of using this programme design is that many students attending school in the daytime should be able to participate. This programme model helps to avoid some of the disadvantages associated with those that require the trainees to be available for several full days of training.
1. Some training models use full weekends for the initial training. It appears that these models are also often successful and commonly used. One of their advantages is that peer educators can begin their work in the field more quickly. Such programmes also provide an opportunity for intensive team building, which, when successful, results in rapid cohesiveness of the group. However, these models can make it difficult for new peer educators to join after the first sessions.
1. Next, divide the participants into four groups for a 30-minute brainstorming session on the different designs of peer educator training. They might consider sharing how their programmes are structured and which elements work and which do not.
1. After each group has finished, ask them to share their results with the entire group. Give each group five minutes to present.

Wrap-up:

Reiterate to the group that there is no ONE successful model for peer educator training. They should adapt their training to suit whatever models work in their context.

DESIGN OF PEER EDUCATION TRAINING

Balancing act – keeping the energy level up

The experience of training peer educators can sometimes feel like walking a tightrope. If you tip too much in either direction, things get wobbly and you might lose your 'balance' during the training session. You must use all of your senses to observe the group's energy level. Sometimes the trainees will give you feedback. For example, if you are talking too much about a particular subject or taking too long to process an exercise rather than moving on to something new, you might hear about it from the trainees. The feedback may be direct or indirect. Sometimes peer educators will ask to move on to something else. At other times, they may become restless, start to fidget, begin to focus their attention elsewhere, and perhaps even begin to disrupt the training segment.

One of the challenges you will face as the trainer is to ensure that you teach new facts without making the programme seem too much like being in traditional school. Watch, listen, and see when the group is finding it difficult to follow what you are saying or doing. If you see this happening, take a break and do something else. It is important, however, to keep track of what information has been covered and to re-visit it, to ensure that the team is absorbing and retaining the information.

Skills of a Peer Educator

Training Techniques

1. Explaining the purpose of activity/exercise
2. Connection with the audience, eye contact
3. Appropriate body language, movement, gestures
4. Listening skills
5. Intonation and volume of voice
6. Use of visual aids, e.g., flip charts
7. Energy and enthusiasm level
8. Practical versus theoretical skills
9. Agenda preparation for presentation

Team Work

1. Co-operation with co-facilitator
2. Practical assistance
3. Sharing the training space
4. Respecting each other
5. Smoothness of teamwork
6. Keeping to agreed agenda
7. Communicating agenda changes if needed

Managing Participants

1. Creating a safe learning environment
2. Dealing with troublemakers, talkers, bored participants
3. Motivating the participants
4. Giving feedback and acknowledging participation

PEER EDUCATORS SKILLS RATING FORM

Team Work								
1. Co-operation with co-facilitator								
2. Practical assistance								
3. Sharing the training space								
4. Respecting each other								
5. Smoothness of teamwork								
6. Keeping to agreed agenda								
7. Communicating agenda changes if needed								
Managing Participants								
1. Creating a safe learning environment								
2. Dealing with troublemakers, talkers, bored participants								
3. Motivating the participants								
4. Giving feedback and acknowledging participation								

Comments:

Note: The three-point rating scale for this form may not be necessary. In many cases, one could use the items as guidance regarding skills and techniques in feedback sessions with peer educators or trainers.

YOUTH SERVICE MARKETPLACE



120 minutes

Objectives: To remove barriers to accessing services by having participants visit and become familiar with a reproductive health services. Describe where they can go for youth friendly sexual and reproductive health services. Explain what happened when they went to visit the service and their impression of the services and providers. Feel more comfortable accessing sexual and reproductive health services.



- Before doing this activity, you will need to identify which reproductive or sexual health service you will take the participants to visit and make arrangements with that health facility for the visit.
- The service must provide reproductive or sexual health services and should preferably be nearby and be youth-friendly or have some health workers who are open to youth and non-judgmental.
- If possible, ask for a provider to talk through a pelvic exam with the female participants while another provider talks through a male genital exam with the male participants. You may need to do this activity later in your program, depending on when the services are able to accommodate your group.



- Flipchart paper, marker pens, tape and scissors or masking tape, list of services. .

Youth Service Marketplace Mechanics:

1. Tell participants that this next activity is about accessing sexual and reproductive services. Ask them: What are your rights related to health services? Make sure the following rights are mentioned:

- The right to health care;
- The right to respect;
- The right to dignity;
- The right to privacy - their health information should be kept confidential;
- The right to information.

2. Tell them that they will be going to visit [Name of the facility] to see what sexual and reproductive services they provide and what the place is like. Explain what will happen during the visit according to what you arranged with the facility.

