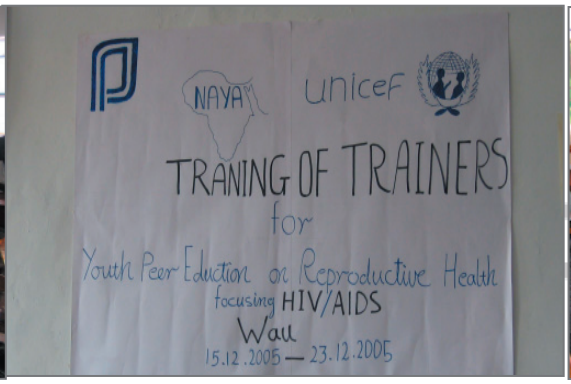
Training of Trainers Manual for Youth Peer Education On Reproductive Health

Sudan

Volum One



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Material checklist

References

Abbreviations

ACORD	Agency for Cooperation and Research in Development
AIDS	Acquired Immunodeficiency Syndrome
ARH	Adolescent's Reproductive Health
AHRTAG	Appropriate Health Resources and Technologies Action Group
CAFS	Centre for African Family Studies
CBOs	Community Based Organizations
CBS	Community Based Service
CIDA	Canadian International Development Agency
FC	Female Circumcision
FCI	Family Care International
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
FP	Family Planning
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
HRP	High Risk Pregnancy
IAC	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
ILO	International Labor Organization
NGOs	Non Governmental Organizations
PE	Peer Education
PLWA	People living with AIDS
PPFA-I	Planned Parenthood Federation of America - International
RAINBO	Research Action and Information Network for Bodily Integrity of Women
RH	Reproductive Health
RHC	Reproductive Health Care
RHRC	Reproductive Health Response in Conflict
SFCA	Sudan Fertility Care Association
SFPA	Sudan Family Planning Association
SNAP	Sudan National AIDS Program
SRCS	Sudan Red Crescent Society
SRH	Sexual Reproductive Health
STIs	Sexually transmitted Infections
UNAIDS	United Nations Program on HIV/AIDS
UNDCP	United Nation's International Drug Control Program

UNFPA	United Nation's Population Fund
UNICEF	United Nation's Children's Fund
WHO	World Health Organization
YPE	Youth Peers Education/Educators

Introduction

Sudan – Background information

Sudan is the largest country of Africa with a total population of 33.6 million. 50% of Sudanese are below 18 years, while 20.9% are between 15-24 years. Youth participation in the national economy is 36%. 35% of the males and 49% of the females ages 13-15 years are illiterate while among 16-18 years olds the rate is 51% and 52% respectively. 90% is the FGM prevalence rate. 14.5% of the females in the age group 15-19 in urban areas are married or ever married. In the rural areas the situation is even worse. 47% of the married females between 15-19 years and 54.4% between 20-24 years have 1-2 children. The age of the first sexual contact is 14 years which is far below the age of marriage especially for females (AIDS strategic plan 2002).

Adolescent reproductive health in Sudan

In a mini survey conducted at Khartoum State (SFCA 2002, not published), some respondents in the age group 10-14 years and a few in the age group 15-18 years refused to talk about sexuality, considering it as a taboo. The survey revealed that there is no specific educational program targeting adolescent and youth reproductive health. Worse young people get largely deficient , inaccurate and dangerous information from their peers.

By the end of the year 2003 NAYA conducted a KAP (Knowledge, Attitudes and Practices, not published) study about contraception and STIs at five universities in Khartoum State. The results reflect a definite information gap in all subjects. Youth in Sudan have no access to quality information on reproductive health.

Young Sudanese need to be liberated from the belief that they are not old enough to take care of themselves and their bodies. They need to be given information about their rights, so that they can take some control of their lives. For example a young woman, for example, who does not know her rights, may easily allow herself to be a victim of abuse. A young man who does not know where to get condoms may have unprotected sex and contract an STI, possible HIV/AIDS.

The reproductive rights of adolescents are the followings:

- The right to quality youth-friendly health services
- The right to decide freely and responsibly with regard to all aspects of one's sexuality
- The right to information and education about sexual and reproductive health so one can make good informed decisions about relationships and child bearing.

- The right to own, control and protect one's own body
- The right to be free of discrimination, coercion and violence when making decisions about one's own sexual life

The adolescent health service empowers adolescents, both male and female, to make informed decisions about important issues in their own lives. These include sexual behavior, bisexual relationships, human reproduction and sexually transmitted infections including HIV/AIDS, which threatens the future of every young person in Sudan.

YPE (Youth peer education) in Sudan

Information and understanding can be a force for change and empowerment. The importance of promoting SRH issues and their impact on youth stem from the fact that

1. the integration of SRH issues into formal education is lacking and
2. information and support on sexual issues received from adults and friends tends to be insufficient.

It is important to provide youth with alternative source of good information, knowledge and advice. However, youth also require a fundamental set of skills such as risk reduction and teaching skills, in order to be able to plan, monitor, evaluate and form positive relationships.

History

Sudan Comprehensive National Strategy (1992 - 2002) has emphasized the importance of youth and enhancing their role in the social life. The policy is to involve the youth in development through training and rehabilitation, mainly for out of school youth. The training and rehabilitation are offered through a network of approximately 30 centers in the different states of Sudan. A few IEC programs are conducted, and usually initiated by NGOs in the area of family planning and HIV/AIDS (Country population assessment, UNFPA, May 2001).

On 27th of Jan 2002, the Council of Ministers had approved and signed population policies and strategies to be adopted by National Population Council. The youth were mentioned as follows:

- Priority should be given to children, youth and adolescents, and elderly people in health service provision.
- To care for the moral and the physical health and needs of the youth.

The Reproductive Health Sub-Program of UNFPA's - Fourth Country Program

(2002 – 2006) stated that:
Adolescents and youths have special reproductive health needs, which require targeted counseling and adolescent-friendly health facilities and services. Integrated reproductive health services would ensure that the special needs of adolescents and youth are met through quality care and counseling. Special attention would be given to STI and HIV/AIDS awareness and services as well as to education and advocacy toward the elimination of FGM. Additionally, peer education programs through peer groups, Boy Scouts and Girls Guides would be included in the proposed program.

This program was approved and signed by Sudan government.

Although all these polices and programs included youth and peer education as approved measures to improve ARH, peer education is still lagging behind. Only a few individual NGOs experiences were mentioned, but not documented in the literature. These experiences followed the classical lecturing methods of education. No specific specialized peer education plans were documented to have been followed.

What is youth peer education?

Youth Peer Education is an approach whereby representatives from a group (schools, clubs,…) or population actively attempt to inform and influence the peers. Youth Peer Education projects have been implemented at the grassroots level by NGOs (Non-Governmental Organizations), community and faith-based organizations, youth organizations and educational institutions.

Who are youth peer educators?

Youth Peer educators are volunteers who provide information and other help to other young people of similar age.
A Youth Peer Educator is an adolescent who has successfully completed the peer-training and has developed the necessary skills and knowledge to lead groups and to train and guide youth toward make informed decisions about SRH.
The selection criteria for a Youth Peer Educator are as follow:

- Friendly
- Interested on RH
- Responsible
- Accepted by their peers
- Sociable and communicative
- Knowledgeable
- Leadership

Also think about

- Gender sensitivity

- Personal interviews during the selection period

Characteristics of youth peer educators

- Ability to communicate well with their peers on sensitive issues
- Ability to speak in front of groups
- Non-judgmental and non-discriminative
- Willingness to volunteer time to help others
- Ability to model appropriate behavior

What are youth peer educators doing?

- Conducting basic courses in and out of schools
- Promoting youth friendly clinical services
- Organizing or co-facilitate workshops
- Developing communication skills
- Providing information, education and counseling
- Referring to experts if necessary
- Community based distribution of condoms

Quality through training

It is important to develop quality in Youth Peer Education Trainings by ensuring that trainers are equipped with the necessary knowledge, skills, understanding and motivation. The following are the guidelines for quality training:

- Strong initial training, lasting at least several (in this case 10) days, focusing on theoretical and practical training.
- Planning practical exercises under mentorship of experienced trainers
- Planning refresher training.
- Friendly atmosphere.
- RH pre- and posttesting
- HIV/AIDS pre- and posttesting
- Evaluation

Goal of the manual

This manual is designed by PPFA-International®[1] and its partners in Sudan, and is based on their experiences. The overall objective of the manual is to standardize a quality training. It is designed to build the capacity of the YPEs in the development and delivery of YPE training programs.

Educational objectives

- To provide the basic scientific and accurate information on social and reproductive health issues
- To provide quality training on facilitation, communication and counseling
- To provide quality training for the youth peer educators on planning, evaluation and reporting
- To provide quality training material for all training sessions

How to use this manual

This manual is available in Arabic as well as in English. It comprises of two volumes. Volume one is focusing on RH issues, volume two on facilitation skills, planning, monitoring and evaluation. Both volumes are available as soft or hard copy.

The manual starts with general information about RH and youth peer education in Sudan. It is followed by a series of descriptions of training sessions, including

1) Details about:

- Objectives
- Time[2]
- Material / Tools
- Advanced preparations
- Facilitation steps
- Training options
- Notes to facilitators
- Points to remember

2) Information on the topic itself

The description of each training step includes the basic information about the topic of the session. The information is found in red filled info-boxes.

3) Material checklists

At the end of each session you will find a material checklist. This helps the facilitator to prepare the material. Information is given about the type of material which is used for the different steps, as well as the number of material needed. There's a final column showing, which material is prepared by PPFA-International® and available as hard or soft copy (including file names).

To ensure the quality of a training, an intensive advance preparation of the facilitator and the material is highly recommended.

Please consider, that this manual is conceptualized as a training of trainers (TOT). It is advised to select already trained youth peer educators for participation, as basic knowledge and skills on reproductive health are requested. During a training of trainers, basic information are given in order to be refreshed and settled. A main focus lies on facilitation, communication, planning and evaluation skills of the future youth trainers.

Besides the training according to this manual, it is highly recommended, that practical trainings are conducted. During these trainings the newly trained YPEs are invited to practice their new knowledge and skills and get experience in facilitation. They need practical exercise in preparing sessions and material by themselves. During the practical trainings, the YPEs are mentored and supervised by experienced facilitators and other members of the training team.
Besides the training of trainers and the practical trainings a permanent supervision, including regular refresher trainings are necessary to guarantee a qualified and standardized training program.

Reference

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(Footnotes)
[1] Planned Parenthood Federation of America - International
[2] The timeframe of this manual is very tight. This has to be considered, when preparing the timetable. It is advised to keep spare time, especially for highly committed and active participants.

Session 1

Introduction activities

Objectives

By the end of this session the participants should…

- Been welcomed by the trainer
- Introduced themselves to one another
- Been informed about the training's overview, the goals and educational objectives
- Discussed the timetable
- Established ground rules or group norms for the duration of the training
- Broken the ice
- Undergone the pretest

Time

90 minutes

Material / Tools

- Short speech "Welcoming"
- A4 paper "Name of trainer"
- Pinboard, pins
- Cards "Partner for the presentation"
- Flipchart paper "Questions for the presentation"
- Flipchart
- Cards (blank)
- Pens or markers
- A4 papers (4 colors) "Grouping of expectations"
- Flipchart paper "Goals and educational objectives"
- Flipchart paper (blank)
- Markers or highlighter
- Sellotape
- Copies of timetable
- Sheets "Letters for pretest"
- Pretest
- Data form

Advance preparation

- Prepare the short speech "Welcoming"
- Prepare the A4 paper "Name of trainer"
- Prepare the cards "Partner for the presentation"
- Design the flipchart paper "Questions for the presentation"
- Prepare the A4 papers (4 colors) "Grouping of expectations"
- Prepare the flipchart paper "Goals and educational objectives"
- Develop the timetable
- Copy the timetable according to the number of participants
- Prepare the sheets "Letters for pretest"
- Design the pretest
- Copy the pretest according to the number of participants
- Prepare the data form
- Copy the data form according to the number of participants

Steps

Step 1: Welcoming
Time: 5 minutes

Material / Tools:
- Short speech "Welcoming"

Method
- Welcome the participants and trainees

Example speech for welcoming

Welcome. I greatly appreciate your participation in this training course. I'm sure, that at the end of the training, you will have gained more knowledge about RH and related teaching and training skills. Also you will have had time to get to know other youth with the same interests (namely being a YPE) and to discuss the topic of RH intensively with one another. I am sure, you will have made some new friends as well.

Step 2: Introduction of trainer
Time: 5 minutes

Material / Tools:
- A4 paper "Name of trainer"
- Pinboard, pins

Method:
- Present yourself by telling
  1. Your name (pin the A4 paper with your name on the board)
  2. Your profession / title
  3. The institution you come from (workplace, school / university, others)
  4. How long you worked as a YPE
  5. Other personal information / experience you consider to be important
- Ask the participants whether they would like to know something more about you

Presentation of trainer

The trainer should mention…
1. *His / her name (pin an A4 paper with the name on the board)*
2. *His / her profession / title*
3. *The institution he/she comes from (workplace, school / university, others)*
4. *How long he / she has worked as a YPE*
5. *Other personal information / experience he / she considers to be important*

Step 3: Introduction of trainees
Time: 20 minutes

Material / Tools
- Cards "Partner for the presentation"
- Flipchart paper "Questions for the presentation"
- Flipchart or
- Pinboard, pins

Method
- Distribute the cards "Partner for the presentation" to the participants
- Each of the participants should read the term on the card aloud and then look for his/her partner with a corresponding term on his card (e.g. Family &

Planning)

- Ask the so established partners to conduct an interview with his/her partner and answer the questions written on the flipchart paper "Questions for the presentation"
- Each partner should interview the other one for 5 minutes
- Let each of the participants present his/her partner, he / she interviewed.

Questions for the presentation

o Name
o Age
o Educational background
o Social background (urban/rural)
o Interest in YPE since…
- reason for interest
- existing experience in YPE-work (explanation)
o Interest in RH since…
- reason for interest
- existing experience in RH-work (explanation)

Step 4: Analyze participants' expectations
Time: 15 minutes

Material / Tools

- Cards (blank)
- Pens or markers
- A4 papers (4 colors) "Grouping of expectations"
- Pinboards, pins

Method

- Distribute the cards to the participants
- Ask them to write their expectations on the cards (each expectation should be written on a separate card)
- Give them 5 minutes to think about their expectations and prepare the cards
- Pin the A4 papers "Grouping of expectations" on the board
- Invite each of the participants to pin the cards with his/her expectations on the board by grouping them according to the A4 papers "Grouping of expectations" (they can do it all together)
- Tell them to pin doubled cards one above the other
  (This shows how many of the participants share this expectation)
- After all cards are pinned on the board, read each of the expectations aloud

- Explain whether this expectation is within the training's goals and educational objectives, by continuing on to step 5.

Grouping of expectations

- *Field of RH*
- *Field of training skills*
- *Field of planning, evaluation and reporting skills*
- *Others*

Step 5: Training's goals, educational objectives and timetable

Time

15 minutes

Material / Tools

- Flipchart paper "Goals and educational objectives"
- Flipchart or
- Pinboard, pins
- Flipchart paper (blank)
- Markers or highlighters
- Copies of timetable

Method

Goals and educational objectives (10 minutes)

- Show the flipchart paper "Goals and educational objectives"
- Read and explain it
- Compare it with the collected expectations
- Discuss with the group whether or not they can adopt them
- Write eventual changes on flipchart paper - if the whole group agrees and if the changes are conform with the trainings goals and educational objectives

Timetable (10 minutes)

- Distribute the copies of the timetable to the participants
- Read it aloud
- Discuss with the participants whether or not the timetable is adoptable as it is
- Plan for extra time for icebreakers, energizers and further discussions
- Change items if necessary, so long as they conform to the established goals and objectives
- Write the changes on flipchart paper

Goals and educational objectives

Goals

- *To build the capacity of the YPEs in designing and delivering YPE training programs*

Educational objectives

- *To provide the basic scientific information on social and reproductive health issues*
- *To improve the training, educational and communication skills and abilities of the YPEs on RH*
- *To provide quality training and teaching materials to be used by the YPEs the field*
- *To provide quality training for the YPEs on planning, evaluation and reporting skills*

Timetable

1st Day
8.30 – 9.00 Welcoming
9.00 – 10.30 Introduction activities
10.30 – 11.00 BREAK
11.00 – 12.30 Youth peer education and reproductive heath
12.30 – 14.00 Reproductive health and culture
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Reproductive health and gender
15.45 – 16.00 Reflection

2nd Day
8.30 – 9.00 Recap
9.00 – 10.30 Gender based violence (GBV)
10.30 – 11.00 BREAK
11.00 – 12.30 Growing up
12.30 – 14.00 Sex education – Background information
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Sex education – questions most frequently asked
15.45 – 16.00 Reflection

3rd Day
8.30 – 9.00 Recap
9.00 – 10.30 Family planning (FP)
10.30 – 11.00 BREAK
11.00 – 12.30 Female genital cutting/ mutilation (FGC/M)
12.30 – 14.00 Discussion
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Sexual transmitted infections (STI)
15.45 – 16.00 Reflection

4th Day
8.30 – 9.00 Recap
9.00 – 10.30 HIV/AIDS – basic facts
10.30 – 11.00 BREAK
11.00 – 12.30 Discussion
12.30 – 14.00 HIV/AIDS – social factors
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Discussion
15.45 – 16.00 Reflection

5th Day
8.30 – 9.00 Recap
9.00 – 10.30 Drug abuse
10.30 – 11.00 BREAK

11.00 – 12.30	Material and tools - introduction	
12.30 – 14.00	Material and tools – practical session	
14.00 – 14.15	COFFEE BREAK	
14.15 – 16.00	Reflection	

6th Day

8.30 – 9.00	Recap	
9.00 – 10.30	Communication skills -	Communication and understanding
10.30 – 11.00	BREAK	
11.00 – 12.30	Communication skills – communication atmosphere	
12.30 – 14.00	Discussion	
14.00 – 14.15	COFFEE BREAK	
14.15 – 15.45	Principles of counseling	
15.45 – 16.00	Reflection	

7th Day

8.30 – 9.00	Recap	
9.00 – 10.30	Motivation	
10.30 – 11.00	BREAK	
11.00 – 12.30	Discussion	
12.30 – 14.00	Behavioral change	
14.00 – 14.15	COFFEE BREAK	
14.15 – 15.45	Discussion	
15.45 – 16.00	Reflection	

8th Day

8.30 – 9.00	Recap	
9.00 – 10.30	Leadership	
10.30 – 11.00	BREAK	
11.00 – 12.30	Decision making and problem solving	
12.30 – 14.00	Discussion	
14.00 – 14.15	COFFEE BREAK	
14.15 – 15.45	Planning trainings	
15.45 – 16.00	Reflection	

9th Day

8.30 – 9.00	Recap	
9.00 – 10.30	Evaluation	
10.30 – 11.00	BREAK	
11.00 – 12.30	Report writing	
12.30 – 14.00	Referral	
14.00 – 14.15	COFFEEBREAK	
14.15 – 15.45	Discussion	
15.45 – 16.00	Reflection	

10th Day

8.30 – 9.00	Questions and Answers	
9.00 – 10.30	Action plan	

10.30 – 11.00 BREAK
11.00 – 12.30 Posttest
12.30 – 13.30 Training's evaluation
13.30 – 14.30 Closing Ceremony
Timetable

1st Day
8.30 – 9.00 Welcoming
9.00 – 10.30 Introduction activities
10.30 – 11.00 BREAK
11.00 – 12.30 Youth peer education and reproductive heath
12.30 – 14.00 Reproductive health and culture
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Reproductive health and gender
15.45 – 16.00 Reflection

2nd Day
8.30 – 9.00 Recap
9.00 – 10.30 Gender based violence (GBV)
10.30 – 11.00 BREAK
11.00 – 12.30 Growing up
12.30 – 14.00 Sex education – Background information
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Sex education – questions most frequently asked
15.45 – 16.00 Reflection

3rd Day
8.30 – 9.00 Recap
9.00 – 10.30 Family planning (FP)
10.30 – 11.00 BREAK
11.00 – 12.30 Female genital cutting/ mutilation (FGC/M)
12.30 – 14.00 Discussion
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Sexual transmitted infections (STI)
15.45 – 16.00 Reflection

4th Day
8.30 – 9.00 Recap
9.00 – 10.30 HIV/AIDS – basic facts
10.30 – 11.00 BREAK
11.00 – 12.30 Discussion
12.30 – 14.00 HIV/AIDS – social factors
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Discussion
15.45 – 16.00 Reflection

5th Day
8.30 – 9.00 Recap
9.00 – 10.30 Drug abuse
10.30 – 11.00 BREAK
11.00 – 12.30 Material and tools - introduction
12.30 – 14.00 Material and tools – practical session
14.00 – 14.15 COFFEE BREAK
14.15 – 16.00 Reflection

6th Day
8.30 – 9.00 Recap
9.00 – 10.30 Communication skills - Communication and understanding
10.30 – 11.00 BREAK
11.00 – 12.30 Communication skills – communication atmosphere
12.30 – 14.00 Discussion
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Principles of counseling
15.45 – 16.00 Reflection

7th Day
8.30 – 9.00 Recap
9.00 – 10.30 Motivation
10.30 – 11.00 BREAK
11.00 – 12.30 Discussion
12.30 – 14.00 Behavioral change
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Discussion
15.45 – 16.00 Reflection

8th Day
8.30 – 9.00 Recap
9.00 – 10.30 Leadership
10.30 – 11.00 BREAK
11.00 – 12.30 Decision making and problem solving
12.30 – 14.00 Discussion
14.00 – 14.15 COFFEE BREAK
14.15 – 15.45 Planning trainings
15.45 – 16.00 Reflection

9th Day
8.30 – 9.00 Recap
9.00 – 10.30 Evaluation
10.30 – 11.00 BREAK
11.00 – 12.30 Report writing
12.30 – 14.00 Referral
14.00 – 14.15 COFFEEBREAK
14.15 – 15.45 Discussion
15.45 – 16.00 Reflection

10th Day

8.30 – 9.00	Questions and Answers
9.00 – 10.30	Action plan
10.30 – 11.00	BREAK
11.00 – 12.30	Posttest
12.30 – 13.30	Training's evaluation
13.30 – 14.30	Closing Ceremony

Step 6: Establishing training rules

Time

10 minutes

Material / Tools

- Flipchart
- Flipchart paper (blank)
- Markers or highlighters
- Sellotape

Method

- Tell the participants that during the training, they will be asked to reflect upon and assess their knowledge and attitudes about sexuality and therefore it will be necessary to create a safe comfortable athmosphere
- Explain that you want them to brainstorm group norms, which could help to establish such a learning environment
- Invite them to make suggestions for group norms. Before you write them on the flipchart paper, discuss them with the whole group
  1. Would you like to clarify this rule?
  2. Do you feel comfortable with it?
  3. Can you abide by these norms throughout the whole training?
- If no suggestions are made, offer a few of your own, to start. Ask the participants whether they agree with your suggestions before you write them on the flipchart
- After you've finished pin the flipchart paper on the wall and keep it visible for the rest of the training

Group rules and training norms

- *Be on time*
- *Do not interrupt others while they are speaking*
- *Avoid side talks*
- *Don't attack others personally*
- *Stick to established training topics*
- *Participate actively*
- *No cell phones*

This is just a list of examples
You don't have to adopt these ideas
You should add the participants' suggestions

Step 7: Pretest and data collection

Time

20 minutes

Material / Tools

- Sheets "Letters for pretest"
- Pretest
- Pens or markers
- Data form

Method

- Let each of the participants draw one sheet with one letter
- Distribute the pretest
- Ask the participants to write their letter on the top of the pretest and remember it for the posttest
- Ask them to complete the test (by themselves)
- Emphasize that the test is not an exam, but rather an evaluation tool for measuring the changes and improvements made during the training (a posttest will be done at the end of the training)
- Give them 15 minutes to complete the test
- While they answer the test statements, have them fill in the data form
- Gather the tests without reviewing them
- Collect the data form

Training options

- Play a game to introduce the participants to one another
- Try a group brainstorming to gather the expectations
- Present the timetable with a transparency

Points to remember

- The trainees' first impressions are very important and may influence the learning atmosphere for the duration of the training and consequently the training's results
- Show that you are using participatory methods: encourage the trainees to openly share their impressions and critiques
- Break the ice

Notes to facilitator

Sex and sexuality are your topics and most participants however enthusiastic bring wih them various cultural and religious sensitivities regarding these issues. It is very important to break the ice at the very start of the training. Participants should know from the outset that the principle method of the training will be participatory.

Reference

Engender Health (ed.2002): Youth Friendly Services. New York.

Material Checklist
Introduction activities

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Short speech		
”Welcoming”	1	01.1 Short speech
”Welcoming”		
A4 paper “Name of trainer”	1	01.2 A4 paper “Name of trainer”
Pinboard, pins	according to number of participants and group work	
Cards “Partner for the presentation”	according to number of participants	01.3 Cards “Partner for the presentation”
Flipchart paper “Questions for the presentation”	1	01.4 Flipchart paper “Questions for the presentation”
Flipchart	1	
Cards (blank)	according to number of participants and group work	
Pens or markers	according to number of participants and group work	
A4 paper (4 colors) “Grouping of expectations”	4	01.5 A4 paper (4 colors) “Grouping of expectations”
Flipchart paper “Goals and educational objectives”	1	01.6 Flipchart paper “Goals and educational objectives”
Flipchart paper (blank)		
	according to number of participants and group work	
Markers or highlighter	one color	
Sellotape	according to number of participants	
Copies of timetable	according to number of participants	01.7 Timetable
Sheets “Letters for pretest”	according to number of participants	01.8 Sheets “Letters for pretest”
Pretest	according to number of participants	01.9 Pretest
Data form	according to number of participants	01.10 Data form

Session 2

Youth peer education and reproductive health

Objectives:

By the end of this session, the participants should be able to…

- Define peer education, youth peer education and youth peer educators
- Discuss the history of YPE in Sudan
- Explain the RH concepts and principles
- Identify the constraints and barriers of RH for youth and adolescent population in Sudan
- Describe the role of youth peer educators on RH

Time:

90 minutes

Material / Tools:

- A4 paper (color A) "I as a YPE…"
- A4 paper (5 colors, blank)
- Pens or markers
- Pinboard, pins
- Flipchart paper "Definition YPE"
- Flipchart
- A4 papers (colors B-E) "W-Questions on YPE"
- Flipchart paper "YPE in Sudan"
- Instruction for the group work "RH for youth and adolescents"
- Flipchart paper (blank)
- Markers or highlighters
- Handouts "YPE and RH"

Advance preparation

- Prepare the A4 paper (color A) "I as a YPE…"
- Prepare the flipchart paper "Definition YPE"
- Prepare the A4 papers (colors B-E) "W-Questions on YPE"
- Prepare the flipchart paper "YPE in Sudan"
- Prepare the instruction for the group work "RH for youth and adolescents"
- Make one copy from each instruction
- Design the handouts "YPE and RH"
- Copy the handouts "YPE and RH" according to the number of participants

Steps

Step 1: Brainstorming and definition
Time: 20 minutes

Material / Tools:

- A4 paper (color A) "I as a YPE…"
- A4 paper (color A, blank)
- Pens or markers
- Pinboard, pins
- Flipchart paper "Definition YPE"
- Flipchart

Method:
Brainstorming (15 minutes)

- Divide the participants into pairs
- Pin the A4 paper (color A) "I as a YPE…" on the board
- Distribute one blank A4 paper (color A) to everybody
- Invite the participants to imagine themselves as a YPE and to share these imaginings with their respective partners (together 10 minutes)
- Tell them to make short notes on the A4 paper
- Ask everybody to present the ideas of their partners to the group and pin the A4 paper on the board, under the title A4 paper "I as a YPE…"

Definition (5 minutes)

- Show the definition on the flipchart paper "Definition YPE"
- Read it aloud and compare it with the participant's "image" of being a YPE
- Keep the definition visible for the rest o the session

Definition peer education (PE)
Non-professional teachers,
talking to, working with and motivating their peers
(persons from the same social status)

Definition youth peer education (YPE)
Youth peer education is an approach
whereby representatives from a group (a school or club,…) or population attempt to inform and influence their peers

A youth peer educator is a volunteer
who has successfully completed the peer-training
and has acquired necessary skills and knowledge
to guide other youth towards making informed decisions about SRH

* Step 2: Basic information on YPE

Time: 30 minutes

Material / Tools:

- A4 papers (4 colors) "W-Questions on YPE"
- A4 paper (4 colors blank)
- Pens or markers (for A4 paper)
- Pinboard, pins

Method:

Group work (20 minutes)

- Divide the participants into 4 groups
- Let one member of each group draw one of the A4 papers "W- Questions on YPE" (unseen, each question paper has a different color)
- Distribute blank A4 paper of the corresponding color to each of the groups
- Motivate them to answer the questions and make short notes on the paper (10 minutes)
- Tell them to select one member of the group to present the results
- Each group should present their results by pinning the question A4 paper and the answer A4 papers on the board

Discussion (10 minutes)

- Discuss the answers if necessary correct or add issues

W-Questions" on YPE

1. *What are youth peer educators doing?*
2. *Where can youth peer education take place?*
3. *Why are youth peer educators needed?*
4. *Who can be a youth peer educator?*

These "W-Questions" don't claim completeness
You can add further ones

What are YPEs doing?

- *Conducting basic courses in and out of schools*
- *Promoting youth friendly clinical services*
- *Organizing or co-facilitating workshops*
- *Developing communication skills*
- *Providing information and education*
- *Referring to experts when necessary*
- *Community based distribution of condoms*

Where can YPE take place?

- *On a street corner*
- *At a bus station*
- *At the market*
- *On school grounds*
- *In a home*
- *In a mosque/church*
- *At a social/sports club*
- *Any other place where people feel comfortable*

Why are YPEs needed?

Culturally appropriate

- *They provide an effective means of delivering culturally sensitive messages in a community setting*
- *They can be link to other community based strategies – a community level intervention that supports and supplements other programs*

Accepted by target audience

- *Many young people report that they are more comfortable relating to a peer about their personal concerns*

Economical

- *Youth peer educators provide an important service at a small cost and very effectively*

Who can be a YPE?

The selection criteria for a Youth Peer Educator are as follows:

- *Friendly*
- *Interested on RH*
- *Responsible*
- *Accepted by their peers*
- *Sociable and communicative*
- *Knowledgeable*
- *A leader*

Step 3: History of YPE in Sudan
Time: 10 minutes

Material / Tools:

- Flipchart paper "YPE in Sudan"
- Flipchart

Method

- Present the flipchart paper "YPE in Sudan"
- Read it aloud and give further background
- Ask if there are questions

YPE in Sudan

- *Sudan Comprehensive National Strategy (1992 - 2002) has emphasized the importance of youth and enhancing their role in society*
- *The policy is to involve the youth in development through training and rehabilitation, mainly for out-of-school youth*
- *The training and rehabilitation are offered through a network of about 30 centers throughout the different states of Sudan*
- *On January the 27 2002, the Council of Ministers had approved and signed population policies and strategies to be adopted by National Population Council*
- *The UNFPA-program stated that adolescents and youths have special reproductive health needs, which require targeted counseling and adolescents-friendly health facilities and services*
- *This program was approved and signed by Sudanese government*
- *Although these polices and programs included youth and peer education as approved measures to improve ARH, YPE is still lagging behind*

Step 4: RH for youth and adolescents
Time: 30 minutes

Material / Tools:

- Instruction for the group work "RH for youth and adolescents"
- Flipchart paper (blank)
- Markers or highlighters
- Pinboard, pins
- Handouts "YPE and RH"

Method:
Group work (20 minutes)

- Divide the participants into the same 4 groups
- Distribute the instructions for the group work "RH for youth and adolescents" to each of the groups

1. Tell them to discuss the written question in the group

§ What is RH?
§ What are the benefits of RH for Youth/Adolescents?
§ What are the main issues of a YPE on RH?

§ Imagine difficulties that you as a YPE on RH could face
2. Ask them to write the questions and the answers on the flipchart paper
3. Every group selects one member to present the results
• Each group presents their results (10 minutes)

Discussion and distribution of handouts (5 minutes)
• Discuss the results with the whole group
• Summarize the results of the session and distribute the handouts "YPE and RH"

What is RH?

- *RH refers to complete physical, mental and social wellbeing, in all matters relating to the reproductive system and its functions*
- *RH is not merely the absence of disease or infirmity*
- *RH as a concept recognizes health issues of both women and men, youth and the elderly*
- *Maintaining good RH means that a person is able to*
  1) have a safe and satisfying sex life and
  2) has the ability and the freedom to decide when, if and how frequently to have children

What are the benefits of RH for youth / adolescents?

The adolescent health service empowers youth, both male and female, to make informed decisions about important issues in their own lives in part by making them conscious of their rights as individuals

- The right to quality youth friendly health services
- The right to make responsible decisions about all aspects of one's sexuality
- The right to accurate information about sexual and reproductive health so

one can make healthy informed decisions about relationships and childbearing

- The right to own, control and protect one's own body
- The right to be free of discrimination, coercion and violence in one's sexual

decisions and sexual life.

What are the main issues of a YPE on RH?

The working field includes sexual behavior, human reproduction and sexually transmitted diseases including HIV/AIDS, and other issues that affect the future of every young person in Sudan. Main topics include

- *Growing up*
- *Sexual education*
- *Family planning (FP)*
- *Female genital cutting/mutilation FGC/M*
- *Sexually transmitted infections STIs*
- *HIV/AIDS*
- *Drug abuse*

Imagine difficulties that you as a YPE on RH could face

- *Talk about the expectations and fears of the participants*
- *Tell them that there are mentors (the project coordinators) who are ready to help and advise them should difficulties arise*

Training options

- Instead of the group works try brainstorming with prepared flipchart papers
- Prepare a Power Point presentation
- Instead of asking about participants' own fears and expectations about being a YPE, you can present case studies
- Invite a trained YPE to talk about his/her experiences

Points to remember

- Youth Peer Education is an approach whereby representatives from a group (schools, clubs,…) or population attempt to inform and influence their peers
- YPEs need special trainings
- YPEs are volunteers
- YPE can take place at any place where people feel comfortable
- Youth and adolescents like to get information from their peers
- Youth and adolescents have special RH-needs

Notes to facilitator

It is important to offer an overview of the objectives and goals of being a YPE. It's helpful to compare the expectations of the participants with those of the organization.

This session is a useful way to clarify misperceptions and false expectations that participants may have and present a realistic picture of YPE work and responsibilities.

Reference

Engender Health (ed.2002): Youth Friendly Services. New York.
http://www.etr.org/recapp/theories/peereducation/

Material checklist
Youth peer education and reproductive health

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
A4 paper (color A) "I as a YPE…"	1	02.1 A4 paper (color A) "I as a YPE…"
A4 paper (5 colors, blank)		
	5 colors	
according to number of participants		
Pens or markers		
	according to number of participants and group work	
Pinboard, pins	according to number of participants and group work	
Flipchart paper "Definition YPE"	1	02.2 Flipchart paper "Definition YPE"
Flipchart	1	
A4 papers (colors B-E) "W-Questions on YPE"	4	02.3 A4 papers (colors B-E) "W-Questions on YPE"
Flipchart paper "YPE in Sudan"	1	02.4 Flipchart paper "YPE in Sudan"
Instruction for the group work "RH for youth and adolescents"	1	02.5 Instruction for the group work "RH for youth and adolescents"
Flipchart paper (blank)		
	according to number of participants and group work	
Markers or highlighters		
	according to number of participants and group work	
Handouts "YPE and RH"	according to number of participants	02.6 Handouts "YPE and RH"

Session 3

Reproductive Health and Culture

Objectives

By the end of this session the participants should be able to …

- Define culture
- Identify components of culture
- Explain RH issues related to various socio-cultural aspects

Time:

90 minutes

Material / Tools

- Flipchart
- Flipchart paper (blank)
- Markers or highlighters
- Flipchart paper “Culture”
- Pinboard, pins
- A4 paper “Components of culture”
- Cards (blank)
- Pens or markers
- Instruction for the group work “Links between RH and culture”
- A4 paper (blank, 6 colors)
- Cards “Misconceptions”
- Stickers (red and green)
- Handouts “RH and culture”

Advance preparation

- Prepare the flipchart paper “Culture”
- Design the A4 paper “Components of culture”
- Prepare the instruction for the group work “Links between RH and culture”
- Copy the instructions of the group work according to the amount of participants
- Cards “Misconceptions”
- Design the handouts “RH and culture”
- Copy the handouts according to the number of participants

Steps 

Step 1: Background information
Time: 20 minutes

Material:
- Flipchart
- Flipchart paper (blank)
- Markers or highlighters
- Flipchart paper "Culture"
- Pinboard, pins
- A4 paper "Components of culture"
- Cards (blank)
- Pens or markers

Method:
Definition (10 minutes)
- Ask the participants to try to define "culture"
- Gather their ideas and write them on the flipchart
- Show the flipchart paper "Culture"
- Compare it with the given ideas. Give further explanations

Components (10 minutes)
- Pin the A4 paper "Components of Culture" on the board
- Distribute the cards to the participants
- Ask them to write down components of culture. They can discuss it in small groups
- After everybody finished, invite them to pin the cards on the board (pin doubled cards one above the other. It shows the most popular components known in the group)
- Read or let the cards being read loud
- Correct or add items (if necessary write new cards)

Definition and explanation of culture

Culture is everything what is done, thought or mentioned by humans in contrast to the nature

Culture is very complex

Culture is transferred mostly by education

Culture is deeply integrated in a human's behavior, beliefs, etc.

Culture is not static, but is ever-changing due to several inputs, both internal and external

Components of culture

- *Faith beliefs (morality)*
- *Social factors (family system, marriage system, age system, …)*
- *Economy (infrastructure, poverty, access to health care, ...*
- *Policy (laws, formal education, health system, war, …)*
- *Arts (music, drama, painting …)*
- *Everyday behavior (working, eating, cleaning, hygiene…)*

These are only a few examples (which will be mentioned throughout the session) You can add others

Step 2: Links between culture and RH
Time: 40 minutes

Material / Tools:
• Instruction for the group work "Links between RH and culture"
• A4 paper (blank, 6 colors)
• Pens or markers
• Pinboard, pins

Method
Group work (20 minutes)
• Divide the participants into 6 groups

• Take cards from the above mentioned components from the board
• Let one member from each group draw one card
• Distribute the instruction for the group work "Links between RH and culture"
• Distribute A4 paper from one color to each of the groups
1. Ask participants to think about possible links between the drawn item and RH
2. Links can include
o Reasons for transmission / non-transmission of diseases
o Obstacles / opportunities for behavioral change
o Obstacles / opportunities for raising awareness
o Obstacles / opportunities for treatment
o Other
3. Motivate participants to think of concrete examples to clarify their ideas
4. They should make few notes on the A4 paper
5. Ask participants to select someone from their group to present the results
6. They have 15 minutes time
• Ask the selected person from each group to pin the card with the component of culture and the prepared A4 paper from the group work on the board and to present their findings

Discussion (20 minutes)
• After each presentation discuss the links with the whole group
• Give room for open exchange of personal experiences
• Pay attention not to discriminate against cultural components

Links between RH and culture

RH and faith beliefs
- *It is said that the Koran promotes FGC/M (see session FGC/M)*
- *The Pope (Catholic Church) condemns any unnatural family planning*
- *People go to spiritual doctors for treatment*
- *In many religions sexual relationships outside marriage (premarital sex, adultery) is forbidden*
- *…*

RH and social structure
- *Polygamy increases the risk of STI infection, including HIV/AIDS*
- *In many cultures women are compelled by social / religious norms – and even government policy – to have many children, which can endanger their health*
- *In some African cultures a childless woman suffers discrimination, even if it's her own wish to be childless*
- *In Africa the authority for reproductive decision making often rests with the family as opposed to the individual woman*
- *A cultural preference of boys frequently leads to the neglect of the health and status of girls*
- *Young women who marry much older men often must surrender, decision making to their spouses*
- *…*

RH and policy
- *The health policy of a country is crucially important to how RH is affected by the dominant culture*
- *Education policy affects the awareness of RH rights the risk of disease and other issues*
- *Gender inequality negatively affects women's RH and social status (see session "RH and gender")*
- *Government policy is responsible for the establishment of RH infrastructure (e.g. access to health facilities, schools, etc.)*
- *War greatly affects RH (mass migration, rape, sex work, - see session "HIV/AIDS - social factors")*
- *…*

RH and economy
- *The infrastructure of a country depends on its economic situation*
- *Women in some countries are pressured to have many children for economic reasons – more children mean a larger labor force and potentially more income.*
- *…*

RH and the arts
- *The kinds of arts, preferred by a given culture (painting, music, theatre) can be effectively used in awareness campaigns*
- *…*

RH and ways of life
- *All aspects of daily life, from hygiene to nutrition to the workplace have a direct impact on health an , by extension, reproductive health*
- *Sexual practices can increase the risk of STI infection, including HIV/AIDS*
- *Hard labor during pregnancy threatens the health of both women and newborns*
- *…*

These are only few examples
Feel free to discuss others with the whole group

The objective of this session is to let the youth
become aware of the relationships between cultures and RH issues
The aim is to create discussions rather than find "solutions"

Don't expect to achieve consensus in this session

Step 3: Misconceptions ? - Agree or disagree
Time: 30 minutes

Material / Tools:
• Cards "Misconceptions"
• Pinboard, pins
• Stickers (red and green)
• Handouts "RH and culture"

Method:
Assessment and discussion (25 minutes)
• Pin the cards "Misconceptions" on the board
• Read them aloud
• Distribute the stickers to each of the participants
• Invite them to put the stickers beside the cards. The red card = "disagree", the green = "agree"
• After all participants have finished their assessment, summarize the results
• Discuss each statement and the group's assessment in the plenum
• Don't give complicated explanations, but refer to the following sessions. Participants will discover their own answers and, perhaps, change their attitudes or values

Summary (5 minutes)
• Summarize the actual values and attitudes and distribute the handouts

Misconceptions ?

- *Islam forbids abortion*
- *Religions are against sexual intercourse, except for making babies*
- *FGC/M is promoted by Islam*
- *Birth control is not a consequence of faith beliefs*
- *The risk of being infected with STIs and HIV/AIDS is limited to high risk groups*
- *A sex worker should be punished for his/her bad behavior by being infected with diseases*
- *A woman must satisfy the sexual needs of her husband*
- *RH issues are only for woman*
- *Youth and adolescents should accept all decisions made by elderly people*
- *…*

You will find the answers/more information in the different following sessions
Feel free to add additional misconceptions and discuss them with the group

Training options

- Open discussion by presenting case studies
- Presenting examples from far away cultures may help to clarify and encourage acceptance of the relationship between culture and RH
- Give participants time to explore and assess their own culturally adopted values and attitudes

Points to remember

- Culture is a non static complex mix of ideas, traditions and behaviors, created by human beings in contrast to nature
- Culture is transferred from one generation to the other primarily by education
- Culture is deeply integrated in a person's behavior, beliefs, etc.
- Culture affects RH in many different ways
- You can't talk about RH, without considering the corresponding culture

Notes to facilitator

The topic "Culture and RH" is an extraordinarily sensitive one. A misstep could lead to a irreversible "closed door" that keeps participants unreceptive for the remainder of the session. There is no room for judgments. Take care to avoid language or behavior that, in any way, discriminates against cultural values and attitudes of the participants. Better to allow for natural opportunities for participants to receive information and , perhaps, revise their attitudes and beliefs on their own.

Reference

ACORD (2004): Unveiling the Myth: Understanding HIV/AIDS in Kassala Town, Eastern Sudan. Nairobi.

Kleinman, A. (1980): Patient and Healers in the Context of Culture. Barkely.

Landy, D. (ed. 1977): Culture, Disease and Healing. Studies in Medical Anthropology. New York.

Paul, B.D. (1955): Health, Culture and Community. Case Studies of Public Reactions to Health Programs. New York.

Material checklist
Reproductive health and culture

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Flipchart	1	
Flipchart paper (blank)		
	according to number of group work and participants	
Markers or highlighters	according to number of group work and participants	
Flipchart paper "Culture"	1	03.1 Flipchart paper "Culture"
Pinboard, pins	according to number of group work	
A4 paper "Components of culture"	according to outputs	03.2 A4 paper "Components of culture"
Cards (blank)	according to number of group work and participants	
Pens or markers	according to number of group work and participants	
Instruction for the group work "Links between RH and culture"	according to number of group work	03.3 Instruction for the group work "Links between RH and culture"
A4 paper (blank, 6 colors)	according to number of participants	
Cards "Misconceptions"	according to outputs	03.4 Cards "Misconceptions"
Stickers (red and green)	according to number of group work and participants	
Handouts "RH and culture"	according to number of participants	03.5 Handouts "RH and culture"

Session 4

Reproductive Health and Gender

Objectives

By the end of this session the participants should be able to

- Differentiate between sex and gender
- Describe the gender roles, gaps, power relations, inequality and equity as principles for gender mainstreaming
- Identify the linkages between gender and RH issues
- Define gender-sensitive RH services indicating the contents

Time

90 minutes

Material / Tools

- Instruction for the role play "Sex or gender?"
- Flipchart paper "Definition sex and gender"
- Flipchart or
- Pinboard and pins
- A4 paper (4 different colors) "Catchword"
- Instruction for the group work "Catchwords"
- Flipchart paper (blank)
- Markers or highlighters
- Transparent "Catchwords"
- Overhead projector
- Transparent "Mainstreaming"
- Instructions for group work "Gender and RH"
- Transparent "Gender and RH"
- Handouts "RH and gender"

Advance preparation

- Prepare the instruction for the role play "Sex or gender?"
- Make one copy of each of the instructions
- Prepare the flipchart paper "Definition sex and gender"
- Design the A4 paper (4 different colors) "Catchword"
- Prepare the instruction for the group work "Catchwords"
- Make 5 copies of the group work instructions
- Design the transparent "Catchwords"
- Design the transparent "Mainstreaming"

- Prepare the instructions for the group work "Gender and RH"
- Copy the instructions for the group work "Gender and RH"
- Prepare the transparent "Gender and RH"
- Design the handouts "RH and gender"
- Copy the handouts according to the number of participants

Steps

Step 1: Role play
Time: 15 minutes

Material:
• Instructions for the role play "Sex or gender?"