- you can visit a public or government facility (rural health unit, AFHF certified, or hospital level)
- you can visit a private or NGO led facility

3. Tell them that while they are at the facility, they will need to gather some information about it. Use the Youth Service Marketplace Assignment Matrix as a guide. You may also use the AFHF Baseline Assessment Functionality Checklist for your additional information: [Adolescent Friendly Health Facility \(AFHF\) Checklist](#)

4. When you get back from the visit to the facility, ask the participants to share their experiences and findings. Go through the questions on matrix and get their answers.

YOUTH SERVICE MARKETPLACE

5. Use the following questions to stimulate discussion:

- How did you feel about going to a place that offers sexual and reproductive health services?
- Were the facilities youth-friendly? Why or why not?
- How did the girls' experiences differ from the boys'?
- If you ever needed treatment for STIs or contraceptives, would you go to this facility? Why or why not?
- Would you recommend this facility to other young people? Why or why not?

Wrap-up

Ask the participants what are the main things they learned in this activity. Add any of the following key messages:

- You have the right to respect and privacy (confidentiality) when seeking health care.
- If you need contraception, HIV or STI testing and treatment, antenatal care or other sexual and reproductive health services or information, go to a health care centre.
- Some services are designed to be friendly to young people.
- Some services are available for free or at low cost to young people.

As a peer educator your role is to refer the clients or adolescents to the specific service providers. According to the AHDP MOP of the DOH, you need to map various service providers, you may find organizations that don't provide direct services, such as youth advocacy groups, civil society organizations or development partners. After mapping service providers, negotiate with the identified service providers if they are willing to accommodate all or part of the demand for that particular service and if they are willing to be part of the SDN. You can then call a meeting with all service providers to agree on referral protocols and ways of working. You might want to have service agreements with different providers or a Memorandum of Understanding/ Agreement (MOA) between different programs.

DOH and other partner revised and updated the Adolescent Job AID 2.0 Training in 2023. As peer educators and volunteers of FPOP, it is important that you know the core topics of the AJA 2.0.

You may check this link for their handbook: **AJA 2.0 handbook**.

<https://tciurbanhealth.org/wp-content/uploads/2024/04/15-AJA-2.0-HANDBOOK-2023.pdf>

Key Message:

Access to youth-friendly services is vital information for peer educators because it equips them to connect their peers with essential SRH services, fostering healthier, more informed, and empowered youth populations. This access not only addresses health challenges but also upholds the rights, dignity, and autonomy of adolescents and young people.

YOUTH SERVICE MARKETPLACE

Basic Facts About Adolescent and Youth Services

Access to youth-friendly services is a critical focus for peer educators because it allows them to facilitate young people's access to essential health services and information. Here's why this access is important according to **IPPF**, **UNFPA**, **UNICEF**, and **FPOP**:

1. Ensures Comprehensive Sexual and Reproductive Health (SRH) Access

- **IPPF** emphasizes that youth-friendly services provide young people with access to sexual and reproductive health services in ways that are inclusive, accessible, and sensitive to their unique needs. These services cover essential areas such as contraception, safe abortion (where legal), STI/HIV prevention, treatment, and education on sexual health, which is especially crucial for young people navigating these sensitive issues.
- **FPOP**, as part of its youth programming, supports peer educators in connecting young people with SRH services, ensuring that their health needs are addressed in a safe, confidential, and respectful manner.

2. Promotes Youth Empowerment and Rights

- **UNFPA** advocates for the rights of young people to make informed decisions about their bodies and futures. Peer educators equipped with knowledge about youth-friendly services help reinforce the concept of bodily autonomy and reproductive rights, empowering adolescents and young people to seek the care they need without stigma or fear.
- **UNICEF** also stresses that access to health services and information is a fundamental human right for adolescents, and peer educators play a vital role in helping young people realize these rights.

3. Improves Health Outcomes and Reduces Risky Behaviors

- Youth-friendly services, according to **IPPF** and **UNFPA**, are crucial for improving health outcomes by preventing unintended pregnancies, reducing the prevalence of STIs and HIV, and promoting safe sexual practices among young people. Peer educators can direct their peers toward these services, ensuring they receive professional support.
- **UNICEF** notes that when young people are informed and have access to care, they are more likely to engage in healthy behaviors, such as using contraceptives or getting tested for STIs, which leads to improved well-being.

4. Reduces Stigma and Builds Trust

- **UNFPA** and **IPPF** highlight that youth-friendly services are designed to be non-judgmental, confidential, and accessible. This is particularly important because many young people may feel uncomfortable seeking help for SRH issues. Peer educators serve as trusted intermediaries who can provide accurate information and build confidence in youth to seek services without fear of stigma or discrimination.
- **FPOP** focuses on youth-centered, pleasure-based approaches in SRH, where young people feel heard, respected, and safe when accessing services. Peer educators trained in this approach foster a more supportive environment for young people.