Method:
• Select two volunteers for the role play, one male and one female
• Distribute the instructions for the role play "Sex or gender?" to them
    1. Both need the complete instructions
    2. Ask one to take over the role of the wife, the other the husband's role, according to the given information
• Ask whether they understood the instructions
• Give 5 minutes for preparation
• Let them perform 5 minutes
• Discuss the role play in the plenum (Tell them that an exaggeration of the roles is intended to emphasize the objections of the role play)
• In summarizing the results, explain that the roles of the woman and the man don't necessarily conform with the Sudanese role norms, but may be considered "normal" in other cultures. Emphasize that the topic "Gender" refers not only to women, but also to men

Step 2: Definition
Time: 10 minutes

Material / Tools::
• Flipchart paper "Definition sex and gender"
• Flipchart or
• Pinboard, pins

Method:

- Show the flipchart paper "Definition sex and gender". Keep it visible for the rest of the session
- Read it aloud or let one of the participants do so
- Ask the participants whether they understood the definition

Definition sex and gender

Sex

- *From conception all human beings are differentiated based upon anatomical and hormonal variations. In accordance with these variations, each us is allocated to one sex- male or female*
- *Sex is defined as "genetic, physiological or biological characteristics of a person which indicate whether one is male or female" (WHO 1998)*

Gender

- *On the other hand individuals are given other socially/culturally defined characteristics, by which maleness and femaleness are distinguished*
- *Gender refers to women's and men's roles and responsibilities that are socially determined as opposed to biologically assigned (sex). Gender refers to how we are perceived how we are expected to think and act as women and men because of social norms, not biological differences*

Further explanations

- *The variation of cultures and societies affected the shape and importance of gender differences within the community*
- *However despite their diversity, all societies define men and women as different types of beings, each with their own opportunities, roles and responsibilities*
- *The most obvious examples are found in the public rhelms of employment and politics, which are often viewed as "naturally" male's domain and the private arena of the households and the family which are seen as "naturally" female*
- *Such gender divisions / constraints shape the lives of both women and men in fundamental – and frequently inescapable - ways*

Step 3: Catchwords
Time: 30 minutes

Material / Tools:

- Instruction for the group work "Catchwords"
- A4 paper (5 different colors) "Catchword"
- Flipchart paper (blank)
- Markers or highlighters
- Pinboard and pins

• Transparent "Catchwords"
• Overhead projector

Method:
• Explain to the participants that many catchwords exist concerning "sex and gender". Their task is to clarify these catchwords
• Divide the participants into 5 groups
• Distribute the instructions for the group work "Catchwords"
    1. Explain what the catchword means
    2. Try to find examples
    3. Prepare a presentation on the flipchart paper
    4. Select one of the group to present the results
    5. Allow 10 minutes for preparation and 5 minutes for presentation
• Ask participants whether they understood the instructions
• Let one of each group select one A4 paper with one catchword (unseen)
• Offer assistance if needed
• After the preparation let the participants present the results (allow each group 5 minutes). Pin the A4 paper and the corresponding flipchart paper on the board and discuss the results
• If necessary clarify and add issues by showing the transparent and supply concrete data

Catchwords "Sex and gender"

Gender roles

o Represent the particular economic and social roles that a society considers appropriate for men and women. Men are mainly identified with productive roles, while women have triple role: domestic reproductive, productive and community activities

o Gender roles – and women's triple roles in particular – result in a persistent stereotyping of women and men occupying social roles dictated by traditional gender divisions

o Gender roles vary between cultures and can change overtime (e.g. Europe)

o In almost all communities women's roles and activities are mostly perceived as less significant than those of men and are consistently undervalued

o This perception adversely affects women's economic status, limits their ownership of resources and result in their being, burdened by triple work

§ Example: "Housewife" and "Businessman"

Gender Power Relation

o Gender differentiations imply great imbalance in the power relationship between men and women.

o The very concept of power is, in this context, taken to imply many meanings, values symbols and beliefs that are inherently unequal.

o Presumed male dominance and superiority leads to female subordination and oppression

o Gender relations are changeable and undergo change over time. These changes can – and should be – encouraged to help achieve balance in gender power and consequently reduce inequalities and improve women's status

§ Example: "Compare the representation of female and male politicians in powerful positions"

Gender Gap

o Refers to the statistical representation of gender disparities and inequalities

o The gender gaps is the quantitative difference between women and men with regard to social opportunities and access to resources - often apparent in education, health care, political representation, participation in the labor force and land ownership

o Bridging the gender gap requires more gender sensitive planning, more quantitative research and statistical data on gender differences, and increased efforts to achieve women's empowerment

§ Examples: "In Sudan 35% of the males aged 13-15 years are illiterate compared to 49% of females

Gender Inequality

o Refers to the acceptance of social disparities and discrimination on the basis of a person's sex. Women in many countries have less access to a broad spectrum of economic and social resources compared to men.

o In such situations women are extremely vulnerable. Socially isolated financially dependant on the male breadwinner and often subject to physical intimidation by their male partners, many women lose the ability to make decisions in their own best interest

§ Examples: Gender inequality is most obvious in the distribution of income and wealth around the world. Women represent 70% of the world's poor

Gender Equity

o When taking about ways to improve or correct it is not always helpful to think in terms of absolute equality between the sexes

o Women and men have different needs and strength. Gender inequalities should be identified and addressed with these differences between the sexes in mind

o Gender equality is fairness and justice in the distribution of resources, benefits and responsibilities

§ Examples: Increase of half time jobs for women to allow them the opportunity to work and care for their children

Step 4: Gender mainstreaming
Time: 10 minutes

Material / Tools:
• Transparent "Mainstreaming"
• Overhead projector

Method:
• Show the transparent "Mainstreaming" and explain it
• Ask the participants if they are clear on what gender mainstreaming means
• Emphasize that mainstreaming is necessary for both, women and men

Gender mainstreaming

- *Gender mainstreaming broadly means putting gender concerns at the forefront of any development of effort*
- *Gender mainstreaming "refers to transforming existing development agendas with a gender perspective" (Badri & Abdel Rahman 2003)*
- *Gender mainstreaming focuses on women's concerns, gender relations and increasing or equalizing women's participation as decision-makers in determining development priorities*
- *Women would participate in all developmental decisions, set goals and objectives, and plan, implement and assess development and its impact on women*
- *This will make the gender mainstream of development more human oriented and help eliminates gender gaps and inequalities*

Step 5: Gender and RH
Time: 25 minutes

Material / Tools:
• Instructions for group work "Gender and RH"
• Flipchart paper (blank)
• Markers or highlighter
• Pinboard and pins
• Transparent "Gender and RH"
• Overhead projector
• Handouts "RH and gender"

Method:

- Divide the participants into 2 groups
- Distribute the group work instructions
    1. Discuss the following question:
        - What are the links between gender and RH?
        - What do you mean with "Gender sensitive RH service" ?
    2. Prepare a presentation on flipchart paper
    3. Select one of your group to present the results
- Ask the participants, if they understood the instructions
- Allow 10 minutes to discuss about the issue and to prepare their presentation
- Every group has to present their results (allow together 10 minutes)
- Discuss the results in the whole plenum
- Summarize the results and add issues by showing the transparent "Gender and RH"
- Distribute the handouts

Links between gender and RH

- *Reproductive health programs cannot isolate their services from their larger social and cultural context, because gender roles influence sexual behavior*
- *Gender sensitive services recognize*
  - *Harmful social practices such as domestic abuse and FGC/FGM*
  - *Many women have little control over their sexual lives and contraceptive choices*
  - *Women's health needs extend beyond child-bearing decisions*

Gender sensitive RH service

- *Information about sexuality (including contraceptives)*
- *Advice on how women can negotiate sexual matters with their partners*
- *Sexual education and youth-friendly health services*
- *Screening for common mental illnesses such as depression and anxiety, followed by appropriate treatment and referrals*
- *Services for victims of violence*
- *Community based programs that address gender issues, including sexual double standards, folk beliefs about sex, etc.*
- *Activities that involve men in RH issues and programs*

Training options

- Instead of the role play as an introduction start by presenting case studies or just with the definitions
- Instead of the group work "Catchwords" prepare a Power Point presentation

Points to remember

- Gender roles are not assigned by nature but they are culturally adopted
- Gender roles therefore can be changed
- Gender equality does NOT mean that male and female are the same, rather, it means that both sexes have equal rights (e.g. educational and employment opportunities, legal protection under law, etc.)

Notes to facilitator

The topic "sex and gender", and especially "gender inequality" can lead to intense discussions between male and female participants. The facilitator should be calm, self-confident and convincing when sharing information and ideas.

Reference

Badri, A.M. & Abdel Rahman, W.A. (2003): Reader on Gender Reproductive Health and Reproductive Rights. Khartoum.

Michau, L. & Naker, D. (2003): Mobilising Communities to Prevent Domestic Violence. Kampala.

Pathfinder International (ed.2002): Reproductive Health Services for Adolescents. Watertown.

Williams, S., J., Seed & Mwau, A. (1995): Oxfam Gender Training Manual. Oxford.

Material checklist
Reproductive health and gender

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Introduction for the role play "Sex or gender?"	1	04.1 Introduction for the role play "Sex or gender?"
Flipchart paper "Definition sex and gender"	1	04.2 Flipchart paper "Definition sex and gender"
Flipchart or	according to outputs	
Pinboard and pins	according to number of group work and outputs	
A4 paper (4 different colors) "Catchword"	according to outputs	04.3 A4 paper (4 different colors) "Catchword"
Instruction for the group work "Catchwords"	according to number of group work and participants	04.4 Instruction for the group work "Catchwords"
Flipchart paper (blank)	according to number of group work and participants	
Markers or highlighters	according to number of group work and participants	
Transparent "Catchwords"	1	04.5 Transparent "Catchwords"
Overhead projector	1	
Transparent "Mainstreaming"	1	04.6 Transparent "Mainstreaming"
Instructions for the group work "Gender and RH"	according to number of participants	04.7 Instructions for the group work "Gender and RH"
Transparent "Gender and RH"	1	04.8 Transparent "Gender and RH"
Handouts "Reproductive health and gender"	according to number of participants	04.9 Handouts "Reproductive health and gender"

Session 5

Gender Based Violence (GBV)

Objectives

By the end of this session the participants should be able to

- Define the term "gender based violence"
- Describe forms, signs, factors and impacts of gender based violence
- Understand and discuss about domestic violence
- Identify ways how to avoid and fight against gender based violence

Time

90 minutes

Material / Tools

- Comic "Violence – What's the cost"
- Flipchart paper "Gender based violence"
- Flipchart or
- Pinboard, pins
- Instruction for the group work "GBV tree"
- Blank GBV tree
- A4 paper (different colors, grey, brown, green)
- Markers (different colors)
- Scissors
- Sellotape
- Transparents "Is it violence"?
- Overhead projector
- Markers or highlighters
- Flipchart paper 'Domestic violence"
- Poster or transparent "We all have the responsibility"
- Poster or transparent "Dare to be different"
- Flipchart paper (blank)
- Handouts "Gender based violence (GBV)"

Advance preparation

- Copy the comic "Violence – What's the cost?" according to the amount of participants
- Prepare the flipchart paper "Gender based violence"
- Prepare the instruction for the group work "GBV tree"
- Make 4 copies of the group work instructions

- Prepare the blank "GBV tree"
- Prepare the transparents "Is it violence"?
- Prepare the flipchart paper 'Domestic violence"
- Design the poster or transparent "We all have the responsibility"
- Design the poster or transparent "Dare to be different"
- Design the handouts "Gender based violence"
- Copy the handouts according to the number of participants

Steps

Step 1: Introduction comic
Time: 15 minutes

Material:
• Comic "Violence – What's the cost?"
• Flipchart paper "Gender based violence"
• Flipchart or
• Pinboard, pins

Method:
• Distribute the comics "Violence – What's the Cost?" to all of the participants
• Offer them 10 minutes to read and to think quietly about what they read
• Ask the participants about the key message of the comic
• Let them try to define the terms "violence", "violence against women", "gender based violence"
• Discuss the definitions with the group
• Present the flipchart paper "Gender based violence"
• Keep it visible, for the rest of the session

Definition violence
It is not always easy to define the term "violence"
Any kind of psychological or physical aggression, including threats and humiliation
can be considered as violence
The restriction of personal freedom (of any sort) and independence
can also be defined as violence

Definition "violence against women"
According to the declaration of the UN in 1993,
"Violence against women means any act of gender based violence
that results in, or is likely to result in, physical, sexual or psychological harm, suffering to women,
including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Definition "Gender based violence"
"Gender based violence is an umbrella term for any harm perpetrated against a person's will, that results from power inequities that are based on gender roles.
As gender based violence almost always have a greater negative impact on women and girls than men, the term is often used interchangeably with "violence against women".
Gender based violence is generally preferred, because it highlights women's subordinate status in society and how that results in their increased vulnerability to violence.
Keep in mind, however, that men and boys also suffer from gender-based violence.

Step 2: Basic information about gender based violence
(focusing on violence against women)

Time: 45 minutes

Material / Tools:
- Instruction for the group work "GBV ree"
- Pinboard, pins
- Blank "GBV tree"
- A4 paper (different colors, grey, brown, green)
- Markers

- Scissors
- Sellotape

Method:
- Divide the participants into 5 groups
- Tell the participants to remember the comic, which they read during the first step of this session
- Distribute the instruction for the group work "GBV-Tree". Ask the participants to ask the following questions by referring to the comic
- What are the types of gender-based violence?
- What are the indicators of gender-based violence?
- What are the factors that contribute to gender based violence?
- What are the consequences of gender based violence?
- During which times in one's life can gender based violence occur?
    1. Mention that they can/should add their own knowledge and experiences
    2. Invite group members them to complete the blank "GBV- Tree" (drawn on a poster and fixed on the board) by writing on the tree, or by developing their own tree by using colored paper, scissors and cellar tape. Ask each group to fill one main branch of the tree The whole group should work together on one "GBV-Tree"
    3. Ask participants to select one of their group members for the presentation of the group's results
    4. Allow 30 minutes for the discussion and preparation of the GBV-Tree
- Let each group present their results and complete the tree
- After the "GBV-Tree" is completed, allow time for discussion of the results and possible changes if necessary

Types of gender based violence

Physical	*Emotional*		*Sexual*	*Economic*
- pushing	*- shouting*		*- forcing sex /marital rape*	*- withholding family finances*
- hitting	*- swearing*		*- unwanted touching*	*- preventing to get or keep a job*
- slapping	*- insults*		*- grabbing sexual parts of the body*	*- making one ask for money or allowance*
- grabbing	*- threats of violence*		*- forcing of sexual acts against one's will*	*- demanding earnings - spending family finances without consent*
- beating	*- grabbing*			
- hair pulling	*- humiliation*			
- kicking	*- embarrassment*			
- punching	*- criticizing*			
- choking	*- threatening to hurt the children*		*- coercion*	*- preventing from owning property*
- burning	*- locking out of the house*		*- unfaithfulness*	*- not allowed to have money*
- twisting arms				
- use of weapons				
- banging head on the floor etc.	*- extreme jealousy*		*- refusal to have protected sex*	
	- threatening to leave			

This list does not claim completeness
Feel free to add further examples

Indicators of gender based violence

- *Lack of self-confidence*
- *Reducing or ending participation in regular activities*
- *Not wanting to see friends*
- *Visible physical injuries*
- *Inventing excuses for physical injuries ("I fell…"*
- *Sadness and loss of energy*
- *Increased health problems*
- *Heightened anxiety and fear*
- *Loss of appetite or inability to sleep*

Children, living in violent homes may show the following characteristics

- *Sleeping problems and/or nightmares*
- *Problems in school (unexplained falling grades)*
- *Fear of the dark*
- *Clinging to mother or siblings*
- *Increased violent behavior*
- *Difficulty getting along with other children*
- *Withdrawal from activities, play, or friends*
- *Verbal abuse or talking back*
- *Shyness*
- *Oversensitive or easily upset*

This list does not claim completeness
Feel free to add further examples

Gender based violence: contributing factors

- *Low value of women compared with men in the society*
- *Abusers (usually the husbands) feel that they are entitled to impose their will on women by any means necessary, including violence.*
- *Unequal balance of power within families and the society*
- *Economic dependence of women*
- *Acceptance of violence to solve conflicts*
- *Few restrictions, legal or otherwise,e placed on gender based violence*

Gender-based violence occurs because,
we, as a community, remain silent.

Consequences of gender based violence

Gender based violence hurts us all

For the abused person

- *Heath problems*
- *Loss of energy (labor force)*
- *Sadness*
- *Isolation*
- *Loss of self-confidence*

For the families

- *Unpredictable and frightening environment*
- *Children learn to fear the abuser and to worry about the abused persons*
- *Children learn that violence and aggression are acceptable ways of expressions*
- *Children are likely to leave violent homes early and commit acts of violence themselves*

For the community

- *Business lose because of sicknesses and lost energy among employees*
- *Financial and human resources must be devoted to interventions against gender based violence*
- *Burden for the health system*

This list does not claim completeness

Feel free to add further examples

Gender based violence during the life cycle

Prenatal *gender selective fertilization*

gender selective abortion

Suckling *killing of female suckling*

unequal access to nutrition and medical care

neglection

Childhood *FGC/M*

incest and sexual abuse

unequal access to nutrition, medical care and education

tracking, children labor, children prostitution

Youth *early marriage*

arranged marriages combined with raping

tracking, youth labor, youth prostitution

sexual harassment and coercion at school or workplace

psychological and physiological abuse by parents, partner or relatives

Age *marital rape*

honor killing (consequences of rape, extramarital pregnancy, loss of virginity, etc.)

coerced prostitution

sexual harassment and coercion at work place

sexual abuse and rape

abuse and disenfranchisement of young widows

Old Age *abuse of widows*

Family or societal neglect of elderly women

This list does not claim completeness

Feel free to add further examples

Naker, D. & Michau, L. (2004): Rethinking Domestic Violence. A Training Process for Community Activists. Kampala.pp. 10

Step 3: Domestic violence
Time: 15 minutes

Material / Tools:
- Transparent "Is it violence"?
- Overhead projector
- Flipchart
- Markers or highlighters
- Flipchart paper 'Domestic violence"

Method:
- Show the transparent "Is it violence" and discuss among the group whether the shown picture shows domestic violence (all of them do)
- Try to define domestic violence by brainstorming
- Write the participants' ideas on the flipchart
- Show the definition on the flipchart paper "Domestic Violence"
- Give further information about domestic violence
- Let the participants discuss about their own experiences and ideas concerning domestic violence

Definition "Domestic violence"

Domestic violence is physical, emotional, sexual or economic abuse between intimate partners

Further Explanation

- *Although both women and men can experience domestic violence, it happens much more frequently to women*
- *Domestic violence happens in all kinds of homes, rich and poor*
- *Domestic violence is the responsibility of the person who behaves violently or abusively. It is not the fault or responsibility of the person who is being abused*
- *Between 20% and 50 % of all women worldwide suffer from domestic violence*

Step 4: Dare to be different
Time: 20 minutes

Material / Tools:
- Poster or transparent "We all have the responsibility"
- Pinboard, pins or
- Overhead projector
- Poster or transparent "Dare to be different"
- Flipchart paper (blank)
- Markers (different colors, for flipchart paper)
- Handouts "Gender based violence (GBV)"

Method:
- Introduce the step's topic by showing the poster or transparent "We all have the responsibility"
- Divide the participants into groups of 4 people
- Invite them to discuss possibilities of what they can do, to fight against gender-based violence
- Ask them to develop a poster consisting of these ideas
- Help by showing the poster or transparent "Dare to be different"
- Let them present and discuss the posters

- Summarize the results and distribute the handouts "Gender based violence"
- Read the handouts aloud or let one of the participants do so. Ask if they understood everything

What you can do…

o If you know a woman who is experiencing gender-based violence reach out to her and let her know, that you are there for her
o Guide her (if she wants !) to services in the community that offer assistance
o If you know a man who is violent, find an appropriate time and talk with him about it
o Be aware of the indicators of gender-based violence. If you notice them in a person, ask him/her about it
o Talk about gender-based violence with your friends, family, colleagues, etc.
o Role model non-violent behavior to your fellow peers

This list does not claim completeness.
Feel free to add further examples

Training options

- Instead of reading the comic, present case studies
- Instead of the showing the transparent "Is it violence", design a role play
- Create a role play to demonstrate peaceful behavior

Points to remember

- Violence is the responsibility of the person who is behaving violently or abusively and is NOT the fault of the abused person
- Gender based violence happens because the community remains silent
- Gender based violence is a violation of the human rights

Notes to facilitator

The topic "gender based violence" is just as sensitive as the gender issue and can lead to intense and emotional discussions. The facilitator should be calm and self-confident and provide convincing information and ideas.

Reference

CIDA (ed. 2001): Counselling Guidelines on Domestic Violence. Zimbabwe.

Michau, L. & Naker, D. (2003): Mobilising Communities to Prevent Domestic Violence. Kampala.

Naker, D. & Michau, L. (2004): Rethinking Domestic Violence. A Training Process for Community Activists. Kampala.

RHRC Consortium (2004): Gender-Based Violence Tools Manual. For Assessment & Program Design, Monitoring & Evaluation in conflict-affected settings. New York.

WHO (ed. 2001): Putting Women First. Ethical and Safety Recommendations for Research on Domestic Violence against Women. Geneva.

Material checklist
Gender based violence (GBV)

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Comic "Violence – What's the cost"	according to the number of participants	05.1. Comic "Violence – What's the cost"
Flipchart paper "Gender based violence"		05.2. Flipchart paper "Gender based violence"
Flipchart		
Pinboard, pins		
Instruction for the group work "GBV tree"	according to number of participants	05.3. Instruction for the group work "GBV tree"
Blank "GBV tree"		05.4. Blank "GBV tree"
A4 paper (different colors, grey, brown, green)	according to number of group work and participants	
Markers (different colors)		
	according to number of group work and participants	
Scissors		
	according to number of group work and participants	
Sellotape		
	according to number of group work and participants	
Transparent "Is it violence"?		05.5. Transparent "Is it violence"?
Overhead projector		
Markers or highlighters	different colors	
Flipchart paper 'Domestic violence"		05.6. Flipchart paper 'Domestic violence"
Poster or transparent "We all have the responsibility"		05.7. Poster or transparent "We all have the responsibility"
Poster or transparent "Dare to be different"		05.8. Poster or transparent "Dare to be different"
Flipchart paper (blank)		
	according to number of group work and participants	
Handouts "Gender based violence (GBV)"	according to number of participants	05.9. Handouts "Gender based violence (GBV)"

Session 6
Growing up

Objectives
By the end of this session the participants should be able to …

- Define the term "growing up"
- Describe the female and male genital organs
- Describe the physiological and psychological changes that occur among female and male adolescents
- List the primary and secondary signs of puberty for both males and females
- Define virginity and how to keep it

Time:

90 minutes

Material / Tools:
- Flipchart
- Markers or highlighters (including green, red)
- Flipchart paper (blank)
- Flipchart paper "Definition of growing up"
- Model of female genital organs
- Model of male genital organs
- Transparent or poster "Female genital organs"
- Transparent or poster "Male genital organs"
- Overhead projector
- Pinboard, pins
- Instruction for the group work "Physiological and psychological changes during youth and adolescence"
- Poster or transparent "Physiological changes among female youth and adolescents"
- Poster or transparent "Physiological changes among male youth and adolescents"
- Flipchart paper "Menstrual cycle"
- Transparent "Menstrual cycle"
- Transparent "Menstruation"
- Transparent "Wet dreams"
- Flipchart paper "Virginity"
- Transparent "Virginity"
- Handouts "Growing up"

Advance preparation

- Design the flipchart paper "Definition of growing up"
- Review the models and posters of female and male genital organs
- Prepare the transparent "Female genital organs"
- Prepare the transparent "Male genital organs"
- Write the instruction for the group work "Physiological and psychological changes during youth and adolescents"
- Copy the instruction according to the number of participants in each group
- Design the flipchart papers "Menstrual cycle"
- Prepare the transparent "Menstrual cycle"
- Prepare the transparent "Menstruation"
- Prepare the transparent "Wet dreams"
- Design the flipchart paper "Virginity"
- Prepare the transparent "Virginity"
- Prepare the handouts "Growing up"
- Copy the handouts according to the number of participants

Steps:

Step 1: Definition
Time: 5 minutes

Material / Tools:
- Flipchart or
- Pinboard and pins
- Flipchart paper "Definition of growing up"

Method:
- Show the flipchart paper "Definition of growing up"
- Read it or let it read by one of the participants. Pin on a place where it will be visible for the rest of the session
- Ask the participants whether they understood the definition

Definition of growing up

Growing up describes the development of human beings, as they pass from childhood to, adolescent and finally adulthood.
Each stage is accompanied by its own physiological and psychological changes

Step 2: Female genital organs
Time: 10 minutes

Material / Tools:
- Model of female genital organs
- Transparent or poster "Female genital organs"
- Pinboard, pins
- Overhead projector

Method:
- Show the models to the participants
- Show the different organs
- Clarify by using the transparent or poster "Female genital organs"
- Explain the functions of the organs

Female genital organs are

External
Outer Lips (two labia majora)
Inner Lips (two labia minora)
Clitoris

Internal
Fallopian tubes
Uterus
Ovary
Hymen
Vagina

The functions of the organs

Outer and Inner Lips (Labia Majora and Labia Minora)
protect the vagina
Clitoris
is the sensitive part that is responsible of excitation when touched
Fallopian tubes
two channels through which the ova pass from the ovaries to reach the uterus,
where fertilization of the ova usually occurs
Uterus
small mango size organ. Its function is to receive the fertilized and to supply the fetus
with nutritional elements untill delivery
Ovary
small size organ responsible for maturation of the ova, which occurs by
exchange between the two ovaries each month
Hymen
Membranous structure 1 cm from the vaginal opening
Vagina
It is the channel between the uterus and external genitalia. It allows the penis
to penetrate during intercourse, the menses to pass out and the fetus to
deliver

Step 3: Male genital organs
Time: 10 minutes

Material / Tools:
- Model of male genital organs
- Transparent or poster "Male genital organs"
- Pinboard, pins
- Overhead projector

Method:
- Show the models to the participants
- Show the different organs
- Clarify by using the transparent or the poster "Male genital organs" (add prostates)
- Explain the functions of the organs

Male genital organs are

External	*Internal*
Penis	*Prostates*
Testicles	*Seminal vesicles*
Scrotum	*Seminal canal*

The functions of the organs

Penis
Consists of muscle and blood vessels that, when male is aroused, fill with blood, causing an erection. The seminal fluid and urine pass through the penis, but since the urethral opening closes when the penis is erect, only semen is passed during ejaculation. Organ is 7-10 cm length, but when erected grows to 13-18c. Penis length has no relationship with the build of the male body organ.
Testicles
Two small structures protected within the scrotum. One is usually at higher level than the other. Their functions are production and storage of sperm.
Sperm are too small to be observed without microscope – they consist of a head and a long thin tail. Each ejaculation contains millions of sperm swimming in seminal fluid, which is produced un a vesticle separate from the testicles. Sperm is needed for pregnancy to occur
Scrotum
Skinny structures that protect the testes and regulate their temperature which is important for synthesis of the sperms
Prostates
Two glands responsible for the secretion of nutritional and protective materials for sperms
Seminal vesicles
Responsible for nutritional and protective secretions for the sperms
Seminal canal
Two channels that allow passage of sperm from the seminal vesicles to the penis

Step 4: Physiological and psychological changes during youth and adolescence

Time: 30 minutes

Material / Tools:
- Flipchart
- Flipchart paper (blank)
- Markers or highlighters
- Pinboard, pins
- Instruction for the group work "Physiological and psychological changes during youth and adolescence" Poster or transparent "Physiological changes among female youth and adolescence"
- Poster or transparent "Physiological changes among male youth and adolescence"

• Overhead projector

Method:
Group work (20 minutes)
• Divide the participants into 4 groups (female and male separate)
• Distribute the instruction of the group work
• Ask the participants, if they understood the explanation
• Allow 15 minutes to discuss about the issue and to prepare their presentation

Presentation and discussion (10 minutes)
• Every group has to present their results
• Discuss the results in the whole plenum
• Summarize the results by using the posters or transparents about physiological changes

Physiological changes among female youth and adolescents

- *Growth spurt (especially growth of hips)*
- *Breast development (pains due to hormonal imbalance)*
- *Axillary's hair*
- *Pubic hairs*
- *Skin become oily and acne may appear on the face*
- *Menses appear which is the primary sign of puberty*

(Pains are due to hormonal changes and are normal)

- *Physiological changes before menstruation are due to hormonal changes*

Psychological changes among female youth and adolescents

- *Start sexual feeling and become excited by male*
- *Start caring about herself and her desire increased towards male*
- *Become more confident*

These changes are natural (due to hormonal changes)
and differ from one person to another

Physiological changes among male youth and adolescent

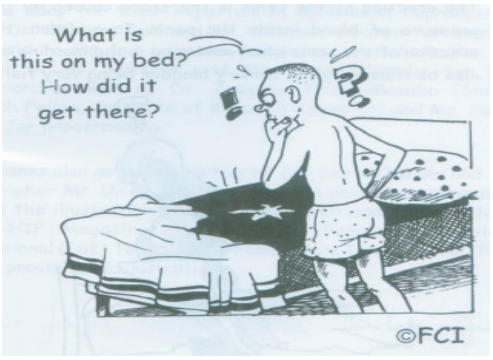
- *Growth spurt (mainly shoulders upper limbs, penis and testicles)*
- *Axillary's hair*
- *Pubic hair*
- *Chest and face hair*
- *Skin become oily and acne may appear on the face*
- *Deep voice*
- *Spontaneous erection can occur often; ejaculation may occur during sleep (wet dreams)*

Psychological changes among male youth and adolescent

- *Start of sexual feeling and become excited by female*
- *Start caring about his appearance and increased desire towards the female*
- *Become more confident*

These changes are natural (due to hormonal changes)
and differ from person to another

Step 5: Menstrual cycle and wet dreams



REPRO & GTZ (2000): Growing Up. The Questions adolescents ask most frequently about and their answers. Vol. 1, pp.35

Time: 15 minutes

Material / Tools:
- Flipchart paper "Menstrual cycle"
- Flipchart or
- Pinboard, pins
- Transparent "Menstruation"
- Transparent "Menstrual cycle"
- Transparent "Wet dreams"

• Overhead projector

Method:
Menstruation (10 minutes)
• Explain that there are two main physiological changes during youth and adolescence: the onset of the menstrual cycle and wet dreams
• Introduce the topic menstruation with the transparent "Menstruation"
• Explain the menstrual cycle by using the flipchart paper and the transparent "Menstrual cycle"

Wet dreams (5 minutes)
• Introduce the topic "Wet dreams" with the transparent
• Define "wet dreams" and explain that they are perfectly normal

The menstrual cycle

o The first menstrual cycle usually occurs at 11-14 years of age, but can occur earlier or later. The cycle continues until 45-55 years of age
o In general the cycle becomes regular after few years and menstruation occurs every 21-35 days
o An irregular cycle is due to hormonal imbalance, psychological upset or physical changes or pathological changes
o In the first day of bleeding, the follicles of the ovary start to mature under the influence of (pituitary) hormones
o Usually one follicle becomes mature and on day 14 the ovum (from follicle) is liberated
o While the follicle is maturing, it releases hormones (estrogen and progesterone) which act on the uterus to make it suitable for receiving the embryo if pregnancy should occur
o After liberation the ovum takes its way through the fallopian tubes to the uterus
o During this time the follicle releases the ovum secretions (the progesterone) which increase the endometrial thickness for receiving the coming embryo
o If fertilization doesn't occur the ovum dies and its hormones decrease, so the ovum and the endometrium come out in the form of menses
o If no menses occurs without sexual practice this is almost always due to hormonal imbalance, psychological upset, physical changes or pathological changes

In conclusion the appearance of menses signals the physical maturity, but it does not indicate whether a person is emotionally ready for sexual intercourse or marriage

Explanation of transparent "Menstrual cycle"

The basal body temperature chart
o The chart shows the changes in the basal body temperature although the menstrual cycle
o The body temperature goes up slightly around the time of ovulation "release of the ovum" as the arrow shows in the chart
o At this time the woman could become pregnant

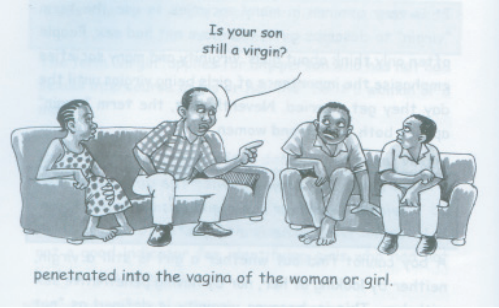
The cervical mucus method figure
o During the menstrual cycle, the cervical secretions change in nature. This is due to the effects of the hormones
o Around the time of ovulation, the cervical secretions become mucoid, slippery and can be stretched

Wet dreams

o While girls start to menstruate, boys start to have wet dreams while they are asleep
o Wet dreams occur during sleep, when the boy dreams about a sexual activities
o At this time the penis erect and the boy eventually ejaculates seminal fluid while asleep. The fluid contains sperm and is mucus-like sticky and whitish
o A boy doesn't have to have had sex to have wet dreams. Talking about or hearing about sex is enough to fuel sexual fantasies

On the other hand, the ability to have wet dreams does not mean that a boy now has to have sex with a girl

Step 6: Virginity



REPRO & GTZ (2000): Sexual Relationships.
The Questions adolescents ask most frequently about and their answers. Vol. 3, pp. 4

Time: 10 minutes

Material / Tools:
- Flipchart paper "Virginity"
- Markers or highlighters (including green, red)
- Flipchart or
- Pinboard, pins
- Transparent "Virginity"
- Overhead projector

• Handouts "Growing up"

Method:
• Brainstorming
• Ask the participants the following questions, which are written on the flipchart paper "Virginity":
  1. What is virginity?
  2. Who can be virgin?
  3. How can you preserve virginity?
  4. What to do, if you are forced to have sex?
• Write the answers on the flipchart
• Discuss in the group whether or not everyone is in agreement
• Mark the agreed ideas with green, the disputed ideas with red
• Summarize the ideas and give the correct explanations. Mark the idea with the right color, if needed
• Show the transparent "Virginity" as a finish to the session and distribute the handouts "Growing up"

Virginity

o Virginity is applied to every male and female who never practiced sex
o Some people relate virginity to the presence of hymen. However this thin membrane may be congenitally absent or lost during exercise, riding a bicycle and during a vaginal examination
o Virginity is confirmed by avoiding sex and if lost will never reappear

It is very difficult to determine virginity
unless you know everything about someone's personal history

Training options

• Instead of using models to explain the genital organs, you can choose posters and transparents

• Instead of the brainstorming about virginity, write A4 papers with different ideas (prejudices, misunderstandings) of virginity then ask the participants whether or not they agree with them

Points to remember

- Genital organs of both male and female consist of internal and external organs
- Physical and psychological changes which occur during puberty are natural and both sexes should deal without undue worry or concern
- Occurrence of menses and wet dream means that both sexes are capable of reproduction, so premarital sexual relations should be avoided to ensure prevention of an unplanned pregnancy
- Virginity is a term applied for both male and female who never practiced sex
- It is not easy to determine virginity without knowing someone's entire personal history

Notes to facilitator

Talking about genital organs, menstruation and wet dreams can make for a highly sensitive discussion. The session should be conducted by a self-confident or experienced person

Reference

PPFA (ed. n.j.): Talking about sex. A Guide for Families. New York.

REPRO & GTZ (2000): Growing Up. The Questions adolescents ask most frequently about and their answers. Vol. 1.

REPRO & GTZ (2000): Sexual Relationships. The Questions adolescents ask most frequently about and their answers. Vol. 3

http://fwhc.org/birth-control/fam.htm

http://anatomy.med.unsw.edu.au/cbl/embryo/wwwhuman/MCycle/MCycle.htm

Material Checklist
Growing up

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Flipchart	1	
Markers or highlighters	according to number of group work and outputs	
Flipchart paper (blank)	according to number of group work and outputs	
Flipchart paper "Definition of growing up"	1	06.1 Flipchart paper "Definition of growing up"
Model of female genital organs	1	
Model of male genital organs	1	
Transparent "Female genital organs"	1	06.2 Transparent "Female genital organs"
Transparent "Male genital organs"	1	06.3 Transparent "Male genital organs"
Overhead projector	1	
Pinboard, pins	according to number of participants and group work	
Instruction for the group work "Physiological and psychological changes…"	according to number of participants and group work	06.4 Instruction for the group work "Physiological and psychological changes…"
Poster or transparent "Physiological chan-ges among female …"	1	06.5 Poster or Transparent "Physiological changes among female …"
Poster or transparent "Physiological chan-ges among male…	1	06.6 Poster or Transparent "Physiological changes among male…
Transparent "Menstrual cycle"	1	06.7 Transparent "Menstrual cycle"
Transparent "Menstruation"	1	06.8 Transparent "Menstruation"
Transparent "Wet dreams"	1	06.9 Transparent "Wet dreams"
Flipchart paper "Virginity"	1	06.10 Flipchart paper "Virginity"
Transparent "Virginity"	1	06.11 Transparent "Virginity"
Handouts "Growing up"	according to number of participants	06.12 Handouts "Growing up"

Session 7

Sex Education – Background Information

Objectives

By the end of this session the participants should be able …

- Define sex education, with emphasis on its concepts and issues
- List the goals of sex education
- Explore attitudes, perceptions related to sexuality
- Examine values and beliefs related to sexuality
- Overcome language difficulties when discussing sexuality issues
- Distinguish between facts and feelings about sexuality

Time:

90 minutes

Material / Tools:

- Power point presentation "Sex education" (slide 1-13)
- Multimedia projector
- Cards (blank)
- Pens or markers
- Flipchart
- Markers or highlighters
- A4 paper "Guidelines"
- Cards "Sub-concepts of guidelines"
- Numbers for the group work
- A4 paper "How to talk about sex"
- Pinboard, pins
- Transparent "Different terms for females sexual organs"
- Transparent "Different terms for male sexual organs"
- Overhead projector
- Cards "Sexual values and behavior"
- A4 paper (red and green) "Acceptable to me" "Not acceptable to me"
- Flipchart paper "Questions on sexual values and behavior"
- Handouts "Sex education – Background information"

Advance preparation:

- Prepare the Power Point presentation "Sex education" (slide 1-13)
- Prepare the A4 paper "Guidelines"
- Design the cards "Sub-concepts of guidelines"

- Prepare the numbers for the group work
- Prepare the A4 paper "How to talk about sex""
- Design the transparent "Different terms for females sexual organs"
- Design the transparent "Different terms for male sexual organs"
- Prepare the cards "Sexual values and behavior"
- Prepare the A4 paper (red and green) "Acceptable to me" "Not acceptable to me"
- Design the flipchart paper "Questions on sexual values and behavior"
- Design the handouts "Sex education – Background information" (Print the Power Point presentation and add the references)
- Copy the handouts according to the number of participants

Steps

Step 1: Sex education – Definition
Time: 10 minutes

Material / Tools
- Power Point presentation "Sex education" (slide 1-3)
- Multimedia projector
- Cards (blank)
- Pens or markers

Method:
- Ask participants to take a piece of paper and complete the following statement: "To me sex education is …"
- Collect their answers. Mix the papers and ask any one to read aloud another person's definition – try to involve a large number of participants
- Ask the participants to discuss the similarities and differences
- Show the Power Point presentation "Sex education" (slide 1-3)
- Encourage the participants to ask questions during the presentation
- Ask the participants whether they understood everything

Sex education - Definition
A life-long process that begins at birth
Sex education covers a range of topics including human development, relationships, values, communication skills, sexual behavior and sexual health

Step 2: Why do we need sex education – (Goals)
Time: 10 minutes
Material / Tools:
• Power Point presentation (slide 4)
• Multimedia projector
• Flipchart
• Markers or highlighters

Method:
Brainstorming (7 minutes)
• Start with brainstorming the question "Why do we need sex education?"
• Allow the participants 3 minutes to think about the question on their own first
• Ask the participants to group in pairs and share answers with one another – if possible try to make same-sex pairings in the beginning
• Allow the participants 3-5 minutes to discuss their answers
• Ask the pairs to share the answer(s) they agree on

Summary (3 minutes)
• Summarize their answers and then present your Power Point presentation (slide 4)

Why do we need sex education

- *Promotion of adult sexual health*
- *Assist youth/children in understanding a positive view of sexuality*
- *Provides youth with information and skills they need to take are of their sexual health*
- *Helps youth to acquire skills to make informed decisions now and in the future*

Step 3: Sex education – Guidelines
Time: 20 minutes

Material / Tools:
• Power Point presentation "Sex education" (slide 5 and 6-9)
• Multimedia projector
• A4 paper "Guidelines"
• Cards "Sub-concepts of guidelines"

Method:
Introduction (5 minutes)
• First present the 4 guidelines by Power Point (slide 5)
• Put the cards "Sub-concepts of guidelines" on the table and read them aloud (don't

read doubled cards twice!)

- Ask the participants if they are unclear about the meanings of any words that are mentioned in the guidelines
- Tell the group that the following exercise will help them understanding more deeply the concepts and guidelines of sex education. They should look out for ideas that might be interrelated and/or similar

Group work (12 minutes)

- Divide the participants into 4 groups
- Distribute one A4 paper "Guidelines" - to each of the groups
- Ask the group to discuss the guidelines and to pick from the table the relevant sub-concepts to their specific guideline
- Allow 10 minutes for the discussion and preparation of their collected items/ concepts
- Each group should choose one of their team members to present their views/ ideas
- Ask each group to pin clearly the A4 paper "Guideline" and the cards "Sub-concepts of guidelines" on the board

Summary (3 minutes)

- Discuss and summarize the results by presenting the Power Point presentation (slide 6-9)
- If necessary correct, or add issues

Guidelines of sex education -Goals

1. *Information*
2. *Attitudes, values and insights*
3. *Relationships and interpersonal skills*
4. *Responsibility*

Sub-concepts related to

1) Information
accurate information about human sexuality – knowing about growth & development – human reproduction – anatomy of sexual organs –family planning - sexual response – sexual orientation – contraception – sexual abuse – parenthood – abortion – masturbation – HIV/AIDS and other sexually transmitted diseases

2) Attitudes, values and insights
sexual attitudes – understanding your family's values – develop your own values – increase self esteem – develop insights concerning relationships with families – increase awareness on gender relations – understand obligations and responsibilities to our families and to ourselves

3) Relationships and interpersonal skills
communication – decision making – assertiveness – peer refusal skills – ability to create satisfying relationships – capacity for caring – supportive relations – non coercive – mutual pleasure – intimacy

4) Responsibility
deciding whether or not to have sexual relations – abstinence – resistance to peer pressure – the use of contraceptives – teenage pregnancies – medical problems – sexually transmitted diseases & HIV infection – sexual abuse

Step 4: How to talk about "Sex"
Time: 25 minutes

Material / Tools:
• Power Point presentation "Sex education" (slide 10 and 11-12)
• Multimedia projector
• Numbers for the group work
• A4 paper "How to talk about sex""
• Pinboards, pins
• A4 paper (blank)
• Pens or markers
• Transparent "Different terms for females sexual organs"
• Transparent "Different terms for male sexual organs"
• Overhead projector

Method:
Introduction (5 minutes)
• Present the introductory part by showing the Power Point presentation (slide 10)
• Ask the group about factors that hinder the discussion of sexuality issues – do they

know the related terminologies

- Tell the group that the following exercise will provide a way of exploring different words relating to sexuality. There might be terms/words that they don't know; but here's a good opportunity to learn about them

Group work (15 minutes)

- Divide the participants into 3 groups
- Ask each group to choose one of the numbers (1, 2 or 3) for the group work. Pin the A4 papers "How to talk about sex" with the number on it on the board (1= sexual behavior 2= female sexual organs 3= male sexual organs)
- Ask the teams to mention and write down any word/term that they see that belongs in their category. Pin the papers on the board, under the corresponding category
- Allow 10 minutes for the discussion and preparation of their collected items/ concepts
- Discuss and summarize the results
- If necessary correct, or add words
- Cross check the scientific words for male and female anatomy by showing the Power Point presentation (slide 11-12)

Summary (5 minutes)

- Refer to the session "Growing up" and "FGC/M" and compare between the other transparents on male and female sexual organs. Try to get the group to list the differences in terms

One of the difficulties people face in discussing sexual matters stem from uncertainty about what words/terms to use

Some words can seem either rude or overly clinical

Sexual behavior

- *Marriage*
- *Sexual intercourse*
- *Oral/vaginal sex*
- *Family planning*
- *Homosexuality*
- *Female genital cutting*
- *Celibacy*
- *Promiscuity*
- *Sex work*

This list doesn't claim completeness
Feel free to add your own terms

Female sexual organs

- *Outer lips (Two labia majora),*
- *Inner lips(Two labia minora)*
- *Clitoris*
- *Uterus*
- *Fallopian tubes*
- *Ovary*
- *Opening of uterus (Hymen)*
- *Vagina*

This list doesn't claim completeness
Feel free to add your own terms

Male sexual organs

Penis
Prostates
Testicles
Seminal vesicles
Scrotum
Seminal canal

This list doesn't claim completeness
Feel free to add your own terms

Step 5: Sexual values and behaviors
Time: 25 minutes

Material / Tools
- Cards "Sexual values and behavior"
- Cards (blank)
- Pens or markers
- A4 paper (red and green) "Acceptable to me" "Not acceptable to me"
- Flipchart paper "Questions on sexual values and behavior"
- Handouts "Sex education – Background information"

Method:
Group Work (22 minutes)
- Ask the participants to sit in a circle. Give each participant one of the cards "Sexual Values and Behavior". Instruct them not to disclose the contents of their particular card
- Place in the middle of the floor the prepared A4 papers "Acceptable to me" and "Not Acceptable to me"
- Explain to the participants that these cards represent a continuum that ranges from totally acceptable to totally unacceptable. Participants will then take turns reading aloud the word or words on their respective cards. They should answer

these questions from the flipchart:
1. How do you feel about the particular topic?
2. What do you think about it?
3. How would you behave if you were confronted with this topic?

- After a few minutes ask the person who first read their card aloud to place it where they now feel it belongs in acceptable/not acceptable continuum
- Encourage the participants to write down their own topics for discussion and use these instead of the prepared once
- Remind the group that the purpose of this exercise is not to agree every response, but to open up to new ideas and attitudes. It is a way to explore the differences in values that will exist in any group
- Tell the participants that it is very possible that, by the end of the session, they find themselves moving a card from one end of the spectrum to the other

Summary (3 minutes)

- Recap the given information and distribute the handouts "Sex education – Background information"

Sexual values and behavior

- *Having more than one sexual partner at the same time*
- *Oral sex*
- *Marriage*
- *Anal sex*
- *Family planning*
- *Vaginal sex*
- *Homosexuality*
- *Female genital cutting/mutilation*
- *Celibacy*
- *Sex before marriage*
- *Sex education in schools*
- *Sexual harassment*
- *Sexual abuse*
- *Sex work*
- *Polygamy*

This list doesn't claim completeness
Feel free to add more terms

Training options

- Instead of Power Point presentation use flipchart paper, posters and transparents
- Instead of the group work concerning "How to talk about sex" with cards try to design a role play
- Use a Q&A (question & answer) game when talking about values and behavior or case studies

Points to remember

- Sex education is necessary to promote adult's sexual health
- Sex education helps youth/children to understand a positive view of sexuality
- Sex education provides them with information and skills they need to taking care of their sexual health
- Sex education helps youth to acquire skills they need to taking care of their sexual health
- Talking about sexuality is not easy, but you can learn to do so in an articulate and sensitive manner

Notes to facilitator

Talking about sexuality is not easy for everybody, especially not for youths and adolescents. The facilitator should communicate with experience and self-confidence in these encounters and be prepared for arguments that might arise in the discussions.

Reference

Critelli, J.W. (1987): Personal Growth and effective behavior. London.

Gill, G. & Gill, P. (1992): Counseling and Sexuality. A Video based Training Resource. London.

REPRO & GTZ (2000): Growing Up. The Questions adolescents ask most frequently about and their answers. Vol. 1

http://www.familiesaretalking.org/parents.html

Material Checklist
Sex education – Background information

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Power Point presentation "Sex education" (slide 1-12)	1	07.1 Power Point presentation "Sex education" (slide 1-12)
Multimedia Projector	1	
Cards (blank)	according to number of participants and group work	
Pens or markers		
	according to number of participants and group work	
Flipchart		
	1	
Markers or highlighters		
	one color	
A4 paper "Guidelines"		
	1	07.2 A4 paper "Guidelines"
Cards "Sub-concepts of guidelines"	according to output	07.3 Cards "Sub-concepts of guidelines"
Numbers for the group work	according to number of participants	07.4 Numbers for the group work
A4 paper "How to talk about sex"	1	07.5 A4 paper "How to talk about sex"
Pinboard, pins	according to number of outputs	
Transparent "Different terms for females sexual organs"	1	07.6 Transparent "Different terms for females sexual organs"
Transparent "Different terms for male sexual organs"	1	07.7 Transparent "Different terms for male sexual organs"

Overhead projector	1	
Cards "Sexual values and behavior"	according to output	07.8 Cards "Sexual values and behavior"
A4 paper (red and green) "Acceptable to me" "Not acceptable to me"	2	07.9 A4 paper (red and green) "Acceptable to me" "Not acceptable to me"
Flipchart paper "Questions on sexual values and behavior"	1	07.10 Flipchart paper "Questions on sexual values and behavior"
Handouts "Sex education – Background information"	according to number of participants	07.11 Handouts "Sex education – Background information"

Session 8

Sex Education – Most Frequently Asked Questions

Objectives

By the end of this session the participants should be able to…

- Ask questions about sexuality openly
- Answer the questions that are most frequently asked by youth and adolescents

Time

90 minutes

Material / Tools

- A4 paper "Most frequently asked questions"
- Sellotape
- Numbers "Question game"
- Handouts "Sex education – most frequently asked questions"

Advance Preparation

- Prepare the A4 paper "Most frequently asked questions"
- Prepare the numbers "Question game"
- Design the handouts "Sex education – most frequently asked questions"
- Copy the handouts according to the number of participants

Steps

Step 1: Most frequently asked questions and their answers
Time: 80 minutes

Material / Tools:
- A4 paper "Most frequently asked questions"
- Sellotape
- Numbers "Question game"

Method:
- Explain the ongoing of this session to the participants

1. Explain that you will now pin A4 papers with most frequently asked questions from youth and adolescents on the wall all over the room
2. Each of the participants has to select one number (unseen)
3. Instruct the participants to walk around the room and – when you clap your hands – to stop wherever they are
4. Announce one of the distributed numbers
5. The participant with this number has to read the question of the nearest A4 paper (which was not yet read) aloud
6. Ask him/her to…
    - o try to answer the question
    - o give a reason for his/her answer
    - o describe how he/she feels when talking about this issue
7. Ask the participants for their comments
8. Correct or add issues
9. Go on with step 3

• Start the game

Most frequently asked questions

1. How can a girl know whether she is still a virgin?
2. If a woman stays virgin for a long time, will it be difficult to tear the membrane the first time she has sex?
3. If a person doesn't have sexual intercourse for a long time, does this cause any damage or sickness?
4. Why do some people like to have sex with people of the same sex?
5. Who has more enjoyment when having sex, the man or the woman?
6. Do women also have orgasms?
7. Why does the woman's vagina become wet during sexual intercourse?
8. What is the easiest way for a woman or man to have an orgasm?
9. Why is it mostly men who take the initiative to have sex (even seduction)?
10. Why do men often reach orgasm faster than women?
11. Why does a man get stimulated when he sees a woman's thighs?
12. What can be done if someone cannot have an orgasm when having sex?
13. Why do some men have problems achieving an erection?
14. Is it necessary to always wash after having sex?
15. Is having sex whilst a woman is menstruating a problem?
16. Is it true that a boy can reach orgasm by rubbing his penis with the hands (masturbation)? Does it lead to any negative consequences?
17. Can women masturbate?
18. What are the consequences of anal sex for girls and boys?
19. Is it true that sex can be as exhausting as physical exercise?
20. How can you know whether or not your partner is faithful?
21. What qualities should I look for when looking for a person to marry?
22. Are there problems when a girl has a sexual relationship (marries) a much older man?
23. What can you do to get your parents to accept your friend?
24. What is the best age to get married?
25. People have sex to have children. What is the purpose of having if you do not want to have children?
26. Why are adolescents told not to have sex?
27. What should you do if you feel sexual desire?
28. How can you manage temptation to have sex?
29. What can you do if you want to have sex without any risk?
30. Do old people aged 60 still have sex?

and their answers

1. How can a girl know whether she is still a virgin?
A: A girl knows she is a virgin, if she has never had sex

2. If a woman stays virgin for a long time, will it be difficult to tear the membrane the first time she has sex?
A: The membrane is a very thin and soft, and will remain that way as long as it is in place. There's no need to be concerned about how long a woman remains virgin

3. If a person doesn't have sexual intercourse for a long time, does this cause any damage or sickness?
A: There are absolutely no health problems that stem form a person's decision to abstain from sex for long periods. Sexual organs are not affected nor are any other part of the body. After the person resumes sexual activity, he/she is able to feel enjoyment and excitement as before

4. Why do some people like to have sex with people of the same sex?
A: In many African countries (including Sudan) it is not legal to have sex with a person of the same sex. Nevertheless there are people in all parts of the world who are sexually attracted by others of the same sex. It is difficult to answer why this is so. Scientists believe there are various factors, including biological and genetic determination and social influence. But the subject is still not fully understood.