5. Addresses Gender and Social Inequities

- **UNICEF** and **UNFPA** emphasize the importance of youth-friendly services in addressing social inequalities that disproportionately affect girls and marginalized groups, such as LGBTQ+ youth. Peer educators ensure that these groups are aware of and have access to tailored services that meet their specific needs.
- **FPOP** also advocates for a youth-centered approach that is inclusive of all genders and orientations, encouraging peer educators to promote equity and reduce the barriers to accessing services.

YOUTH SERVICE MARKETPLACE

Youth Service Marketplace Assignment Matrix

General Information about the Service	<ul style="list-style-type: none"> • Name and address • Location of service • Phone number 	
Sexual & Reproductive Health (SRH) Services Offered	<ul style="list-style-type: none"> • Who works at the service? • What SRH services do they provide? Include counselling, physical exams, treatments and referrals. • Are all services found in one place? 	
Accessibility & Availability	<ul style="list-style-type: none"> • Hours of service • Is an appointment necessary? • Easy to access for young people? How would you get there? • Is there a cost? If so, could you pay it? • Are they welcoming & open to questions? How did they respond to your questions? • Are they non-judgemental? 	
Privacy and Confidentiality	<ul style="list-style-type: none"> • Do you have the option to remain anonymous? • Is parent consent required? • Release of information – who will be able to access your personal information? • Confidentiality what does it mean? 	
Youth Friendly Features	<ul style="list-style-type: none"> • List what they are doing to make their service friendly and welcoming to young people. • What special services do they provide for young people? Include anything about the services that appeals to you as a young person. 	
Barriers for Youth	<ul style="list-style-type: none"> • List anything that would be a barrier to your use of the service or that you think other youth would find a barrier. 	

ADOLESCENT AND YOUTH SERVICES

Basic Facts About The Adolescent and Youth Friendly Services from the AHDP Manual of Operations, Department of Health, 2017

General Health Assessment – History and Physical Exam	<ul style="list-style-type: none"> ● Dental Assessment ● Psychosocial Risk Assessment and Management ● Nutrition Assessment & Counselling Micronutrient Supplementation ● Immunization Basic Diagnostic Tests ● Reproductive Health Assessment and Counselling Fertility awareness, menstrual health issues, sexual and reproductive health counselling including contraceptive counselling ● Pap smear and pelvic exam if sexually active ● Adolescent male reproductive health issues ● Gender issues (VAWC Desk) ● Voluntary Counselling and Testing for STIs and HIV Risk Assessment (HEEADSSS) ● Prevention of Adolescent Pregnancy Health education sessions ● Counselling
Prenatal Care	<ul style="list-style-type: none"> ● History and Physical Examination ● Immunization – Tetanus toxoid ● Micronutrient supplementation with iron, folate ● Laboratory – CBC, blood typing (if not available, refer), pregnancy test, urinalysis ● Pregnancy counselling ● Nutrition counselling ● Birth plan including exclusive breastfeeding counselling ● Family planning counselling ● HBsAg test for pregnant mothers ● Provider Initiated HIV Testing
Natal (Birthing Homes)	<ul style="list-style-type: none"> ● Safe delivery by skilled health worker at a mother-and baby friendly health facility ● Essential Newborn Care Protocol ● Newborn package: Vitamin K, Hepatitis B – birth dose, BCG, eye prophylaxis, Newborn Screening
Postnatal Care	<ul style="list-style-type: none"> ● Micronutrient Iron supplementation ● Counselling services: Family planning, Nutrition counselling, Exclusive Breastfeeding, Parenting ● Provision of FP services and commodities (with parental consent)
Sexually Transmitted Infections/HIV Packages	<ul style="list-style-type: none"> ● STI and HIV Risk Assessment ● Diagnostics: Gram Stain, RPR, C/S, HIV Counselling and or Testing ● Risk Reduction Counselling ● Voluntary Counselling and Testing for HIV/STIs
Mental Health and Psychosocial Support Services (added this part from the AHDP MOP)	<ul style="list-style-type: none"> ● Mental Health and Psychosocial Risk Assessment and Management ● Counseling sessions or therapies ● Medications ● Higher level referral
Health Education	<ul style="list-style-type: none"> ● Conduct of Adolescent Health sessions among in-school and out of school adolescents ● Conduct of Parent Education sessions among parents of adolescents

CONVERSATION CIRCLE

Closing Activity for Module III Sessions Gathering Lessons Learned

Objectives: To reflect on the module and note the key facts and skills learned; and to think about how they will use this new knowledge and skills by making a commitment to change one thing about themselves related to growing up and becoming an adult.

1. Based on the information discussed and what you learned in the sessions conducted, answer the following questions:
 - What is the most important thing you learnt from the sessions conducted?
 - Why this information is important to you?
 - How will it influence your behaviour?
 - Write or draw a commitment or promise to yourself related to growing up and becoming an adult.

Part III

Resources and Annexes

j-hope I don't know who was first. We embraced all these emotions and the seven of us began to make music together. This is where the music came from, and this made us honest. Our lives are unpredictable. We don't know all the answers. I knew where I wanted to go, but not how I could get there. All I did to get here was trust ourselves, and do my best, and love what I do.

JIN I found again the people I love. The other members, my family, my friends. I found the music I love, and I found myself. Thinking about the future and trying hard are all important. But cherishing yourself, encouraging yourself and keeping yourself happy is the most important. In a world of uncertainty, we must cherish the importance of "me," "you" and "us". That's the message of "Love Myself" we talked about for three years, It's the message in the lyrics of our song Dynamite: "I'm diamond, you know I glow up".

JUNG KOOK One night we were working together. Namjoon said he couldn't see the stars any more, but I saw my face reflected in the window. I saw all of our faces. Our songs became the stories we wanted to tell each other. We live in uncertainty, but really, nothing's changed. If there's something I can do, if our voices can give strength to people, then that's what we want and that's what we'll keep on doing.

RM When I start feeling lost, I remember my face in the window, like Jung Kook said. I remember the words I spoke here two years ago. "Love yourself, speak yourself". Now more than ever, we must try to remember who we are, and face who we are. We must try to love ourselves, and imagine the future. BTS will be there with you. Our tomorrow may be dark, painful, difficult. We might stumble or fall down. Stars shine brightest when the night is darkest. If the stars are hidden, we'll let moonlight guide us. If even the moon is dark, let our faces be the light that helps us find our way.

Let's Reimagine our world. We're huddled together tired, but let's dream again. Let's dream about a future when our worlds can break out of our small rooms again. It might feel like it's always night and we'll always be alone, But the night is always darkest before the first light of dawn.

ALL
Life goes on. Let's live on.

~ K-pop band BTS deliver a video message at a high-level side event at the 75th session of the UN General Assembly, "Protraction of the COVID-19 Crisis: Mitigating the Impact and Protecting Future Generations."



RESOURCES AND REFERENCES

We would like to extend our deepest gratitude to the numerous sources that have greatly contributed to the development of the Peer Education Training Manual for Comprehensive Sexuality Education (CSE) of the Family Planning Organization of the Philippines (FPOP). These invaluable resources have laid the foundation for a manual that aims to equip peer educators with the knowledge, skills, and tools necessary to facilitate comprehensive sexuality education among adolescents and youth in the Philippines.

First and foremost, the *International Planned Parenthood Federation (IPPF) East and Southeast Asia and Oceania Region (ESEAOR)*'s 2022 resource, *"Talking Pleasure with Ease: A Guide to Why and How to Pleasure-Based Sexual Health for Youth Programming"*, provided a groundbreaking perspective on the integration of pleasure-based approaches into youth sexual health education. This guide has emphasized the importance of addressing sexual pleasure in youth programs, which has proven to be a transformative element in our manual's approach, shifting the focus from solely risk-avoidance to a more positive, inclusive understanding of sexual health.

The *International Sexuality and HIV Curriculum Working Group*'s seminal work, *"It's All One Curriculum: Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education"* (2009), edited by N. Haberland and D. Rogow, has been instrumental in shaping the activities and interactive elements of our manual. Its integrated approach to sexuality, gender, HIV, and human rights education has allowed us to create a curriculum that is holistic, rights-based, and inclusive of the diverse experiences of young people. The richness of this curriculum has been a core pillar in designing our peer education sessions.

We also acknowledge the significant contributions of the *United Nations Population Fund (UNFPA)* and *Youth Peer Education Network (Y-PEER)* for their 2005 publication, *"Standards for Peer Education Programs."* This resource has been pivotal in establishing the core standards and principles that underpin the peer education component of the manual. It provided critical insights into best practices for peer education, ensuring that the manual meets global standards while remaining culturally relevant to the local context.

Equally important is the *Comprehensive Sexuality Education (CSE) Manual for Out-of-School Youth in East and Southern Africa*, published by *UNFPA East and Southern Africa Regional Office (ESARO)* in 2017. This manual offered practical guidance for reaching out-of-school youth, a demographic often left behind in traditional education systems. It allowed us to tailor our training manual to better serve marginalized and vulnerable groups. We are also grateful to *UNICEF Philippines* for their 2015 *Creating Connections Manual*, which served as a crucial resource in developing interactive and participatory methods for engaging young people. The emphasis on communication and relationship-building has been woven into the training sessions, ensuring that peer educators can foster supportive environments for learning.

Moreover, we extend our appreciation to the *World Health Organization* for their 2014 *Clinical Standards Manual on Family Planning*. This resource has strengthened the technical content of our manual, ensuring that it aligns with international clinical standards for family planning and sexual and reproductive health, which is vital for peer educators who will be providing accurate and reliable information on these topics. Finally, the *Training of Trainers Manual* (2005), also published by *Y-PEER* and *UNFPA*, has provided a comprehensive framework for training peer educators. It has helped shape the methodology and pedagogy employed in the manual, ensuring that it is not only informative but also engaging and empowering for the peer educators who will be trained using this resource.