5. Who has more enjoyment when having sex, the man or the woman?
A: It is not easy to say who enjoys sex more. The most important thing is, that both partners try to make the experience enjoyable for one another.

6. Do women also have orgasms?
A: Yes, women also have orgasms when having sex, although not as frequently as en. Also women don't ejaculate when they reach orgasm.

7. Why does the woman's vagina become wet, during sexual intercourse?
A: This is a sign that the woman is sexually aroused. This naturally lubrication also allows the penis to penetrate easily.

8. What is the easiest way for a woman or man to have an orgasm?
A: The most important thing to remember here is, that both partners are physically and emotionally mature enough to have sex. That means that they love and respect each other. It also means they are prepared for the potential consequences of their actions (e.g. anxiety over breaking social convention as with premarital sex or fear that an unplanned pregnancy may result, may hinder both partners from achieving orgasm

9. Why is it mostly men who take the initiative to have sex (even seduction)?
A: In many cultures it is commonly accepted that men take the initiative to have sex. Some boys however boys accepted assertiveness can cross the line to harassment and coercion

10. Why do men often have orgasm faster than women?
A: Physiological differences between men and women are largely responsible for the disparity. However, commonly accepted cultural norms also play a part – in some cultures the female orgasm is viewed negatively, even irrelevant

11. Why does a man get stimulated when he sees a woman's thighs?
A: The hips and tights are body parts located very close to a woman's sexual organs.

12. What can be done if someone cannot have an orgasm when having sex?
A: Sometime a man cannot ejaculate when having sex. Reasons can stem from anything that reduces the physical energy such as sickness, tiredness, excess alcohol, smoking, drug abuse, hunger, etc. There may also be psychological causes like not being emotionally be ready for sex, fear of consequences etc.
The same factors also apply to women having difficulty achieving orgasm. In general however too little foreplay is the culprit

13. Why do some men have problems to get stimulated?
A: An erection is necessary for a man to penetrate during sexual intercourse. Sexual excitement stimulates blood flow to the penis. The blood vessels in the penis expand, causing to stiffen. Insufficient blood flow results in a partial or lack of erection. Again this can happen because the man is not ready to have sex, is tired or depressed or hungry or because of excess alcohol or drug use

14. Is it necessary to get washed after having sex?
A: It isn't absolutely necessary, but it is more hygienic

15. Is having sex whilst a woman is menstruating a problem?
A: Some religious doctrines strictly forbid sex with a menstruating woman, others not. From a strictly health related perspective if one of the partners is infected with an STI the risk of infecting the other partner is higher. The woman is vulnerable because her uterus is loose and the aperture of the uterus is open. The man is vulnerable because most STIs are transmitted by blood. Sex during menstruation puts him in direct contact with the woman's blood.

16. Is it true that a boy can reach orgasm by rubbing his penis with the hands (masturbation)? Does it lead to any negative consequences?
A: A boy or man can reach an orgasm by rubbing his penis with his hands, even until ejaculation.. Masturbation has no negative effects. In fact it is one of the safes pays of responding to sexual desire

17. Is it true that also women can masturbate?
A: Woman can also achieve orgasm by stimulating the clitoris

18. What are the consequences of anal sex for girls and boys?
A: Anal sex can be risky, because the danger of infecting the partner with an STI (including HIV/AIDS) is high. Unless an artificial lubricant is used, there is no fluid to ease penetration, the canal is tighter than the vagina and the membrane is very vulnerable to tearing. Therefore it is easy to injure the partner which can cause pain and enhance the risk of infection

19. Is it true that sex can be as exhausting as physical exercise?
A: Man and woman often feel exhausted after having sex. Many muscles of the body are used during sexual intercourse and therefore it is absolutely normal to feel exhausted afterwards

20. How can you know whether or not your partner is faithful?
A: A close communication is the most important factoring determining if your partner is faithful. Take part at the partner's life to get to know him/her. Make sure that you are open about your life and do not hide the truth. Show your partner your love and abstain from sex with other partners. Both of you should be confident of the other's fidelity

21. What qualities should I look for when looking for a person to marry?
A: Choosing the right person to marry is one of the decisions everyone has to make carefully and after much thought. Ideally you are choosing a partner your life. Unfortunately emotions often speak louder than reasons when it comes to relationships. A few guidelines may help, like the existence of mutual respect and trust, shared interests, the ablity to talk, openly with one another and a willingness to help each other to solve problems. Many people also look for a partner close to one's own age.

22. Are there problems, when a girl has a sexual relationship (marries) a much older man?
A: It is possible for a young woman to have a positive and lasting relationship with a much older man, but very often such relationships prove to be quite difficult. In general, when ages vary, so do the partner's interests, and it may be difficult to share a life from day to day. Also their respective peers will differ in age. There may be few activities to share. Often the older men behaves superior to his younger wife and this can cause tension. There's an increased danger of handicapped children if the husband is much older. If there's a family, there's also the possibility that the younger woman will be left widow with all the responsibility and burden on her shoulders.

23. What can you do o get your parents to accept your friend?
A: The most important thing is that you have a good relationship with your parents and that you trust them and vice versa. You should communicate openly with them but also listen to their arguments carefully. Don't forget that parents normally want the best for their children.

24. What is the best age to get married?
A: Getting married means taking full responsibility for your life and being a caring spouse. In most cases it also means also having children. There is no age that's best for everyone since different people are able – financially and emotionally – to undertake these responsibilities at different times in their lives. In any case there are some medical aspects to consider. A girl below the age of 18/20 years is not mature enough to bear children.

25. People have sex to have children. What is the purpose of having if you do not want to have children?
A: One of the reasons to engage in sexual intercourse is to have children, but it's not the only reason. People have sex for pleasure and excitement, to built a lasting relationship with another person and to express love and need for one another.

26. Why are adolescents told not to have sex?
A: There are many risks, led by having sex too early. Young people who only think about love and sex use time and energy which they need for other things to improve their future life like studying, working, collaborating with other youth etc. Premarital pregnancy and the loss of change to go on with school etc. is an important risk concerning especially the girls. It is also dangerous because the girl's body is not ready yet for pregnancy. Another reason is that adolescents are not mature enough to take responsibility for the partner or even a family. Besides this there's a high risk of getting infected with an STI
27. What should you do if you feel sexual desire?
A: Such feelings are perfectly normal, but you have to handle them in the right way. A person who feels the urge to have sex can try to distract him/herself and get involved in other activities like physical exercise, studying, reading, helping at home, joining a community youth group etc. Having sexual desires does not mean that you must have sex. There are other ways to express sexual feelings like talking to each other, holding hands etc. (culturally determined)

28. How can you manage temptations to have sex?
A: To think about the benefits and the dangers of having sex, whenever you are tempted to go for it.

29. What can you do if I want to have sex without any risk?
A: There is no such thing as sex that is completely without risk. However you can make sex safer by taking precautions that can help prevent pregnancy and transmission of STIs. Examples of safer sex include sexual touching without penetration and correct use of birth control devices such as condoms

30. Do old people aged 60 still have sex?
A: It is possible for people to have sex well into old age. Of course it depend on the couple. Desire and physical capacity for intercourse generally decline with age.

Step 2: Short Summary
Time: 10 minutes

Material / Tools:
• Handouts "Sex education - Most frequently asked questions"

Method:
Recap (8 minutes)
• Ask the participants how they feel after the session
• Invite them to remember the previous session and how their attitudes, values and behavior concerning sexual issues may have changed
• Encourage them to think abut their statements
• Invite them to present their changed or non changed values and attitudes
• Emphasize that an atmosphere of trust is highly important, when talking abut sexual issues

Distribution of handouts (2 minutes)
• Distribute the handouts
• Ask the participants whether they have questions

Training options

• Instead of having the participants walk around, have them stay at their places while you just present the questions. Then select the number of the participant who should answer
• Instead of the game you can distribute the questions and ask the participants to answer them in groups
• Use a Power Point to recap the answers

Points to remember

- The questions presented are among the most frequently asked by young people
- Some of them won't resonate with every group
- The session provides access to answers for questions the participants are interested in, but maybe still too shy to ask. The method offers an atmosphere which allows to ask without having the publicity admitt their personal interest

Notes to facilitator

Talking about sexuality is not easy for everybody, especially not for youth ad adolescents. The facilitator should communicate experience and self-confidence in these encounters and be prepared for arguments that might arise in the discussions. The facilitator create an atmosphere of trust and open communication.

Reference

PPFA (ed. n.j.): Talking about sex. A Guide for Families. New York.
REPRO & GTZ (2000): Relationships. The Questions adolescents ask most frequently about and their answers. Vol. 2
REPRO & GTZ (2000): Sexual Relationships. The Questions adolescents ask most frequently about and their answers. Vol. 3
REPRO & GTZ (2000): Health Relationships. The Questions adolescents ask most frequently about, and their answers. Vol. 5.

Material Checklist
Sex education – Questions most frequently asked

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
A4 paper "Most frequently asked questions"	according to output	08.1 A4 paper "Most frequently asked questions"
Sellotape	1	
Numbers "Question game"	according to number of participants	08.2 Numbers "Question game"
Handouts "Sex education – most frequently asked questions"	according to number of participants	08.3 Handouts "Sex education – most frequently asked questions"

Session 9
Family planning (FP)

Objectives

By the end of this session the participants should be able to…

- Explain the meaning and implications of fertility and infertility
- Define and discuss FP, benefits and types of contraceptive methods
- Identify the importance of counseling for FP clients and infertile coupes

Time

90 minutes 

Material / Tools

- Power Point presentation "Family planning" (slide 1-18)
- Multimedia projector
- Short stories/experiences concerning "Fertility and infertility"
- Examples of FP from different cultures
- Flipchart
- Markers or highlighter
- Flipchart paper (blank)
- Pinboard, pins
- A4 Paper (3 colors) with questions for the group work
- Different contraceptives
- Signs with the grouping of contraceptives
- Different colored signs with the names of contraceptives
- Transparent "Natural contraception"
- Transparent "Menstrual cycle"
- Overhead projector
- Instruction for the role play "FP - Counseling"
- Handouts "Family planning (FP)"

Advance preparation

- Prepare the Power Point presentation "Family planning" (slide 1-18)
- Gather short stories/experiences concerning "Fertility and infertility"
- Gather examples of FP from different cultures
- Prepare the A4 papers for the group work
- Collect the different contraceptives

- Prepare the signs with the names of contraceptives
- Prepare the signs for the grouping of contraceptives
- Prepare the transparent "Natural contraception"
- Design the transparent "Menstrual cycle"
- Prepare the instruction for the role play "FP - Counseling"
- Design the handouts "Family planning (FP)"

(Print the Power Point presentation, add picture and reference)

- Copy the handouts according to number of participants

Steps

Step 1: Fertility and infertility
Time: 15 minutes

Material / Tools:
- Power Point presentation "Family planning" (slide 1-8)
- Multimedia projector
- Short stories/experiences concerning "Fertility and infertility"

Method:
- Show the definition and types of fertility and infertility by Power Point presentation "Family planning" (slide 1-5)
- Before explaining the reasons for infertility ask the participants for their ideas on the subject
- Continue with the Power Point presentation (slide 6-7)
- Present short stories/experiences with the Power Point presentation
- Encourage the participants to ask questions
- Go on with the Power Point presentation "Family planning" (slide 8) to inform about ways how to manage infertility
- Add an example from another culture
- Ask the participants whether they understood everything

Definition of fertility

- *Fertility is the ability to conceive and produce children*
- *It is a combined function of both the male and the female*
- *Fertility is an inherent character of the individual and is affected by genetics*

Factors affecting fertility

Factors affecting fertility are
- *Nutrition*
- *Well being / health*
- *Environmental conditions*

Definition of infertility

- *Infertility is the inability of a couple to have children*
- *Infertility describes failure to conceive after being married and living together for at least one year (without using contraception)*

Causes for infertility are physiological
and can rest with either the ale or female partner

Short story from West Africa

In Sudan women are generally blamed if a union produces no children. Often the husband will divorce an "infertile" wife and go on to marry another woman. It is quite a different story among some ethnic groups in. West Africa, like the Akan in Ghana. In that culture, men are considered the infertile partner and the wife will seek divorce to marry a fertile partner

Types of infertility

1. Primary infertility	*Couple did not conceive from the start, meaning the cause existed from the beginning*
2. Secondary infertility	*The woman had conceived before, but has failed to conceive since then*

Causes of infertility

There are several causes of infertility, both psychological and medical once. All factors that prevent the contact between the ovum and the sperm should be considered as a possible cause of infertility

Main causes in the male - *Impotence or failure of erection*

- *Congenital abnormality of the penis*
- *Premature ejaculation*
- *Low sperm production*
- *Blocked ejaculatory duct as a result of an infection*

(e.g. gonorrhea)

- *Inactive sperms as a result of prostatic problems (prostatitis)*

Main causes in the female - *Psychosocial factors leading to marital disharmony*

- *FGC complications*
- *Age factor*
- *Infections leading to tube blockage*
- *Hormone imbalance leading to ovarian failure to produce ova*
- *Auto immune antibodies against the sperm*
- *Severe malnutrition*
- *Tumor in the uterus*

Management of infertility

o *The history of the couple has to be taken into consideration:*
- *Age*
- *Length of relationship*
- *Frequency of coitus*
- *History of illness*
- *Surgical history*
- *Drugs abuse*

o *Medical examination*

o *Investigation*

Short story from West Africa

It happens quite often in Ghana, that infertility is viewed as a punishment sent by the ancestors. To satisfy the ancestors, ceremonies are held, involving the whole group and sacrifices are offered.
The results of these sessions are astonishing. Many women get pregnant afterwards.
(The scientific explanation for this is, that psycho-social problems lead to infertility and these problems can be solved within the session by promoting harmony within the social group.)

Step 2: Female planning – Objectives and history
Time: 10 minutes

Material / Tools:
• Examples of FP from different cultures

Method:
• Give a short lecture about the objectives and history of FP
• Add examples from different cultures

Objectives of family planning

- *Promotion of individual, family and community health*
- *Protect the most vulnerable group, that mean mothers and children*

History of family planning

Family planning – and family planning methods – are as old as reproductive itself
Various family planning methods were used by countless different cultures

Examples of family planning from different cultures

- *Stone in the camel used by the Bedouins, to prevent camels from getting pregnant during long journeys*
- *In West Africa husbands may take a "time-wife" for two years after delivery, temporarily avoiding sex with the wife prevents a too-early second pregnancy*
- *New mothers in some Arab countries withdrawal to the mother's house for extended stays after delivery*
- *Abortion is used as a method of family planning in some Eastern Europe countries*

Step 3: Family planning – Common questions
Time: 20 minutes

Material / Tools:
• A 4 Paper (3 colors) with the questions for the group work
• Flipchart
• Markers or highlighters
• Flipchart paper (blank)
• Pinboard, pins
• Power Point Presentation "Family planning" (slide 9-11)
• Multimedia projector

Method:
Group work (15 minutes)
• Divide the participants into 3 groups
• Distribute one question-paper to each of the groups
    1. Ask the group to discuss about the questions and to prepare a presentation based on their answers on flipchart paper
    2. Allow 10 minutes for the discussion and preparation of the presentation
    3. Each group should select one of their members for the presentation
• Pin the questions on the board and the flipchart paper with theanswers below

Summary (5 minutes):
• Discuss and summarize the results
• If necessary correct, or add issues to the Power Point presentation "Family planning" (slide 9-11)

Benefits of family planning

- *Better maternal and child health*
- *Reduction of maternal mortality*
- *Reduction of the maternal morbidity*
- *Reduction of infant morbidity*

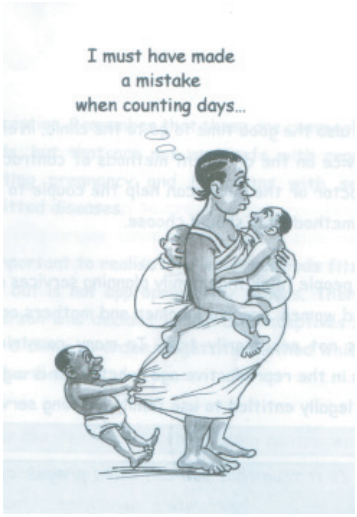
Safe reproductive age

- *The safest age for reproductions is between 18 and 35 years*
- *At the age of 18, the female is physically mature and the bones of the pelvis have fully developed*
- *Pregnancy under 18 years exposes the mother to difficult labor and her baby consequently may be affected*
- *Pregnancy after the age of 35 can lead to medical complications for the mother and the baby (e.g .mongolism)*

When is the use of contraceptives advisable?

- *Early marriage*
- *After delivery*
- *When the woman has an illness, which could be aggravated by pregnancy*
- *When the health of already born child(ren) is poor*
- *When the woman has given birth to many children with short intervals*
- *When the health of the woman is adversely affected by pregnancies*
- *When the psychological health of the woman can't accommodate the stress of pregnancy and/or motherhood*

Step 4: Contraceptive methods



REPRO & GTZ (2000): Health Relationships.
The Questions adolescents ask most frequently about, and their answers. Vol. 5, pp. 8

Time: 30 minutes

Material / Tools:
- Different contraceptives
- Signs with the names of contraceptives
- Different colored signs with the grouping of contraceptives
- Transparent "Natural contraception"
- Transparent "Menstrual cycle"
- Overhead projector
- Power Point presentation "Family planning" (slide 12-16)
- Multimedia projector

Method:
Grouping of contraceptives (10 minutes)
- Put the different contraceptives (accessible in Sudan) and corresponding signs

on the table (unsorted!) (use calendar and thermometer as a synonym for safe period, pictures for abstinence, picture of breastfeeding mother, etc.)

- Ask the participants to put the signs to the right contraceptives
- Put the signs for the grouping on the table and ask the participants to group the contraceptivesExplanations (20 minutes)
- Explain how the different (in Sudan available) contraceptives are working (recall the transparent "Menstrual cycle" from "Growing up" session)
- Go from one contraceptive to the other and ask the participants about the advantages and disadvantages of each
- Add the transparent "Natural Contraception" when you talk about the disadvantages of safe period
- If necessary add or correct items and present the Power Point "Family planning" (slide 12-16)

Grouping of contraceptives

- *Natural methods*
- *Mechanical methods*
- *Chemical methods*
- *Surgical method*

Contraceptive methods

Natural methods

Fertility awareness method including periodic abstinence

Fertility awareness refers to a woman ability to tell when the fertile time of her menstrual cycle starts and ends. The fertile time is the time when she can become pregnant. A woman can use several methods to determine when her fertile time begins and ends

o Calendar calculation

This method involves counting the calendar days to pinpoint the start and end of a woman's fertile time. The number of days depends on the length of previous menstrual cycles

o Cervical secretions

When a woman sees or feels cervical secretions this may indicate that she is fertile. This is a highly unreliable method as she could just be experiencing vaginal wetness

o Basal body temperature

A woman's resting body temperature goes up slightly around the time of ovulation (release of ovum), when she could become pregnant

o Feel of the cervices

As the fertile time begins the opening of the cervix feels softer, opens slightly and feels moist. When she is not fertile, the opening is firmer and closed

A woman may use one of these methods or a combination. To tell when the fertile time starts she can use calendar calculations and cervical secretions. To tell when the fertile time ends she can use basal body temperature, cervical secretions and calendar calculations.

Fertility awareness helps a woman to know when she could become pregnant. The couple avoids pregnancy by changing their sexual behavior during fertile days. They can:

o Practice abstinence

- Avoiding vaginal sex completely during the fertile time is also called periodic abstinence and natural family planning

o Use barrier methods

- Condoms and diaphragms can be used in conjunction with spermicidal creams or lubricant

o Use the withdrawal method

- The man pulls the penis out of the vagina just before ejaculation,also known as coitus interruptus or pulling out.

o Engage in other sexual contact while avoiding vaginal intercourse

Advantages

- *Once learned natural methods can be used to avoid pregnancy or to become pregnant according to the couples wishes*
- *No physical side-effects*
- *Very little or no costs*
- *Can be learned from trained volunteers*
- *Effective if used correctly and consistently*
- *Once learned may be require no further help from heath care providers*
- *Immediately reversible*
- *No effect on breast feeding or breast milk*
- *Involves men in FP*
- *Educates people about a woman's fertility cycle*

Disadvantages

- *Usually only somewhat effective*
- *If using periodic abstinence, requires long periods without vaginal intercourse*
- *Will not work without continuous cooperation and commitment fro both partners*

- *The lactational amenorrhea method*

The lactational amenorrhea method involves breastfeeding as a temporary FP method. "Lactational" means related to breastfeeding. "Amenorrhea" means not having menstrual bleeding. Breastfeeding changes the rate of release of natural hormones, temporarily stopping ovulation. This method is effective as commonly used: 2 pregnancies occur per 100 women in the first 6s month after birth

- *Lactational amenorrhea provides natural protection against pregnancy and encourages starting another method at the proper time.*
- *A woman is naturally protected against pregnancy when*
  - *85% of infant feeding is from breast milk and she breastfeeds her baby often, both day and night*
  - *her menstrual periods have not returned*
  - *her baby is less than 6 months old*

Advantages

- *Effectively prevents pregnancy for at least 6 months after child birth*
- *Encourages the breastfeeding patterns*
- *Can be used immediately after childbirth*
- *No need to do anything at time of sexual intercourse*
- *No direct cost for FP*
- *No hormonal side-effects*
- *Breastfeeding provides the healthiest food for the baby, protects the baby from infections and diarrhea and helps develop close relationship between mother and baby*

Disadvantages

- *Effectiveness after 6 months is not certain*
- *Frequent breastfeeding may be inconvenient or difficult for some women, especially working mothers*

Mechanical Methods

o Male and female condom

See session about "Sexually transmitted infections (STIs)"

o Uterine devices (IUDs, LOOP)

An IUD usually is a small flexible plastic frame that is inserted into the women's uterus through her vagina. IUDs work chiefly by preventing sperm and egg from meeting.

TCU 380A SUD (a popular type of IUD) is widely available and lasts at least 10 years. Other IUDs last for about 5 years

IUDs are very effective as commonly used: 0,8% pregnancies per 100 women in the first year of use (1 in every 125). They are sually inserted by a well-trained medical doctor

Advantages

o A single decision
o Long lasting
o Very effective
o No hormonal side-effect
o Immediately reversible
o No effect on the quantity or quality of breast milk
o Can be inserted immediately after childbirth

Disadvantages

o Long and heavy menstrual periods
o Bleeding between periods
o More pain during periods
o Perforation of the uterus during insertion (very rare)
o May come out of the uterus
o Client can not stop use on her own
o Infection

o Cervical cap/Vaginal diaphragm

A rubber device with a ring around it that is applied to the uterine cervix before intercourse to prevent the sperm from fertilizing the ovum. The device fits tightly to the vaginal wall and is best left in place overnight to ensure that no sperms enter the cervical canal.