In conclusion, we extend our sincere thanks to each of these organizations and resources for their significant contributions to the Peer Education Training Manual. Their work has informed and enriched our approach, enabling us to create a manual that is comprehensive, evidence-based, and grounded in global best practices for comprehensive sexuality education and peer education. This manual would not have been possible without the collective wisdom and expertise provided by these sources.

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ANNEXES

The annexes in a training manual provide essential tools for assessing the effectiveness of the training, the performance of the trainers, and the learning outcomes of the participants. Each form serves a specific purpose in gathering feedback and evaluating the impact of the training. Here's an elaboration on the components of the annexes:

1. Feedback to the Training Form

This form is designed to collect participants' reflections on the overall training experience. It helps the organizers understand what worked well and what areas need improvement. The form typically includes sections such as:

- **Training Content:** Questions about the relevance, clarity, and comprehensiveness of the training materials. Participants are asked to rate whether the topics covered were useful and applicable to their needs.
- **Training Methods:** This section evaluates the delivery methods (e.g., lectures, group work, activities) and how effective they were in keeping participants engaged and helping them understand the content.
- **Training Pace:** Participants provide feedback on whether the training pace was too fast, too slow, or appropriate. This helps trainers adjust the timing of future sessions to ensure all participants can follow along.
- **Participant Engagement:** This measures how well participants felt included in the discussions and activities, whether they had opportunities to ask questions, and if they felt encouraged to participate actively.
- **Suggestions for Improvement:** This open-ended section allows participants to provide their personal insights, recommendations, or additional topics they believe should be included in future training sessions.

2. Feedback to the Trainers Form

This form gathers specific feedback on the trainers' performance. It is critical for trainers' professional development and improving the delivery of future training. Key parts of the form often include:

- **Knowledge of the Subject Matter:** Participants rate how knowledgeable the trainer was about the topics covered, and whether the trainer could effectively convey complex information.
- **Presentation Skills:** This section looks at the trainer's ability to communicate clearly, maintain enthusiasm, and use visual aids or other tools effectively. It also assesses whether the trainer was engaging and motivating.
- **Facilitation Skills:** Participants provide feedback on how well the trainer facilitated group discussions, encouraged participation, and handled questions or concerns.
- **Trainer-Participant Interaction:** The focus here is on the trainer's attitude and approachability. Did the trainer listen to participants' questions and provide helpful responses? Was the trainer respectful and supportive of different viewpoints?
- **Overall Trainer Performance:** Participants are asked to give an overall rating of the trainer, which provides a general sense of the trainer's effectiveness and areas for improvement.

3. Daily Evaluation Form

The daily evaluation form allows participants to give immediate feedback on each day of the training, offering real-time insights into their experience. It typically includes the following sections:

- **Daily Content:** Participants are asked to rate the relevance and clarity of the day's topics. This allows trainers to adjust future days based on what was well-received or challenging for participants.
- **Activities and Group Work:** Participants evaluate how effective the day's activities were in reinforcing the learning objectives. This section checks if the exercises were engaging, helpful, and appropriately timed.
- **Trainer Effectiveness for the Day:** A short evaluation of how well the trainer performed for that specific day. This can highlight whether the trainer's delivery changed or improved over the course of the training.
- **Learning Environment:** Participants provide feedback on the environment (both physical and social) of the training. Did they feel comfortable, and was the environment conducive to learning?
- **Suggestions for Improvement (Day-specific):** This allows participants to provide feedback for the next day of training, which can be addressed promptly if needed.

ANNEXES

4. Pre-test Questionnaire

The pre-test questionnaire assesses participants' knowledge, attitudes, and skills before the training begins. This baseline data is essential for measuring the impact of the training. The pre-test typically includes:

- **Knowledge Assessment:** A set of questions designed to gauge participants' existing knowledge about the training topics (e.g., gender roles, peer education, HIV/STI prevention).
- **Attitude and Beliefs:** These questions explore participants' current attitudes or misconceptions about the subjects being taught, helping trainers understand pre-existing biases or beliefs that the training aims to address.
- **Skills Assessment:** Participants may be asked to rate their confidence in specific skills they will develop during the training, such as facilitating a session, advocating for youth rights, or practicing communication and consent.

5. Post-test Questionnaire

The post-test questionnaire is administered at the end of the training to evaluate how much participants have learned and whether the training objectives have been achieved. The key components include:

- **Knowledge Gains:** Similar to the pre-test, this section includes questions to assess how well participants have absorbed the content. Comparing pre- and post-test scores helps measure the knowledge gained.
- **Change in Attitudes and Beliefs:** This section assesses whether participants' attitudes toward key issues have shifted, indicating the effectiveness of the training in challenging stereotypes or misconceptions.
- **Skills Development:** Participants are asked to evaluate their confidence in the skills learned during the training, such as peer facilitation, communication, and advocacy. This provides insight into how well the training equipped them for their roles as peer educators.
- **Training Outcomes:** Some post-tests include a section where participants reflect on their overall learning experience, providing feedback on the extent to which the training has met their personal and professional development goals.

Each of these annexes plays a critical role in ensuring that the training is effective, the trainers are supported in their growth, and the participants have gained the knowledge and skills they need. The feedback and evaluation forms allow for continuous improvement of the training program, while the pre- and post-tests provide tangible data on learning outcomes. Together, these tools contribute to the overall success of the training and its future iterations.

Feedback for Trainers

The purpose of this form is to receive your feedback on the performance of the trainer. Your responses to the questions below will help us assess the quality of the trainers and improve it for future. Please read each question carefully and respond as accurately as possible.

NAME OF THE TRAINER: _____

Please check the appropriate box:

1. How would you rate the overall performance of this trainer?

- Excellent
- Very good
- Good
- OK

2. Were the objectives, concepts and subject matter clearly presented and discussed during training sessions?

- Mostly clear
- To some extent clear
- Mostly unclear

3. How do you evaluate the technical capacity of this trainer?

- Too technical and difficult to comprehend
- Just about right
- Too simple

4. To what extent his/her training sessions were interactive and participatory?

- To a great extent
- To some extent
- Not at all

5. How well were this trainer's sessions organized and presented?

- Very systematically organized and presented
- To some extent systematically organized and presented
- Most not systematically organized and presented

6. To what extent did this trainer answer participants' questions?

- Very well
- OK
- Not too well

7. What did you like most about this trainer?

8. What advice if any you give this trainer to improve?

Additional Comments/Suggestions:

Thank you for your feedback! 😊

Feedback for the Training

This form aims to receive your feedback at the end of the training. Your responses to the questions below will help us assess the quality of the training and improve it for the future. Please read each question carefully and respond as accurately as possible.

Please check the appropriate box:

1. To what extent was this training interesting and useful to you?

- Very
- Somewhat
- Not at all

2. Were the objectives, concepts, and subject matter presented and discussed?

- Mostly clear
- To some extent clear
- Mostly unclear

3. How do you evaluate the content of this training?

- Too technical and difficult to comprehend
- Just about right
- Too simple

4. To what extent was the training interactive and participatory?

- To a great extent
- To some extent
- Not at all

5. How well were the sessions organized and presented?

- Very systematically organized and presented
- To some extent systematically organized and presented
- Most are not systematically organized and presented

6. How do you find the sequence of sessions within the training agenda?

- Highly satisfactory
- To some extent satisfactory
- Not at all satisfactory

7. If you have any suggestions on the sequence of sessions please write them down:

8. To what extent were the participants' questions answered?

- Highly satisfactory
- To some extent satisfactory
- Not at all satisfactory

9. How was the length of time spent on this training?

- Too long
- Just about right
- Too short

10. Did the training meet its stated objectives?

- Fully
- To some extent
- Not at all

11. How relevant to your work did you find this training?

- Highly
- To some extent
- Not so much

12. To what extent has this training helped you understand project development and management and will you be able to use the skills, knowledge, and tools learned during this training?

- To a great extent
- To some extent
- Not at all

13. Of the themes/areas covered in the training, which ones did you find most useful and relevant?

14. What additional themes would you have liked to see covered in the training?

15. What topics do you wish we spent more time on during the training?

16. Please let us know what you would suggest to improve this training in future.

17. Have you attended a similar training any time in the past?

- Yes
- No

18. If you are presently working, with what type of organization do you work?

- Government office (Specify)
- Private Company (Specify)
- Non Governmental organization-not directly related to the youth program
- Non Governmental organization-directly related to the youth program
- Other (specify)

19. What is your age group?

- Less than 15
- 5-19 a 20-24
- 25-29
- 30-34
- 35 or older

20. What is your SOGIE-SC? _____

Additional Comments/Suggestions

Thank you so much! 😊

DAILY EVALUATION FORM

DAY _____

1. How do you feel at the end of the day?

2. What was the main highlight of the day?

3. What would you like to see improved (facilitators, topics, flow)?

4. Other comments

Thank you so much! 😊

PRE-TEST QUESTIONS

MULTIPLE CHOICE. Read each statement carefully and circle the best answer.