Currently unavailable in Sudan

Chemical Methods

o Low dose combined oral contraceptives

Women who use oral contraceptives swallow a pill each day to prevent pregnancy. Combined oral contraceptive pills contain two hormones similar to the hormones in a woman's body: an estrogen and a progestin. It is used from the 5th menstrual day, taking one pill daily for 3 weeks. It is very effective when used correctly and consistently - 0,1 pregnancies per 100 women (1 in every 1000)

Advantages

- *Very effective when used correctly*
- *Monthly periods are regular*
- *Can be used as long as a woman wants to prevent pregnancy*
- *Can be used at any age*
- *User can stop taking pills at any time*
- *Fertility returns soon after stopping*
- *Can be used as an emergency contraceptive*
- *Can prevent or decrease iron deficiency anemia*

Disadvantages

- *Common side-effects: Bleeding between menstrual periods, mild headache, breast pain, gain weight, amenorrhea*
- *Difficult for women to remind every day*
- *Not recommended for lactating mothers*
- *May cause mood changes and decrease sexual desire*
- *Very rarely can cause stroke, blood dots or heart attacks*

- *Injectable contraceptives*

Women who use this method receive injections every 3 months to prevent pregnancy
The common injectable is DMPA (Depomedroxyphogesterone Acetate) which contains progestin, similar to the natural hormone produced by woman body

Advantages

- *Very effective. When injections are regularly spaced 3 months apart, only 0,3% pregnancies per 100 women in case of the 1st year of use (1 in every 333), when injections are regularly spaced 3 months apart*
- *Privacy*
- *Long term pregnancy prevention, but reversible*
- *Can be used at any age*
- *Quality and quantity of milk do not seem harmed to be affected*

Disadvantages

- *Common side-effects include light bleeding, amenorrhea, gain weight, headache, breast pain*
- *Delayed return of fertility*

- *Implants*

An implant is a slow-release hormone compound that is implanted surgically under the skin. This is a comparatively new method of birth control and prevents pregnancy up to 2-3 years.

Advantage

- *Can be used by women who can not take pills or injections regularly*

Disadvantage

- *Many women don't like implants*

Surgical Method

o Sterilization
Sterilization is a permanent method for both men and women. It is suitable for couples who are beyond 30 years of age and have no desire to add to their families

Advantage
o It is 100% safe

Disadvantage
o It is irreversible

Step 5: Family planning - Counseling
Time: 25 minutes

Material / Tools:
• Instruction for the role play "FP - Counseling"
• Handouts "Family planning (FP)"

Method:
Role play (20 minutes)
• Select 3 volunteers (to play wife, husband and counselor)
• Distribute the appropriate role instructions
    1. Play the roles according to the given information
    2. Ask the actors if they understand the description
    3. Perform roles for 10 minutes
• Ask the actors about their own observations and feelings while performing
• Ask the others participants about their observations and feelings
• Summarize the results
• Refer to the counseling session!!!

Summary (5 minutes)
• Summarize the whole session by distributing the handouts
• Read the handouts and ask whether the participants have questions

Training options

- Instead of presenting the Power Point use flipchart paper and transparents
- Instead of showing the real contraceptives you can show posers
- Instead of the role play for FP Counseling you can show a video

Points to remember

- FP promotes individual, family and community health
- Causes of infertility can rest with the wife or husband
- Different types of contraceptives have different advantages and disadvantages

Notes to facilitator

The facilitator should be familiar with the different kinds of contraceptives to be able to answer questions about them. He/she should also be aware, that a YPE is not qualified to conduct FP counseling

Reference

REPRO & GTZ (2000): Health Relationships. The Questions adolescents ask most frequently about, and their Answers. Vol. 5.
Hatcher, R.A. et al. (1997): The Essentials of Contraceptive Technology: John Hopkins Population Information Program.
Karrar, Z.A. (1996): Reader Manual Reproductive Health. Ahfad University for Women. Khartoum.

http://fwhc.org/birth-control/fam.htm
http://anatomy.med.unsw.edu.au/cbl/embryo/wwwhuman/MCycle/MCycle.htm

Material checklist
Family planning (FP)

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Power Point presentation		
"Family planning"	1	09.1 Power Point presentation
"Family planning"		
Multimedia projector	1	
Short stories/experiences concerning "Fertility and infertility"	according to output	09.2 Short stories/experiences concerning "Fertility and infertility"
Examples of FP from different cultures	according to output	09.3 Examples of FP from different cultures
Flipchart	1	
Markers or highlighters	according to number of participants and group work	
Flipchart paper (blank)	according to number of participants and group work	
Pinboard, pins		
	according to output	
A4 Paper (3 colors) with questions for the group work	according to number of participants and group work	09.4 A4 Paper (3 colors) with questions for the group work
Different contraceptives	if possible all mentioned kinds	
Different colored signs with the grouping of contraceptives	according to output	09.5 Different colored signs with the grouping of contraceptives
Signs with the names of contraceptives	according to output	09.6 Signs with the names of contraceptives
Transparent "Natural contraception"	1	09.7 Transparent "Natural contraception"
Transparent "Menstrual cycle"	1	09.8 Transparent "Menstrual cycle"
Overhead projector	1	
Instruction for the role play "FP -Counseling"	2	09.9 Instruction for the role play "FP -Counseling"
Handouts „Family planning (FP)"	according to number of participants	09.10 Handouts „Family planning (FP)"

Session 10

Female Genital Cutting/Mutilation (FGC/M)

Objectives

By the end of this session the participants should be able to…

- Define FGC/M
- Discuss the historical background and misconceptions about FGC/M
- Identify the geographical distribution of FGC/M
- Explain the complications and ill effects of FGC/M
- Discuss the practice of FGC/M and reasons it continues in Sudan
- List people, practicing FGC/M in Sudan
- Acquire the competency to communicate effectively with their peers about FGC/M
- Discuss the national strategies for FGC/M eradication

Time

120 minutes 

Material / Tools

- Power Point presentation FGC/M (slide 1-28)
- Multimedia projector
- Model "Female genitals"
- Model "FGC/M"
- Flipchart
- Markers or highlighters
- A4 paper "Terms"
- A4 paper (blank)
- Pens
- Pinboard, pins
- Tools to perform FGC/M
- Handouts "Female genital cutting/mutilation FGC/M"

Advance preparation

- Prepare the Power Point presentation "FGC/M" (slide 1-28)
- Exercise the use of the model "FGC/M"
- Prepare the A4 paper "Terms"
- Collect the tools to perform FGC/M
- Prepare the handouts "Female genital cutting/mutilation FGC/M" (Print the power point presentation "FGC/M, add references)
- Copy the handouts "FGC/M" according to the number of participants

Steps

Step 1: Terminology, definition and background information
Time: 20 minutes

Material / Tools:
- Power Point presentation "FGC/M" (slide 1-8)
- Multimedia projector

Method:
Personal experiences (10 minutes)
- Ask the participants about their personal experience with FGC/M (within family neighborhood etc. Don't mention names)
- Ask them whether they know the abbreviations FC/FGC/M. Why are there different abbreviations which all mean "the same thing"

Power Point presentation (10 minutes)
- Show the Power Point presentation "FGC/M" (slide 1-8) with the following elements
  1. Terminology and Definition of FGC/M
  2. Historical background and misconceptions
  3. Worldwide distribution
- Ask whether you made yourself clear

Terminology FC / FGC / M

- *FC stands for "Female Circumcision"*
- *FGC stands for "Female Genital Cutting"*
- *FGM stands for "Female Genital Mutilation"*
- *FC, FGC and FGM mean "the same ", but contain different classifications*
- *In the debate concerning appropriate terminology, the term "circumcision" is usually rejected, in order to avoid making any linguistic or associative parallels to male circumcision. The type and extent of the mutilation practices visited on girls and women cannot be compared to male circumcision*

The male equivalent
of even the least severe form of FGC/M
would be the complete cutting off of the entire head of the penis

- *Since 1994 the term female genital mutilation (FGM) has now become the internationally accepted standard term and draws attention to the drastic effect of the practice on a girl's (women's) physical integrity. It is also employed by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)*
- *Other interest groups prefer to use different terms, such as "Female Genital Cutting" (FGC), which they regard as less damaging to the self-respect and dignity of the women concerned*
- *The local term in the native language is often used when working with the people of a partner country*

Here, the different Arabic terms should be mentioned!

Definition FGC / M

According to UNFPA/WHO,
"FGC/M refers to all procedures
involving partial or total removal
of the external female genitalia or other injury to the female genital organs
for cultural or other non-medical reasons."

Historical background

o Probable origins of the practice are found in ancient Egypt and the Nile Valley
o The Code of Hammurabi, dating back to 1250 B.C. marked the beginning of public veiling and the sexual control of women-FGM (long before Islam)
o In Sudan, under British colonial occupation, the "pharaonic circumcision" was declared illegal, in1946. However this law has never been implemented
o Many international declarations and conventions all over the world have called for the eradication of FGC/M
o In Sudan the "Babiker Badri Scientific Association for Women Studies and others started their campaigns against FGC/M in 1979 (see their publications)

Examples of other culture's control of women's sexuality

o Female slaves in ancient Rome had rings threaded through their labia to prevent them from becoming pregnant
o In the European Middle Age women were forced to wear the chastity belt
o Until fairly recently , clitoridectomy was the surgical "remedy" for masturbation in Victorian England and even more recently in the United States

Misconceptions of FGC / M

Islam and FGC / M
o It is said that: Mohammed referred to circumcision as "a sunnah for the men and makrumah for the women". The term sunnah here could mean to conform to the tradition of Mohammed himself, or simply a custom at the time of Mohammed
ð It has not been proven, that Mohammed circumcised his wives or daughters so FGC/M is NOT demanded by the Islamic faith

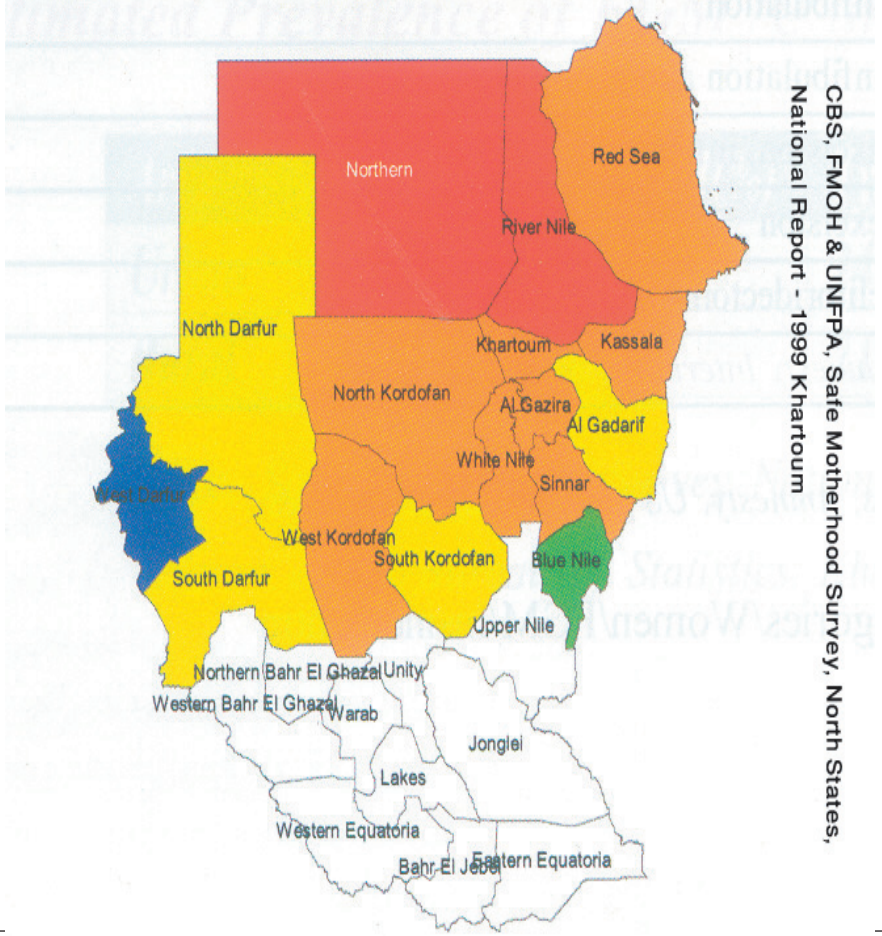
o It is said, that FGC/M is necessary for the women's hygiene, fertility and the health of the baby
ð There is no medical proof for this

Do you know additional misconceptions in your culture?
Discuss them with the group

Prevalence and distribution

- *Between 100 and 132 million girls and women have been subjected to FGC/M*
- *Each year an additional 2 million girls are estimated to be at risk of the practice that mean more than 6000 per day (WHO estimation)*
- *Most of these women and girls live in African countries (28), a few in the Middle East and Asian Countries and increasingly in Europe, Australia, New Zealand and the United States of America and Canada*

Distribution in Sudan



Lowest	< 60
Low	60 - 69.9
Medium	70 - 79.9
High	80 - 89.9
Highest	90 +

CBS, FMOH & UNFPA, Safe Motherhood Survey, Northern States, National Report - 1999.Khartoum.

Step 2: Classifications of FGC / M
Time: 20 minutes

Material / Tools:
- Model „Female genitals“
- Model “FGC/M”
- Power Point presentation „FGC/M“ (slide 9-17)
- Multimedia projector
- Flipchart
- Markers or highlighters

Method:
- Recap the normal anatomy of female genitalia by proceeding with the Power Point presentation “FGC/M” (slide 9)
- Show the model “Female genitals” to clarify
- Explain that the WHO stated, that a classification in “severe” = “Pharaonic” and “less severe” = “sunnah” should be avoided. All types of FGC / M are severe and should be eradicated
- Ask the participants why this might have been done
- Write the answers on the flipchart
- Explain, that the classification in “severe” (type 3) and “less severe” (type 1) is not longer favorable. Such a classification could lead to an increased practice of “sunnah”, as it is not “so bad” and could be accepted. However all types should be eredicated
- Show examples without classify the types in “severe” and “less severe”(slide 10-15), and show the model “FGC/M”. Talk about the modifications of FGC/M
- Show the distribution of FGC/M in Africa and Sudan by Power Point presentation (slide 16-17)

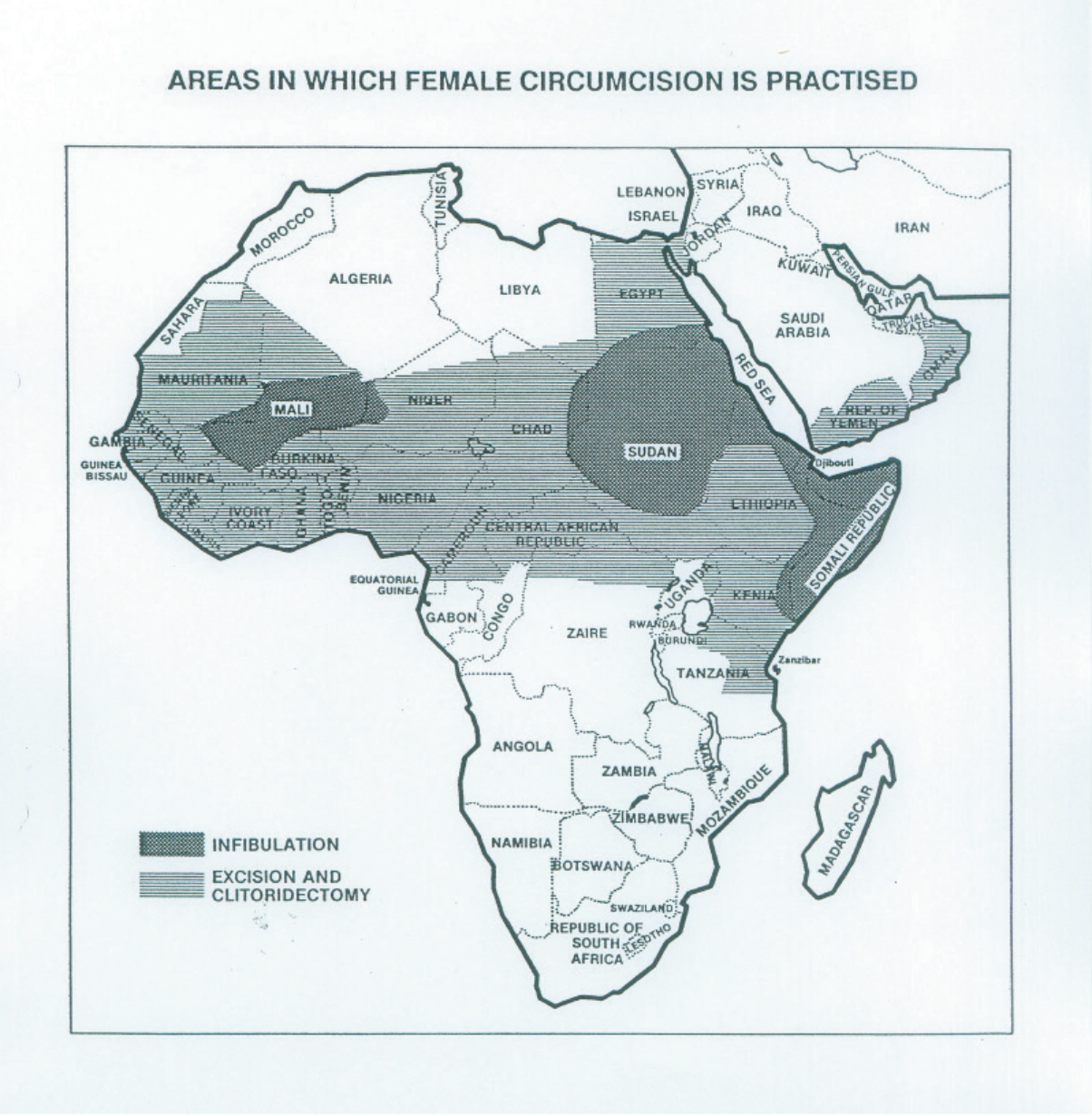
Modifications of FGC / M

Modifications of FGC/M are
- *Type 1: Excision of the prepuce, with or without excision of part or all of the clitoris*
- *Type 2: Excision of the clitoris with partial or total excision of the labia minora*
- *Type 3: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening*
- *Type 4: Pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and by burning of the clitoris and surrounding tissue*

Please keep in mind, that all types are FGC/M and should be eredicated

Situation in Sudan

- *The prevalence rate of FGC/M is 90,1 %*
- *65,5 % perform type 3, which is also called "pharaonic"*o



IAC, AIDoS & ILO (1991): Campaign for the Eradication of Female circumcision in Africa. n.p. pp. 46

Step 3: Do you know the meaning of ... ?
Time: 20 minutes

Material:
• A4 paper "Terms"
• Pinboard, pins
• Power Point presentation (slide 18-20)

Method:
• Pin one A4 paper on the board and ask what the term means
• Add, correct items or explain it by yourself
• Go on with the next term
• Summarize the results by showing the Power oint presentation (slide 18-20)

Do you know the meaning of …?

o Incision
Refers to cuts made in to remove the clitoris prepuce, but also relates to incisions made in the vaginal wall and to incision of the perineum and the symphysis

o Clitoridectomy
Refers to partial or total removal of the clitoris

o Excision
Refers to the removal of the clitoris and partial or total removal of the labia minora. The amount of tissue that is removed varies widely from community to community

o Infibulation
Refers to the removal of the clitoris, partial or total removal of the labia minora and the stitching together of the labia majora

o Circumcision
This is the collective name that is used to describe a variety of practices that involve the cutting of the female genitalia

o De-infibulation
Infibulation creates a physical barrier to sexual intercourse and childbirth. An infibulant woman therefore has to undergo gradual dilatation of the vaginal opening before sexual intercourse can take place. Often infibulant women are cut open on the first night of marriage (by the husband or a circumciser) so that the husband can penetrate his wife. At childbirth many women also have to be cut again.

o Re-infibulation
In some communities the raw edges of the wound are sutured again after childbirth, recreating a small vaginal opening. This is referred to as re-infibulation

Step 4: Complications and impacts of FGC / M
Time: 20 minutes

Material / Tools:
- A4 paper (blank)
- Pens
- Pinboard, pins
- Power Point presentation (slide 21-23)
- Multimedia projector

Method:
Group work (10 minutes)
- Divide the participants in groups with 4 people each
- Ask the participants to write down and discuss the complications and impacts of FGC/M on the A4 paper

Presentation and discussion (10 minutes)
- After 10 minutes ask one of each group to present the results and to pin their papers on the board
- If some results are doubled, pin both papers on the board (it shows the most common ideas of complications and impacts)
- Discuss and explain the mentioned complications and impacts in the group
- If necessary, add further ones and write the corresponding A4 paper and pin it on the board
- Summarize the results by showing the Power Point presentation (slide 21-23)

Health complications of FGC/M

Immediate complications
- *Severe pain*
- *Shock*
- *Urine retention*
- *Immediate fatal bleeding*
- *Infections (possible danger of HIV infection - see session "HIV/AIDS- Basic facts")*

Short term consequences
- *Urine retention*
- *Infections (possible danger of HIV-infection see session "HIV/AIDS Basic Facts")*
- *Sexual dysfunction*

Long-term consequences
- *Extensive damage to the external reproductive system*
- *Uterus and vaginal infections*
- *Difficulties in menstruation*
- *Complications in pregnancy and childbirth*
- *Sexual dysfunction*
- *Psychosexual and psychological damage*
- *Women may suffer feelings of incompleteness, anxiety and depression*

Further Complications and Impacts
- *Economic burden (costs for the feast, for gifts etc., payment for the performer)*
- *Potential loss of social status, if FGC/M is not performed*

There is no strict distinction between immediate, short-term and long-term consequences
The consequences can change individually

Step 5: When, by whom, with what and why is FGC / M performed?
Time: 20 minutes

Material / Tools:
- Tools to perform FGC/M
- Flipchart
- Markers or highlighters
- Power Point presentation "FGC/M" (slide 24-28)
- Multimedia projector

Method

When (3 minutes)

• Proceed with the power point presentation to explain the age of girls/women when they undergo FGC/M (slide 24)

By whom (3 minutes)

• Go on with the power point presentation (slide 25)
• Explain, who performs FGC/M

(Mention, that this may differ from culture to culture!)

With what (7 minutes)

• Put all the tools on the table and explain their use for FGC/M performance
• Go on with power point presentation (slide 26)

Why (7 minutes)

• Ask the participants why FGC/M is performed
• Write the answers on the flipchart
• If necessary add reasons
• Explain and discuss the results. Proceed with the Power Point presentation (slide 27-28)

When is FGC / M performed?

- *The age varies from area to area*
- *FGC/M is performed on defenseless young girls as young as 7 days to 14 years old*
- *The majority of girls undergo the procedure between the ages of 4 and 7 years*

Who performs FGC / M?

- *FGC/M is usually carried out by by birth attendants*
- *In many cultures elderly people in the community (usually but not exclusively women) who have been specially designated for this task perform FGC/M*
- *In some cases, medical personnel perform the operation as well for a fee*
- *All who perform the procedure receive fees from the girl's family members, in money or goods*
- *Among certain population FGC/M may be carried out by traditional health practitioners, (male) barbers members of secret societies, herbalist and sometimes by a female relative*

Tools to perform FGC / M

For cutting:
- *Knifes, scissors, scalpels*
- *Razor blades*
- *Sharp stones*
- *Glass*
- *…*

For closing the wound and to stop bleeding
- *Needles and threads*
- *Thorns*
- *Strings or bandages (to bound the legs)*
- *Leaves*
- *Paste mixtures of local herbs, porridge , ashes mud, earth etc.*
- *Other "disinfecting and healing" medicines*
- *…*

Why is FGC / M performed?

Psychosexual reasons
- *Reduce sexual desire in the female*
- *Maintain chastity and virginity before marriage*
- *Maintain fidelity during marriage*
- *Increase male sexual pleasure*

Sociological reasons and cultural reasons
- *Identification with the cultural heritage*
- *Ceremonial initiation of girls into womanhood*
- *Maintenance of social cohesion*

Hygienic and aesthetic reasons
- *The external female genitalia are considered by some cultures to be dirty and are to be removed to promote hygiene and provide aesthetic appeal for men*

Religious reasons
- *In some Muslim communities, FGC/M is practiced in the belief that it is demanded by the Islam faith. The practice, however, predates Islam*

Socio-economic factors
- *In many communities FGC is prerequisite for marriage*
- *Where women are largely dependent on men, economic necessity can be a major imperative for undergoing the procedure*

Myths
- *Enhancement of fertility*
- *Promotion of child survival*

Step 6: Sudan strategies to eradicate this practice
Time: 15 minutes

Material / Tools:
• Flipchart
• Markers or highlighters

Method:
• Tell the participants that FGC/M is a very complex and sensitive topic
• Therefore there are special trainings for YPEs, willing to work in this field
• Despite this, some strategies of Sudan NGOs and INGOs to eradicate this practice will be presented
• Ask the participants whether they have some ideas about,
how FGC/M can be eradicated
• Write these ideas on the flipchart
• Add or correct ideas if necessary

Strategies in Sudan to eradicate FGC / M

o Undertake participatory research on all aspects of FGM to understand where, how and why it is practiced
o FGC/M must be identified by the communities as an issue they are interested in working on from within
o The communities own perceptions have to voiced heard and respected; strategies have to adapted to the distinctive feature of each culture
o Incorporate actions against FGC/M into broader efforts to improve women's status and health
o Involve local and religious leaders and other decision-makers and form alliances
o Involve men as they are frequently the primary decision makers at the family
o Involve youth and children, integrate FGC/M in school curricula
o Involve circumcisers and integrate FGC/M into health services
o Inform and empower women and children to enable them to make their own choices
o Promote advocacy, lobbying and networking on regional, national and international levels
o Support NGOs and CBOs to enable them to conduct participatory planning, implementation and monitoring of anti-FGC/M actions
o Design and use tools for process and impact monitoring
o Promote behavior change through innovative communication techniques
o Use mass and folk media (theatre, songs, drawings…) for information and education programs
o Use consistent messages and good educational supports
o Promote positive traditional values that do no physical harm; think of alternative rituals

Step 7: Short summary
Time: 5 minutes

Material / Tools
• Handouts "Female genital cutting/mutilation FGC/M"

Method:
• Ask one of the participants for each part to give a short recap
• Distribute the handouts
• Ask whether there are any final questions

Training options

- Instead of the session show a related video and discuss the content
- Use photos instead of the model "FGC/M"
- To discuss the "W-Questions" (when, who, with what, why) try initiating a role play

Points to remember

- FGM is not mandated by religious or cultural beliefs
- Side effects and complications lead to lifelong suffering

Notes to facilitator

FGC/M is a very serious topic, especially because it is linked to fixed ideas, traditions and beliefs. Take care no to inhibit different points of view and don't take sides but do offer convincing and compelling information. Make sure that you feel comfortable about showing and discussion the specifics of female genitalia.

Reference

CBS/FMOH & UNFPA, Safe Motherhood Survey, Northern States, National Report - 1999.Khartoum.pp
IAC, AIDoS & ILO (1991): Campaign for the Eradication of Female circumcision in Africa. n.p.
RAINBO (1999): Female Circumcision/Female Genital Mutilation. New York.
UNFPA webpage
Word IQ webpage
http: www.kodabu.de/amnesty/jur-ak-koeln/beitraege/schumacher01.html

Material checklist
Female genital cutting/mutilation
FGC/M

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Power Point presentation "FGC/M"	1	10.1 Power Point presentation "FGC/M"
Multimedia projector		
	1	
Model "Female genitals"	1	
Model "FGC/M"	1	
Flipchart	1	
Markers or highlighters		
A4 paper (blank)		
	according to number of participants	
A4 paper "Terms"	according to output	10.2 A4 paper "Terms"
Pens	according to number of participants	
Pinboard, pins	1	
Tools to perform FGC/M	if possible all mentioned kinds	
Handouts		
"Female genital cutting/ mutilation FGC/M"	according to number of participants	10.3 Handouts „Female genital cutting/mutilation FGC/M"

Session 11

Sexually Transmitted Infections (STIs)

Objectives

By the end of this session the participants should be able to…

- define STIs and their causative agents
- identify the commonest STIs in Sudan and their symptoms
- explain safe sex and its importance in STIs prevention
- discuss the preventive measures of STIs
- demonstrate the practical steps for condom use

Time

90 minutes

Material / Tools

- A4 paper
- Pens
- Pinboard, pins
- Flipchart
- Markers or highlighters (including red)
- Flipchart paper "Definition of safe sex and STI"
- Slides "Symptoms of STIs"
- Slide projector
- Flipchart paper „ A B C – Prevention of STIs"
- Transparent "Condom"
- Overhead projector
- Cards "Steps of condom use"
- Penis model
- Condoms
- Cards "Common questions about condom use"
- Handouts „Condom use"
- Instruction for the role play "How to insist on condom use"
- Sheets "Ideas to convince the condom-refuser"
- Sheets "Ideas to convince the condom-promoter"
- Handouts "Sexually transmitted infections (STIs)"

Advance preparation

- Design the flipchart paper „Definition of safe sex and STI“
- Review the slides “Symptoms of STIs”
- Design the flipchart paper „A B C – Prevention of STIs“
- Prepare the transparent “Condom”
- Write the cards “Steps of condom use”
- Design the cards “Common questions about condom use”
- Design the handouts „Condom use“
- Copy the handouts „Condom use“ according to the number of participants
- Develop the instruction for the role play “How to insist on condom use”
- Develop the sheets “Ideas to convince the condom-refuser”
- Develop the sheets “Ideas to convince the condom-promoter”
- Design the handouts “STIs”
- Copy the handouts according to the number of participants

Steps

Step 1: Definition: “Safe sex and STIs”
Time: 10 minutes

Material / Tools:
• Flipchart paper “Definition of safe sex and STI”
• Flipchart or
• Pinboard and pins

Method
• Ask the participants what “Safe Sex” mean
• Compare their answers with the given definition on the flipchart paper “Definition of Safe Sex and STI
• Lead over to the definition of STI on the flipchart paper
• Give further explanations about STIs
• Ask if everybody understood the definitions and if there are questions

Definition of safe sex

Safe sex is sex,
that does involvevery small of no risk of
unplanned pregnancies or STIs including HIV/AIDS

Definition of STI

A sexually transmitted infection (STIs) is an infection
that passes from one person to another during sexual intercourse

Further explanations of safe sex

- *Safe sex can describe physical contact that does not involve actual penetration, such as deep kissing, hugging, masturbation, etc.*
- *Safe sex also describes intercourse in which requires safety precautions are taken*

STI

- *The infection usually results in a discharge or sores on the private parts*
- *If you have an STI you MUST seek for treatment immediately*
- *If you have an STI, it is very easy to be infected with HIV and to infect your partner with an STI or HIV*
- *If you have an STI, you should have it treated properly and consider a HIV test*
- *If you have an STD, your partner should also get tested immediately*
  - *In this way your partner can get assistance early, if necessary*

Step 2: Brainstorming
Time: 10 minutes

Material / Tools:
- A4 paper
- Pens
- Pinboard, pins

Method:
Types (5 minutes)
- Ask the participants to write known names of STIs on an A4 paper
- Pin the papers on the board (group tem according to the causes)
- Read the papers and mention further types of STIs Causes (5 minutes)
- Ask the participants whether they know causes of STIs
- Write the causes on A4 Paper and pin them on the top of the corresponding STIs on the board

• If necessary correct or add causes

Common STIs in Sudan

Bacterial
1. Bacterial Vaginosis
2. Chlamydia
3. Gonorrhea
4. Syphilis
5. Lymphogranuloma Venereum
6. Granuloma Inguinale
Viruses
7. Genital Warts
8. Genital Herpes
9. AIDS
10. Hepatitis B
Parasites
11. Trichomoniasis
Fungal
12. Grandidiasis

Causes of STIs

- *Bacterials (1-6)**
- *Viruses (7-10)**
- *Parasites (11)**
- *Fungals (12)**

* *Number of the above mentioned STIs*

Step 3: Symptoms of STIs
Time: 15 minutes

Material / Tools:
• Slides "Symptoms of STIs"
• Slide projector

Method
• Show slides "Symptoms of STIs", discuss each before continuing to the next
• Ask the participants what they see
• Explain the symptoms shown at the slides
• Summarize the different symptoms and give some examples

Symptoms of STIs

o Your private parts are itching, smelly or sore
o The burning is intense when you urinate, or you have blisters, warts or sores inside your vagina or on your penis
o You may have pus, swelling or weird discharge, or you may feel pain during sex

Sometimes you can have an STI without having signs and symptoms
May be you are not even sure, if you have symptoms

Examples of symptoms and effects

Gonorrhea
o It takes 2 to 5 days between moment of infection and showing symptoms.
o Women's symptoms may include pains in the lower abdomen and discharge from the vagina, sometimes accompanied with fever. Untreated consequences can include blindness of unborn babies, blocking of fallopian tubes and eggs settling as well as infertility
o Men's symptoms may include festering discharge from the penis and pains during urination. Infection can lead to the blocking of the urinary canal

Syphilis
o Women's symptoms include sores and rashes on sexual organs, especially under the pubic hair and around the anus
o Men may develop sores on the penis and around the anus
o Consequences can include heart problems, forgetfulness and disabilities in newborn children

Chlamydia
o Women often have no visible symptoms, making Chlamydia very hard to detect and diagnose. Consequences include infertility the blocking of the fallopian tubes and the settling of the eggs, as well as problem pregnancies and health threats to new born
o Men may feel a painful rush when urinating. Infection can result in infertility and blockage of the urinary canal

Candidiasis
o Women experience a smelly white cheesy discharge and itching sores on the sexual organs
o Men's symptoms include itching sexual organs and pains during urinating.
o For both sexual intercourse can be very painful

HIV/AIDS
o See session "HIV/AIDS – Basic facts"

Step 4: Consequences of STIs
Time: 10 minutes

Material / Tools:
• Flipchart
• Markers or highlighters

Method:
• Ask the group about the consequences of STIs
• Write the consequences on the flipchart
• Summarize the results and give some examples (see above)

Consequences of STIs

- *The longer an STI is left untreated the more dangerous it is*
- *If not treated or treatment interrupted, STI can lead to infertility, ectopic pregnancy, recurrent spontaneous abortion*
- *The partner of an infected person is in danger of being infected during sexual intercourse*
- *In case of pregnancy STIs may cause congenital anomalies of the fetus and even*
- *blindness in newborns*
- *STIs can cause damage to the nervous system and heart blood vessels*

Step 5: Prevention of STIs
Time:10 minutes

Material / Tools:
• Flipchart paper "A B C – Prevention of STIs"
• Pinboard, pins
• Markers or highlighters (including red)

Method:
• Show the flipchart paper with the letters A B C
• Ask the participants what the letters could stand for
• Add the suggested meanings behind the letters
• Underline the right one with red color

A B C - Prevention of STIs

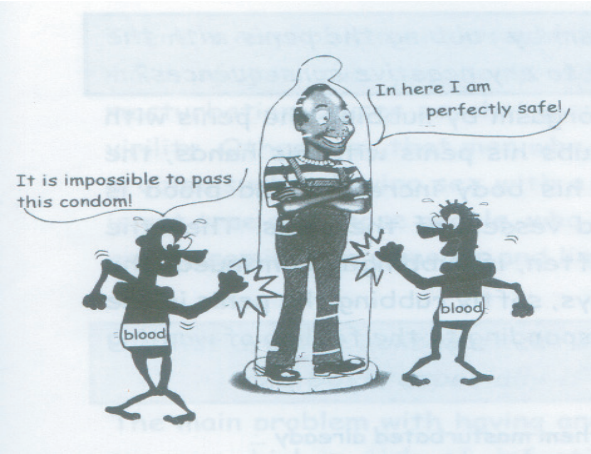
Abstain from sex altogether

Be faithful with one partner

Condomize (use condoms)

All STIs are preventable

Step 6: Condom use
Time: 20 minutes



REPRO & GTZ (2000): Sexual Relationships.
The Questions adolescents ask most frequently about and their answers. Vol. 3, pp. 21

Material / Tools
- Transparent "Condom"
- Overhead projector
- Cards "Steps of condom use"
- Pinboard, pins
- Penis model
- Condoms
- Cards "Common questions about condom use"
- Handouts "Condom use"

Method
Steps (10 minutes)
- Introduce the issue by showing the transparent "Condom"
- Explain verbal what a condom is and how it works
- Put the cards "Steps of Condom Use" unsorted on the table
- Ask the participants to put them in order and to pin them on the board
- Then demonstrate the basic steps practically by using the penis model and the condom
- Also demonstrate how you shouldn't do it
- Invite the participants to do it themselves

Questions (10 minutes):
- Distribute the cards "Common questions about condom use" (unseen)
- Ask the participants to read them aloud and let them try to answer

- Encourage the others to give comments
- Correct or add information
- Allow them to ask further questions
- Distribute the handouts
- Ask if everybody understood the demonstration and if there are remaining questions

Definition of condom

"Condoms are thin sheaths made of latex rubber vinyl or natural (animal) products. Most are treated with a spermicide for added protection. They are placed on the penis once it is erect."

How a condom is works

Condoms prevent sperm from gaining access to the female reproductive tract.
Condoms prevent microorganism (STIs) from passing from one partner to another

Criteria of an effective condom
- *Latex*
- *ET (electronically tested)*
- *Valid (date of validity)*
- *Stored in a cool dry place*

Steps of condom use

- *Talk about condoms with your partner*
- *Buy or obtain (latex) condoms*
- *Store condoms in a cool dry place until ready for use*
- *Check the date of manufacturing or expiration date*
- *Man achieves an erection*
- *Open condom package*
- *Unroll the condom over the penis (see demonstration) – never use two condoms, because one may slip easily!*
- *After ejaculation, hold the condom at the base of the penis while still erect*
- *Withdraw penis from partner*
- *Take condom off penis*
- *In case of any accidental or tear during the intercourse withdraw the penis immediately from your partner remove damaged condom and replace with new one before continuing intercourse*

Questions and answers

1. Is it true that there're also women condoms?
2. Who should put on the male condom?
3. Is it true, that condoms can be too big or too small?
4. Why must a condom be used only once?
5. Why do condoms sometimes burst during sex?
6. Can male sperm pass through condoms?
7. What is the lubricant in the condom packet?

Answers

1. There're female condoms, but they aren't frequently used. Female condoms are placed inside the vagina before sexual intercourse
2. The man can put the condom on his own penis or his partner can do it for him. Both partners have to decide together whether and how to use the condom
3. There're different sizes of condoms, but the average size will fit nearly all adult men. The complaint that a penis is too big for a condom is usually just an excuse to avoid using condoms
4. Used condoms will not longer function as intended
5. Sometimes condoms burst due to air trapped inside when strapped onto the penis (be sure squeeze the tip of the condom while putting it on)
6. Condom that are properly made and tested are designed to prevent sperm from passing from one partner to the other
7. produced to avoid that sperm can pass to the partner
8. The lubricant protects the condom from drying and loosing elasticity. Very rarely some people report genital itching feelings because of this lubricant

Step 7: Role play – "How to insist on condon use "
Time: 15 minutes

Material / Tools:
- Instruction for the role play "How to insist on condom use"
- Sheets "Ideas to convince the condom-refuser"
- Sheets "Ideas to convince the condom-promoter"

Method:
- Select two volunteers for the role play (they'll play a girl and a boy)
- Distribute the instruction to them
- Let them read the instruction and ask them whether they understand what to do
- Start the role play
- After the role play, ask both volunteers about their experiences/ feelings during the performance
- Allow the spectators the chance to add their experiences/feelings while watching

the role play

• Summarize the results (refer to the sessions "Communication skills" !!!)

Explanation of role play –
How to insist on condom use

o The volunteers assume the roles of one boy and one girl
o The girl or the boy can play the person who wants to use condom, the other one will refuse
o The refuser will get a sheet with ideas on, what to say (she or he can add own ideas)
o The other volunteer doesn't get an instruction paper, but should try to come up with his/her own argument to convince the partner to use a condom (Prepare a cheat sheet for this volunteer just in case, she/he has trouble with the exercise)

Training options

- Use posters instead of showing slides
- For brainstorming a transparent or the blackboard works as well as the flipchart
- Instead of demonstrating the condom use with the model, you can show a video or pictures
- Instead of the role play you can choose other activities (games, etc.)

Points to remember

- You may have an STI without experiencing any symptoms
- If you have an STI you easily infect your partner through sexual intercourse
- If you have an STD, you AND(!) your partner should seek treatment
- An STI can lead to infertility
- All STIs are preventable
- Take care to follow ALL the steps of condom use

Notes to facilitator

Not every facilitator feels comfortable talking about condoms or demonstrating how to use one. Also participants can feel uncomfortable watching a graphic, condom demonstration. It is necessary to create a safe and confidential atmosphere.

Reference

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UNICEF et al (2001): A Handbook for AIDS Awareness Activities for Clubs. Namibia.

Material checklist
Sexually transmitted infections (STIs)

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
A4 paper		
	according to number of participants	
Pens		
	according to number of participants	
Pinboard, pins	1	
Flipchart	1	
Markers or highlighters		
(including red)	according to number of participants	
different colors		
Flipchart paper		
"Definition of safe sex and STI"	1	11.1 Flipchart paper
"Definition of safe sex and STI"		
Slides		
"Symptoms of STIs"	between 5-15	
Slide projector	1	
Flipchart paper „ A B C – Prevention of STIs"	1	11.2 Flipchart paper „ A B C – Prevention of STIs"
Transparent "Condom"	1	11.3 Transparent "Condom"
Overhead projector	1	
Cards "Steps of condom use"	according to output	11.4 Cards "Steps of condom use"
Penis model	1	
Condoms	according to number of participants and for the presentation	
Cards "Common questions about condom use"	according to output	11.5 Cards "Common questions about condom use"
Handouts „Condom use"	according to number of participants	11.6 Handouts „Condom use"

Instruction for the role play "How to insist on condom use"	2 (1 for the boy, 1 for the girl)	11.7 Instruction for the role play "How to insist on condom use"
Sheets "Ideas to convince the condom- refuser"	1 (for the condom- promoter)	11.8 Sheets "Ideas to convince the condom-refuser"
Sheets "Ideas to convince the condom- promoter"	1 (for the condom- refuser)	11.9 Sheets "Ideas to convince the condom-promoter"
Handouts "Sexually transmitted infections STIs"	according to number of participants	11.10 Handouts "Sexually transmitted infections STIs"

Session 12

HIV / AIDS – Basic Facts

Objectives

By the end of this session, the participants should be able to…

- Discuss the basic facts about HIV/AIDS, including definition, modes of transmission, signs and symptoms and prevention
- Explain the significance of HIV testing and pre and posttest counseling

Time

90 minutes

Material / Tools

- Pretest - quiz
- Sheets "Numbers for the pretest-quiz"
- Pens or markers
- Power Point presentation "HIV/AIDS – Basic facts" (slide 1-13)
- Multimedia projector
- Transparent or poster "Process of the disease"
- Poster "What do a an HIV-carrier and an AIDS-patient look like?"
- Transparent "Infective body fluid"
- Overhead projector
- Case studies "How to prevent HIV/AIDS"
- Flipchart paper "Types of tests"
- Transparent "Voluntary testing"
- Video "HIV/AIDS counseling"
- TV, video recorder
- Handouts "HIV/AIDS – Basic facts"

Advance preparation

- Prepare the pretest-quiz
- Prepare the sheets "Numbers for pretest-quiz" according to the number of participants
- Copy the pretest-quiz according to the number of participants
- Prepare the Power Point presentation "HIV/AIDS – Basic facts" (1-13)
- Design the transparent or poster "Process of disease"
- Prepare the transparent "Infective body fluid"
- Prepare the case studies "How to prevent HIV/AIDS"

- Make one copy of each case study
- Prepare the flipchart paper "Types of tests"
- Prepare the transparent "Voluntary testing"
- Review the video "HIV/AIDS counseling"
- Design the handouts "HIV/AIDS – Basic facts"

(Print the Power Point presentation and add the picture and the references)

- Copy the handouts according to the number of participants

Steps

Step 1: Pretest - quiz
Time: 15 minutes

Material / Tools:
• Pretest-quiz
• Sheets "Numbers for pretest-quiz
• Pens

Method:
• Distribute the quiz to the participants
• Distribute the folded sheets with the numbers (unsorted) to them
• Ask the group to write their number on the quiz paper and to remember the number for the posttest
• Allow 5 minutes answer the questions
• Collect the quiz without reviewing or discussing it (you'll do this at the end of the session after the posttest)

Step 2: Basic facts on HIV / AIDS
Time:
45 minutes

Material / Tools:
• Power Point presentation "HIV/AIDS – Basic facts" (slide 1-13)
• Multimedia projector
• Transparent or poster "Process of the disease"
• Overhead projector
• Poster "What do an HIV-carrier and an AIDS-patient look like"

- Transparent "Infective body fluid"
- Case studies "How to prevent HIV/AIDS"

Method:

- Ask the participants for what HIV and AIDS stands for, before you show the definition by Power Point (slide 1-4)
- Present the process of the disease by Power Point "HIV/AIDS" (slide 5-6)
- Show the transparent or poster "Process of the Disease" during the explanation of the process
- Mention the signs and symptoms by showing the Power Point (slide 7)
- Ask the participants to describe the appearance of an HIV-carrier and an AIDS-patient. Show the poster and ask them whether the different people pictured are HIV- infected or not. Than explain that you can only determine an HIV-infected person through a specific blood test
- Explain the means of transmission by showing the transparent "Infective Body Fluid" and the Power Point (slide 8-11)
- After this, divide the participants into groups of 3-5 people
- Distribute the case studies "How to prevent HIV/AIDS"
- Ask the groups to think about how the person in the case study should behave (10 minutes)
- Discuss the results in the whole group
- Recap the methods of prevention in the Power Point presentation (slide 12-13)

Definition of HIV / AIDS

HIV	*Human*	*this virus attacks only humans*
	Immune deficiency	*virus attacks the immune systems*
	Virus	*it's a virus, not a bacterial or fungal or parasite, etc.*
AIDS	*Acquired*	*transmission requires a human action. It does not float*
	in the air, e.g. like flu	
	Immune	*the disease attacks the immune system*
	Deficiency	*body can no longer fight against infections*
	Syndrome	*disease attacks the whole body, not only one area*

HIV is the virus which causes the disease AIDS
An HIV-infected person is called an HIV-carrier or HIV-positive
He/she is not an AIDS-patient yet
(see the part "Process of the Disease")

Process of the Disease

1. Primary infection and window period
o When the HIV enters a human body it invades the white blood cells (CD 4 cells), which are important for fighting diseases
o The virus lives in these cells and multiplies unless the cell bursts. The virus then invades new CD 4 cells and the process goes on. In this way 10mrd of new viruses can be developed every day. A virus survives between 6 hours and 2 days
o In this period the person has no symptoms, but the viruses multiply in high numbers. The body produces no antibodies in this period
o The number of viruses in the blood increases heavily
o Because there are no antibodies, the infection can't be determined by a test. This period is therefore called the window-period
o The window period last for 3 weeks up to 3 month (remember this when a person wants to go for testing)

During the Window Period an infected person is already infectious, even though a test is negative

2. Acute primary infection
o 1 to 3 weeks after the primary Infection symptoms like flu, high fever, diarrhea, skin diseases and loss of weight can appear. But these symptoms are not specific, so you might not think about HIV
o The body starts to produce antibodies against the HIV (it's the presence of these antibodies that can be checked when testing)
o The "virus load" (that mean the relation between the number of viruses and the number of CD 4 cells in the blood) decrease. There's a constant production of viruses and antibodies and a constant distraction of the CD4

3. Inactive period
o 6 to 12 month after the infection with the HIV, a balance between HIV production and antibody production arises. This balance is called "setpoint" and can be tested by counting the number of HIV in the blood (DC 4 test)
o The higher the number of viruses is, the more dangerous the infection is to the HIV-carrier and the shorter the duration of this inactive period can be
o The person looks healthy and may not know that he is infected, but he can infect others
o This period can last from 5 – 10 years or even longer, depending on the general condition and health behavior of the HIV-carrier (see part: "What an HIV-carrier can do")

Inactive Period doesn't mean, that the HIVs are inactive,
but that the virus load is not increasing
There's a "constant fight" between HIVs and antibodies

4. Onset of AIDS
o This fight leads at last to a critical weakening of the body's immune system, so that the body can no longer fight normal infections. In fact, the AIDS-patient suffers from opportunistic infections like Tuberculosis, skin diseases (Kaposi-Sarcoma, System Mycoses, Pneumocystic Carinini, Herpes) persistent high fever, persistent serious diarrhea, and severe weight loss
o Ultimately the AIDS-patient dies

Signs and symptoms of HIV / AIDS

o There are no specific signs and symptoms for HIV/AIDS. HIV-carriers and AIDS-patients suffer from opportunistic infections
o The combination of signs and symptoms in addition to personal history can lead to the assumption of being infected with HIV/AIDS
o Some symptoms and signs may eventually appear. Major symptoms include

1. *Loss of more than 10% of weight*
2. *Persistent or intermittent high fever for more than 3 months*
3. *Persistent or intermittent serious diarrhea for more than 3 months*
4. *Others*

Minor symptoms can include

1. *Swelling of the lymph nodes*
2. *Persistent serious diarrhea*
3. *Opportunistic infections (oral thrushes)*
4. *Others*

Transmission of HIV / AIDS …

HIV is transmitted through body fluids, if the quantity of HIV in the fluid is high enough. This can be the case with blood, semen, vaginal fluid and breast milk. The number of HIV is not high enough for an infection to transmit in urine, excrement, saliva and tears.