NAME : _____

1. This is determined by genetic makeup, internal reproductive organs, the organization of the brain and external genitalia.
 - a. Biological Sex (or commonly known as Sex-Assigned-at-Birth)
 - b. Gender

1. This is a pattern of behaviors recognized as “feminine” or masculine. It is socially constructed, learned behavior.
 - a. Sex
 - b. Gender

1. This means women and men enjoy the same status and conditions and have equal opportunity to contribute to the political, economic, social and cultural development of their countries.
 - a. Gender Norm
 - b. Gender equality

1. Identify the forms of gender-based violence
 - a. Sexual
 - b. Physical
 - c. Harmful traditional practices
 - d. Socio-economic
 - e. Emotional and psychological
 - f. All of the above

5. They are those who were born one of sex-assigned at birth but identify with the gender of the opposite sex?
 - a. Lesbian
 - b. Gay
 - c. Bisexual
 - d. Transgender

6. How you demonstrate who you are. This relates to the way you choose to dress and behave. You may be feminine, masculine or androgynous?
 - a. Sexual Orientation
 - b. Gender Identity
 - c. Gender Expression
 - d. Biological Sex

7. The following are sexual orientation, except one?
 - a. Heterosexual
 - b. Bisexual
 - c. Homosexual
 - d. None of the above

8. What is the main mode of HIV transmission, except?
 - a. Unprotected Penetrative Sex
 - b. Infect Blood Products
 - c. Hugging and Kissing of Infected Person
 - d. All of the Above

9. The following are the body fluids that can infect HIV, except? *
- Blood
 - Saliva
 - Semen
 - Breastmilk
10. The following are the four principles of HIV infection, except?
- Enter
 - Survival
 - Exit
 - Saturation
 - Sufficiency
 - None of the Above
11. What are the five (5) ways to prevent HIV infection? Select all that apply.
- Abstinence
 - Don't share needles and drink too much alcohol
 - Education
 - Don't share kitchen utensils with infected person
 - Correct and Consistent Use of Condom
 - Be Mutually Faithful
 - Don't Drink and Drive
 - Consult an Adult
 - Always Wash After Sex
 - Take Antibiotics before and after sex
12. At what grade level should comprehensive sexuality education (CSE) first be taught in school?
- Grade 1
 - Grade 7
 - Junior High School
 - Kindergarten
13. Which age group is entitled to all rights included in the United Nations Convention on the Rights of the Child (CRC)?
- 0 – 18 years
 - 9 – 18 years
 - 10 – 18 years
 - Any person who is 18 years old above but do not have the capacity to decide and protect for themselves.
 - A and D
14. What do you think is the top cause of death among 15-19 year old girls?
- Road Accident
 - Self-Harm
 - Pregnancy-related Complications
 - None of the above
15. Why do you think it's important to know about your sexual rights?
- Because most teens my age are already having sex.
 - Because sooner or later, I might be engaging in one.
 - Because it is a part of my human rights.
 - Because it imparts information related to my well-being, my sexuality, sexual behaviors, pleasure, that is comprehensive and evidence-based
16. Which option makes a sweeping statement about your sexual health?
- It's ok for boys or men to cry.
 - It's ok for an individual to stay unmarried.
 - Women should remain virgins until their marriage.
 - Everyone is free to perform a job that matches their skills even if it's traditionally for men or for women.

17. The statements below are some of your sexual rights except _____
- to achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services.
 - to decide whether to be sexually active or not, and to engage in consensual, mutually satisfying and pleasureable sexual relations.
 - to have your bodily integrity respected and choose your sexual partner(s).
 - to conform with the society's definition of whom you should be, whom your partner should be, and whom you should marry.
18. Which is a good definition of reproductive rights?
- It is the right of all individuals whether or not he or she chooses to have a partner or not.
 - It helps couples to decide on the number, spacing, and timing of their children.
 - It gives them access to appropriate information specific to their needs and gives them the means to do so.
 - All of the above.
19. Which of the following do you think can happen to sexually active youth without proper knowledge on sexual and reproductive health and rights?
- They can have unintended and early pregnancy.
 - They can be a victim or abuser of Sexual and Gender-based Violence (SGBV).
 - They can at-risk of getting HIV/AIDS and STIs.
 - All of the above.
20. Which of the following do you think is the main reason for teenage pregnancy?
- It is an expression of love between couples.
 - Young people now are rebellious
 - A young person got drunk and unintentionally slept with each other.
 - Young people have limited or zero access to right information on sexual and reproductive health services.
21. Which of these methods of sterilization is permanent?
- Tubal Ligation
 - Vasectomy
 - A and B
 - None of the above
22. What do male condoms offer that other forms of birth control do not?
- Least chance of failure
 - Best protection against STIs/HIV
 - Cheapest to use and affordable
 - All of the above
23. It is possible to get pregnant if you have sexual intercourse during menstruation.
- Myth
 - Fact
24. The _____ cause physical changes in the body
- Body Changes
 - Puberty
 - Hormones
 - Physical Changes
25. The brain develops fully at around the age of:
- 5 years old
 - 25 years old
 - 18 years old
 - 20 years old

POST-TEST QUESTIONS

MULTIPLE CHOICE. Read each statement carefully and circle the best answer.

NAME : _____

1. This is determined by genetic makeup, internal reproductive organs, the organization of the brain and external genitalia.
 - a. Biological Sex (or commonly known as Sex-Assigned-at-Birth)
 - b. Gender

1. This is a pattern of behaviors recognized as “feminine” or masculine. It is socially constructed, learned behavior.
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 - Everyone is free to perform a job that matches their skills even if it's traditionally for men or for women.

17. The statements below are some of your sexual rights except _____
- to achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services.
 - to decide whether to be sexually active or not, and to engage in consensual, mutually satisfying and pleasureable sexual relations.
 - to have your bodily integrity respected and choose your sexual partner(s).
 - to conform with the society's definition of whom you should be, whom your partner should be, and whom you should marry.
18. Which is a good definition of reproductive rights?
- It is the right of all individuals whether or not he or she chooses to have a partner or not.
 - It helps couples to decide on the number, spacing, and timing of their children.
 - It gives them access to appropriate information specific to their needs and gives them the means to do so.
 - All of the above.
19. Which of the following do you think can happen to sexually active youth without proper knowledge on sexual and reproductive health and rights?
- They can have unintended and early pregnancy.
 - They can be a victim or abuser of Sexual and Gender-based Violence (SGBV).
 - They can at-risk of getting HIV/AIDS and STIs.
 - All of the above.
20. Which of the following do you think is the main reason for teenage pregnancy?
- It is an expression of love between couples.
 - Young people now are rebellious
 - A young person got drunk and unintentionally slept with each other.
 - Young people have limited or zero access to right information on sexual and reproductive health services.
21. Which of these methods of sterilization is permanent?
- Tubal Ligation
 - Vasectomy
 - A and B
 - None of the above
22. What do male condoms offer that other forms of birth control do not?
- Least chance of failure
 - Best protection against STIs/HIV
 - Cheapest to use and affordable
 - All of the above
23. It is possible to get pregnant if you have sexual intercourse during menstruation.
- Myth
 - Fact
24. The _____ cause physical changes in the body
- Body Changes
 - Puberty
 - Hormones
 - Physical Changes
25. The brain develops fully at around the age of:
- 5 years old
 - 25 years old
 - 18 years old
 - 20 years old

FPOP NYLA VISION Angelo Espenocilla Camarines Sur Chapter

*Two roads diverged in the woods
Sorry I could not travel both
Two roads diverged in the woods
And I took the one less travelled by
We took the one less travelled by
Sabi nga ni Mariel, magkakaiba man
ngayon ang ating opinyon
Iba-iba man ang ating estratehiya,
hindi man perpekto, ngunit tayo'y nagkakaisa
Handang tumulong hindi iiwan ang kasama
Iba't ibang rehiyon, ngunit iisa ang adbokasiya
Sa tatlong taon, mawawasak at mabubuo
Sabi ni Kenneth, paulit-ulit mapapagod
Ngunit magpapahinga lamang ng saglit
Lengwahe, etnisidad, edad man ay magkaiba
Ipaparamdam na tayo ay isang pamilya
Hangad namin ang mundong walang diskriminasyon
Sa susunod na tatlo, lima, sampu o isang daang taon
Sa kabuuan hiling ko ay isang mundo ng pagtanggap
Isang mundong mapag-aaruga,
isang mundong mapagkalinga
Mundong ligtas sa anumang panghuhusga
Tulad ng isang ulib na bulaklak,
progresibo kaming tutungo sa hinaharap*

*Isang bahagharing tanggap anuman ang iyong kulay
Isang mundong kung saan masarap mabuhay
Maging paru-paro, yun ang hiling ko
Magandang nilalang ang tingin, hindi isang insekto
Mga kwentong pagtatagpi-tagpiin sa isang jigsaw
Hanggang ang SRHR sa Pilipinas ay maiangat ko
Ika nga ni Dok, ang pangarap ko ay
mundong puno ng ngiti
Mundong ligtas, mundong malayo sa pighati
Sasakay tayo sa isang eroplano,
lalakbayin natin mula Batanes hanggang Jolo
Idadala ang serbisyong nararapat sa iyo
Lahat man ng ito ay hindi sigurado
Di ko man maipapangako,
at maaaring sa huli ay hindi totoo
Ngunit pangarap ko, at aking napagtanto
Malayu-layo na rin pala ang nilakbay ko
Itaboy ka man ng iba, magbingi-bingihan,
o iwasan ka man nila
Ang pagsuko ay alisin mo sa iyong sistema
Lalo na kapag ang puso mo, ito ang idinidikta
Sa hinaharap, ang FPOP ay inilalagay rin sa isang burol
Hindi para mapunta sa tuktok,
kundi para mas makakita ng mas malawak na tayog.*





FPOP
FAMILY PLANNING
ORGANIZATION OF
THE PHILIPPINES

A Member Association of



IPPF International
Planned Parenthood
Federation

East & South East Asia and Oceania Region

We are a service-oriented organization providing sexual and reproductive services to all the Filipinos, especially the poor, marginalized, socially excluded and underserved.

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