Means of HIV-Transmission:

o Unsafe sexual intercourse with an infected partner
Women are at 4 times greater risk of infection than men, because they're often lightly injured during intercourse and semen has a higher virus load than the vaginal fluid)
Worldwide rather 75% of infection is due to sexual intercourse, in Sudan the percentage is 97, 2%
o From an infected mother to her child during delivery, and by breast feeding
Worldwide between 5-10% of infection is due to mother-child transmission, in Sudan 2,5%
o Infected Blood (contaminated needles, knifes, razor shaves, blood transfusions, especially in high risk groups, like drug addicts)
In Sudan only 0,3% of infections are due to infected blood products

HIV transmission can happen in all five periods of the process

Anybody can be infected,
not only people in high risk groups

… and how it is not transmitted

Ways HIV is not transmitted (if no infected body fluid is exchanged)
- *(Deep) kissing an infected person*
- *Touching an infected person*
- *Sharing toilets and bathrooms with infected person*
- *Wearing clothes from infected person*
- *Mosquito bites*
- *Shared glasses, dishes (eating with an infected person)*

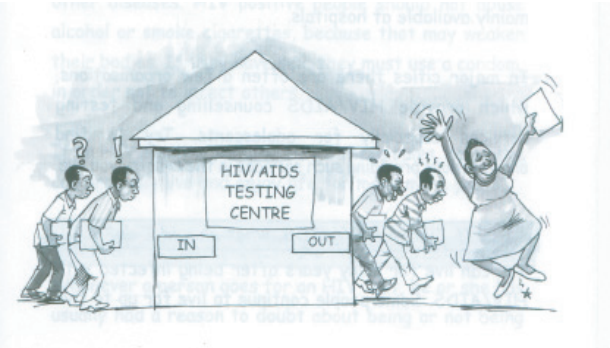
Prevention of HIV / AIDS

A B C -Prevention of STIs

HIV/AIDS can be prevented by avoiding unsafe sexual intercourse
Abstain from sex altogether
Be faithful with one partner
Condomize (use condoms)

It can also be prevented by avoiding the exchange of other body fluids like blood and breast milk (consider alternatives where available)

Step 3: Testing and counseling (including treatment)



REPRO & GTZ (2000): HIV/AIDS and the new generation.
The Questions adolescents ask most frequently about and their answers. Vol. 6, ,pp.

Time: 30 minutes

Material / Tools:
- Transparent "Voluntary testing"
- Overhead projector
- Flipchart paper "Types of tests"
- Video "HIV/AIDS counseling"
- TV, video recorder

• Handouts "HIV/AIDS – Basic facts"

Method:
Explanations (10 minutes)
• Tell the participants, that only an HIV test can determine whether someone is infected or not
• Explain that testing is necessary to know your own situation and shows a responsibility toward your fellow citizens, especially your sexual partner
• Mention the concept of voluntary counseling and testing by showing the transparent "Voluntary Testing"
• Mention again the window period (see part "Process of disease", 1st Period)
• Explain the different kinds of tests by showing the flipchart paper "Types of Testing"
• Explain what pre- and post-counseling mean and emphasize their importance

Video (15 minutes)
• Show the video "HIV/AIDS Counseling"

Summary (5 minutes)
• Let the participants summarize the different steps of counseling
• Distribute the handouts "HIV/AIDS – Basic Facts"
• Ask if there are any remain questions

Different Types of Testing

Current available tests are:

- *ELISA* — *Enzyme- Linked Immunosorbent Assay*
- *Rapid Assay* — *fast and simpler test, but more expensive once*
- *Western-blot* — *tests to confirm the result (not yet available in Sudan)*

- *In Sudan you normally carry out a Rapid Assey. If this test is positive, you confirm it with ELISA.*
- *In other countries you may first use ELISA and confirm with Western-blot*

Definition of pre- and post-counseling

- *Before a person undergoes the testing process he receives a pretest counseling. Voluntary counseling and testing" enables the client to make provide informed consent*

- *„Informed consent means that a person agrees voluntarily to be tested, with an understanding of what the test involves and what the result may mean to them." (AHRTAG, 1994:4)*

- *During the posttest counseling the client will be informed about the result of the test*

- *If the test is positive, the client receives information on retesting, medication, psychological support and how to interact safely with others in the community*

- *If the test is negative, the client will be encouraged to think about his/her behavior and the potential consequences (behavioral change)*

A YPE is not trained to conduct a counseling session
But he should know about the need for pre- and posttest counseling
and about the referral system in his area (see session referral system)

Training options

- Instead of the pretest-quiz you can carry out a brainstorming
- Instead of the Power Point presentation try flipchart paper and posters
- Instead of the video "HIV/AIDS – Counseling" you can arrange a role play

Points to remember

- Everybody is in danger of being infected (not only members of high risk groups)
- HIV/AIDS can be prevented
- HIV infection does not mean that you already have AIDS

Notes to facilitator

The topic HIV/AIDS is a sensitive one, especially because of existing social stigma and the potential for discrimination. It is therefore necessary "to break the ice" effectively and to present powerful and convincing ideas.

Reference

ACORD (2004): Unveiling the Myth: Understanding HIV/AIDS in Kassala Town, Eastern Sudan. Nairobi.
AHRTAG (ed. 1994): Practical issues in HIV testing. London. pp: 7-14.
AHRTAG (ed. 1999): AIDS action: - Improving access to care. Vol. 43.
REPRO & GTZ (2000): HIV/AIDS and the new generation. The Questions adolescents ask most frequently about and their answers. Vol. 6.
Roche (ed., n.y.): Amblicare. HIV/AIDS Education booklet. n.p.
Zavriew, L. (ed. 1995): Panos Medien-Briefing AIDS, No. 3. London.

SNAP Sudan website

Material checklist
HIV/AIDS – Basic facts

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Pretest-quiz		
	according to number of participants	12.1 Pretest-quiz
Sheets "Numbers for pretest-quiz"	according to number of participants	12.2 Sheets "Numbers for pretest-quiz"
Pens or markers	according to number of participants	
Power Point presentation "HIV/AIDS – Basic facts"	1	12.3 Power Point presentation "HIV/AIDS – Basic facts"
Multimedia projector	1	
Transparent or poster "Process of the disease"	1	12.4 Transparent or poster "Process of the disease"
Overhead projector	1	
Poster "What do an HIV-carrier and an AIDS-patient look like"	1	
Transparent "Infective body fluid"	1	12.5 Transparent "Infective body fluid"
Case studies "How to prevent HIV/AIDS"	according to number of participants	12.6 Case studies "How to prevent HIV/AIDS"
Flipchart paper "Types of tests"	1	12.7 Flipchart paper "Types of tests"
Transparent "Voluntary testing"	1	12.8 Transparent "Voluntary testing"
Video "HIV/AIDS counseling"	1	
TV, video recorder	1	
Handouts "HIV/AIDS – Basic facts"	according to number f participants	12.9 Handouts "HIV/AIDS – Basic facts"

Session 13

HIV / AIDS – Social Aspects

Objectives

By the end of this session, the participants should be able to…

- Describe the life with HIV/AIDS, including treatment and other aspects
- Analyze the history of HIV/AIDS pandemic
- Identify the links between HIV/AIDS and social factors

Time

90 minutes

Material / Tools

- Cards "What an infected person can do"
- Cards (blank)
- Pens or markers
- Citations from HIV-infected persons
- A4 paper (two colors, blank)
- Pinboard, pins
- Power Point presentation "History, facts and impacts of HIV/AIDS" (slide 1-8)
- Multimedia projector
- Transparent "Worldwide spread of HIV/AIDS"
- Overhead projector
- Question-answering game "HIV/AIDS and social factors"
- Posttest-quiz
- Handouts "HIV/AIDS – Social aspects"

Advance preparation

- Prepare the cards "What an infected person can do"
- Prepare the citations of HIV-infected persons
- Copy the citations of HIV-infected persons according to number of citations
- Prepare the Power Point presentation "History, facts and impacts of HIV/AIDS" (slide 1-8)
- Prepare the transparent "Worldwide spread of HIV/AIDS"
- Prepare the question-answer game "HIV/AIDS and social factors"
- Prepare the posttest-quiz
- Copy the posttest-quiz according to the number of participants

- Design the handouts "HIV/AIDS – Social aspects"

(Print the Power Point presentation, add the points to remember and the references)

- Copy the handouts according to the number of participants

Steps

Step 1: Living with HIV / AIDS
Time: 30 minutes

Material / Tools:
- Cards "What an infected person can do"
- Cards (blank)
- Pens or markers
- Citations from HIV-infected persons
- A4 paper (two colors, blank)
- Pinboard, pins

Method:
What an infected person can do (10 minutes)
- Explain that there's no cure for AIDS, but there's a lot an infected person can do to stabilize his/her health
- Ask the participants what an infected person can do. Pin the corresponding card on a board. If the mentioned idea is wrong, write a new card and pin the card separately. If an additional correct idea is mentioned, write a new card and pin it next to the other corret ones.
- After you've gathered the ideas, mention the psychological factor and the importance of social support for an infected person

Stigma and discrimination (20 minutes)
- Distribute the citations from HIV-infected persons to some of the participants and ask them to read them aloud
- Divide the participants into 2 groups
- Distribute A4 paper of one color to the one, of another color to the other group
- Ask them to find answers for the following questions
  1. Why does discrimination against HIV-infected persons happen? (Group 1)
  2. What can a YPE do to fight against discrimination? (Group 2)
- Ask the group members to write their questions and their suggestions on A4

papers

- Invite one member of each group to repeat the question aloud, to explain one suggestion and to pin the corresponding A4 paper on the board. Procees until all suggestions are pinned on the board
- If necessary, add others

What an Infected Person can do

…to stabilize his/her health…

"If you find out that you are HIV positive, this is not a death sentence"
Roche (ed., n.y.): Amblicare. HIV/AIDS Education booklet. n.p. pp. 20"

- *Having a positive attitude…*
  - *Continue working as long as possible*
  - *Continue your hobbies (so long as they are not dangerous for your health)*
- *Improve your lifestyle…*
  - *balanced diet*

good hygiene
avoid smoking and drinking alcohol

- *Seek treatment immediately at the onset of another disease*
- *Go to a clinic for check ups regularly*
- *Take medicine that attacks the virus*

…for the health of his/her fellow citizens

- *Use condoms when having sex, to avoid infecting your partner*
- *Don't share razor blades or tooth brushes etc.*

If an HIV-carrier follows these suggestions,
he/she can probably live and enjoy life for many years to come

Reasons,

why discrimination against HIV / AIDS persons happens

- *Policy*
- *Ignorance*
- *Lack of knowledge*
- *Wrong information*
- *Fear*
- *Misinterpretation of faith believe*
- *Personal philosophy*
- *…*

This list doesn't claim completeness
You can add further ideas

How you can fight against discrimination

Secure…
- *Provision of human rights*
- *Access to education*
- *Access to employment*
- *Access to health and welfare service*
- *Respect*
- *Housing*
- *Social life and social interaction*
- *Distribution of accurate information*
- *Take a stand against myths and wrong information*
- *…*

People with HIV / AIDS have the same rights as any other person

This list doesn't claim completeness
Feel free to add further examples

Step 2: History, facts and impacts of HIV / AIDS
Time: 15 minutes

Material / Tools:
- Power Point presentation "History, facts and impacts of HIV/AIDS" (slide 1-8)
- Multimedia projector
- Transparent "Worldwide spread of HIV/AIDS"
- Overhead projector

Method
- Show the Power Point presentation history and facts of HIV/AIDS (slide 1-4) and give further explanations
- When talking about the facts show the transparent "Worldwide spread of HIV/AIDS"
- Proceed with the Power Point presentation concerning the impacts of HIV/AIDS (slide 5-8)

History of HIV / AIDS

- *In 1981 the disease was discovered for the first time in America*
- *In 1982 this disease was named "AIDS"*
- *In 1983 Dr. Luc Montagnier from France identified a virus, which causes the disease AIDS*
- *In 1984 Dr. Robert Gallo from America came to the same conclusion*
- *The virus was then named "HIV"*
- *In the early 1980s research groups discovered the means of HIV, reproduction and transmission and accurate tests were developed*
- *In 1987 the first medicine (AZT) was developed, which prevents the prenatal transmission of HIV*
- *It was discovered that there are 2 Types of HIV and many subtypes*

In Sudan the first HIV case was reported in 1986

Facts of HIV / AIDS

Since the discovery of the disease HIV/AIDS has spread worldwide, so it is now referred to as a pandemic (worldwide epidemic)

Worldwide	
First case 1981	
Infections up to 2002	*42mio*
New infection 2002	*5mio*
Death due to AIDS up to 2002	*3,1 mio*
In Sudan	
First case 1986	
Est. infections up to 2002	*450.000 cases*
New infections 2002	*no data*
Death due to AIDS up to 2002	*11000-23000*
AIDS-prevalence rate	*2,6 % (up to 10% in the south)*

Impacts of HIV / AIDS

On the individual person
- *Confrontation with the disease, with body weakness, opportunistic infections,…*
- *Fear of death*
- *Depressions, frustrations, fear*
- *Feeling of shame guilt*
- *Discrimination, stigma*
- *…*

On the family
- *Psychological impact on family life (fear, frustration, discrimination, stigma…)*
- *Direct costs (medication, caretaking costs)*
- *Indirect costs (loss of employment income)*
- *Impact on children (must undertake adult of infected person perhaps quitting school)*
- *Loss of family members (with the consequence of e.g. AIDS orphans, helpless elderly people, …)*
- *…*

On the society
- *Change of structure of society (decreased productivity due to death and illness among working age adults*
- *Costs to health system*
- *Costs to social system (orphans, elderly people in need of social services)*
- *Loss of economic strength (loss of human resources, talent and brain power)*
- *…*

This list doesn't claim completeness
Feel free to add further examples

Step 3: Links between HIV / AIDS and social factors
Time: 30 minutes

Material / Tools:
- Question-answer game "HIV/AIDS and social factors"
- Pinboard, pins

Method:
- Pin the papers with the overall title (color a) and the subtitles (sections, color b) on the board
- Distribute the participants in 4 groups
- Distribute the papers with the related issues (white) of one section (subtitle, color b), to one group
- Each group should prepare one section, by trying to explain the relationship between

HIV/AIDS and the written issues discussed

- Summarize the results
- If necessary give further explanations

HIV / AIDS and social factors (overall title)

HIV/AIDS and faith beliefs (subtitle, section)
- *AIDS is a curse*
- *AIDS is a sign of being "unreligious" or ignoring religious duties*
- *AIDS is a test of God*
- *AIDS is just bad luck*

HIV/AIDS and social structure (subtitle, section)
- *AIDS and polygamy*
- *AIDS and remarriage systems within families*
- *AIDS and socially "accepted" promiscuity*
- *AIDS and hierarchy and authority*

HIV/AIDS and economy/poverty (subtitle, section)
- *AIDS and refugees*
- *AIDS and migrants*
- *AIDS and rape*
- *AIDS and prostitution*
- *AIDS and lack of money for health system*

HIV/AIDS and "high risk groups" (subtitle, section)
- *AIDS and sex-workers*
- *AIDS and lorry taxi and drivers*
- *AIDS and migrants*
- *AIDS and soldiers*
- *AIDS and tea-sellers*
- *AIDS and students (in some cultures)*
- *AIDS and unemployed people (see poverty)*

To belong to one of these groups does not automatically mean that you are infected or have AIDS!!!
It depends on the personal behavior!!!

This list doesn't claim completeness
Feel free to add further examples

Step 4: Posttest – quiz
Time: 15 minutes

Material / Tools:
- Posttest-quiz
- Pens
- Handouts "HIV/AIDS – Social aspects"

Method:
- Distribute the posttest-quiz
- Ask the participants to write on the top the same number, they drew for the pretest
- Tell them not to look at their handouts
- Allow 5 minutes to answer the questions
- Gather the quizzes and distribute the handouts "HIV/AIDS – Social Aspects"
- While the participants review the handouts you can correct the quizzes by using the answering sheets.
- If desired present the results of the pre-and posttest-quiz in order to compare the achievements

Training options

- Instead of the group work design a role play to highlight discrimination
- Instead of testimonials from HIV-infected persons you can distribute case studies or show a video
- Instead of the Q&A (question-answer) game you can explain the links through case studies (facts)
- Instead of posttest-quiz, you can make a final brainstorming

Points to remember

- Testing positive for infection doesn't automatically mean that you'll die soon
- You shouldn't be afraid to be a friend of an infected person. If you are well informed you can protect yourself
- HIV-infected persons and AIDS-patients needs our support
- HIV/AIDS is highly linked to cultural factors

Notes to facilitator

The topic HIV/AIDS is a sensitive one, especially because of stigma and discrimination. It is therefore necessary "to break the ice" and to present compelling and convincing ideas.

Reference

ACORD (2004): Unveiling the Myth: Understanding HIV/AIDS in Kassala Town, Eastern Sudan. Nairobi.
AHRTAG (ed. 1999): AIDS action: - Improving access to care. Vol. 43. London.
Barnett, T. & Blaikie, P. (ed. 1992): AIDS in Africa. Its Present and Future Impact. London.
Nabarro, D. & Mc Connell, C. (1998): The impact of AIDS on socioeconomic development. AIDS, No. 3.
REPRO & GTZ (2000): HIV/AIDS and the new generation. The Questions adolescents ask most frequently about and their answers. Vol. 6.
Roche (ed., n.y.): Amblicare. HIV/AIDS Education booklet. n.p.
UNAIDS (2002): Report on the global HIV/AIDS Epidemic. New York.
Zavriew, L. (ed. 1993): Panos Medien-Briefing AIDS. No.1 .London.
Zavriew, L. (ed. 1995): Panos Medien-Briefing AIDS, No. 3. London.

UNAIDS Website
WHO Website

Material checklist
HIV/AIDS – Social aspects

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Cards "What an infected person can do"	according to output	13.1 Cards "What an infected person can do"
Cards (blank)	according to number of participants	
Pens or markers	according to number of participants	
Citations from HIV-infected persons	according to output	13.2 Citations from HIV-infected persons
A4 paper (two colors, blank)	according to number of participants	
Pinboard, pins	1	
Power Point presentation "History, facts and impacts of HIV/AIDS"	1	13.3 Power Point presentation "History, facts and impacts of HIV/AIDS"
Multimedia projector	1	
Transparent "World-wide spread of HIV/AIDS"	1	13.4 Transparent "World-wide spread of HIV/AIDS"
Overhead Projector	1	
Question-answering game "HIV/AIDS and social factors"	1	13.5 Question-answering game "HIV/AIDS and social factors"
Posttest-quiz	according to number of participants	13.6 Posttest-quiz
Handouts "HIV/AIDS – Social factors"	according to number of participants	13.7 Handouts "HIV/AIDS – Social factors"

Session 14

Drug Abuse

Objectives

By the end of this session the participants should be able to…

- Explain the meaning of drug abuse
- Identify the different types of commonly abused drugs and their ill effects
- Analyze the reasons for drug abuse spread among various population groups
- Discuss the preventive measure of drug abuse
- Educate and help peers to overcome drug abuse

Time

90 minutes

Material / Tools

- Transparent “Introduction to drug abuse”
- Overhead projector
- Flipchart paper “Drug use and drug abuse”
- Flipchart or
- Pinboard, pins
- Flipchart paper blank
- Marker or highlighters
- Transparent “Who abuses drugs”
- Overhead projector
- A4 paper (2 colors) ”Types“ and ”Effects“
- A4 paper (2 colors, blank)
- Pens or markers
- Transparent “Types of drugs and their effects"
- Instructions for the role play “Drug abuse”
- Prepared flipchart paper “Analyze of the role play?”
- Handouts “Drug abuse”

Advance preparation

- Prepare the transparent “Introduction to drug abuse”
- Design the flipchart paper “Drug use and drug abuse”
- Prepare the transparent “Who abuses drugs”
- Prepare the A4 paper (2 colors) with “Types” and “Effects”
- Prepare the transparent “Types of drugs and their effects”
- Prepare the instructions for the role play “Drug abuse”

- Copy each of the instructions according to the number of participants of each group
- Prepare the flipchart paper "Analyze of the role play"
- Design the handouts "Drug abuse"
- Copy the handouts according to number of participants

Steps

Step 1: Definition

UNDCP (ed. 1998): Drug Counsellor's Handbook – A Practical Guide for Everyday Use. Nairobi.Headpaper

Time: 10 minutes

Material / Tools:
- Transparent "Introduction to drug abuse"
- Overhead projector
- Flipchart paper "Drug use and drug abuse"
- Flipchart or
- Pinboard, pins

Method:
- Show the transparent "Introduction to drug abuse" and ask the participants what they see and how they view the topic of this session
- Mention that there are prejudices and stigma concerning drug abuse. Explain that drug abuse is a very complex topic, which needs to be approached with knowledge, social competence and sensitivity
- Ask the participants whether they know any case of drug abuse (within their neighborhood, from school, university, etc. Tell them not to mention names!)
- Show the flipchart paper "Definition of Drug Abuse"
- Read it aloud or let it be read by one of the participants. Pin it at a place where it

will be visible for the rest of the session
• Ask the participants whether they understood the definition

Definition "Drug use and drug abuse"

o Drug abuse is the use of drugs in a way that it causes harm to personal health, others and society

o The moderate use of legal drugs is not called drug abuse (e.g. medicine, in many non-Islamic countries alcohol, etc.), although unchecked use of legal drugs can escalate into drug abuse

o On the other hand, the use of illegal drugs – even in a moderate way, that mean in a way that doesn't cause immediate health problems, - is considered drug abuse. Naturally also the immoderate way of illegal drug use is also considered drug abuse.

Keep in mind that the attribution "legal" or "illegal" can differ from culture to culture (e.g. alcohol)

Step 2: Who abuses drugs and why?
Time: 10 minutes

Material / Tools:
• Flipchart
• Flipchart paper blank
• Marker or highlighters
• Transparent "Who abuses drugs"
• Overhead projector

Method:
Who abuses drugs? (5 minutes)
• Ask the participants who abuses drugs
• Write the answers on the flipchart
• Show the transparent "Who abuse drugs"
• Read it aloud or let one of the participants do so

Who abuses drugs?

o youth and adults
o rich and poor people
o rural and urban people
o women and men
o …
o anybody can abuse drugs

The abuse of the most dangerous illegal drugs, such as cocaine and heroin is on the rise among young people particularly urban youth. Canabis is the most common illegal drug

Why do people abuse drugs? (5 minutes)
• Brainstorm in the plenum, why people abuses drugs
• Give the change to exchange experiences.
• Write reasons for drug abuse on the flipchart

Why do people abuse Drugs

People use drugs to alter or enhance their mood based on a variety of needs that fall broadly into two categories
o Need to self-medicate, to feel better, to alleviate real or imagined pain
o Appetite and desire for pleasure or entertainment

The rich may turn to drugs for entertainment or relief from boredom
while the poor are more likely to use drugs to escape from their unfortunate situation
Youth often try drugs to be "cool", or gain peer acceptance

Step 3: Types of drugs abused and their effects
Time: 40 minutes

Material / Tools:
• A4 paper (2 colors) „Types" and „Effects"
• Pinboard, pins
• A4 paper (2 colors, blank)
• Pens or markers (for A4 paper)
• Transparent "Types of drugs and their effects"
• Overhead projector

Method:

Types (15 minutes)

- Pin the A4 paper (color A) "Types" on the board
- Ask the participants which kind of drugs they know
- Write the ideas on A4 paper (color A) and pin them on the board under the prepared paper (color A) "Types"
- If necessary add further ones
- Give short descriptions to each of the drug, as far as the participants are not able to do so

Effects (15 minutes)

- Divide the participants into 7 groups
- Allot one drug to each of the groups
- Tell them to discuss the effects of their designated drug and to write their results on an A4 paper (color B) - (10 minutes)
- Each group has to present their results (all together 15 minutes). Tell them to pin their A4 papers under the prepared paper (color B) "Effects" and besides the corresponding A4 paper (color A) with the type of drug they got

Summary (10 minutes)

- Give time to let the participants share their experiences, what they have heard about or seen
- Add missing items or correct wrong assumptions
- Summarize the results by showing the transparent "Types of drugs and their effects"
- Focus on the fact, that the effects of drugs seem to "very positive"
- Leads to the next step "Roleplay - Drug abuse"

Types of Drugs

o Cannabis
-Cannabis is a wild growing plant. It is known by many names e.g. bhang, pot, dope, weed, hashish, etc.
-Cannabis is rolled in cigarette paper and smoked either alone or in combination with tobacco
-Cannabis is sometimes taken within a drink or baked within sweetmeats
-Its use is associated with a variety of effects depending on the number of cannabis used and the personality and expectations of the person using it

o Ghat
-The Ghat plant is indigenous in East Africa
-Ghat is consumed by chewing of the tender, juicy leaves and stems and accompanied by drinking of large amount of sweet tea or soda
-It must reach the marketplace in fresh state
-It plays an important role in the social life amongst its users
o Heroin or poppy (Opium)
-Opium is the coagulated juice from the unripe capsule of the poppy plant
-It is consumed through smoking, mixed either with tobacco or cannabis, Inhaling the powder and by injections either in the a vein, a muscle or just under the skin

(link to HIV/AIDS)
-Other opiates such as codeine and opium can be consumed orally
-The main medicinal drugs derived from poppy are morphine and codeine
-In the West the heroin addict is called "junkie"
o Cocaine
-The coca bush is an evergreen shrub predominantly found in the Andes Mountain Region of South America. Its active ingredient is the alkaloid cocaine, a white powder which is extracted from its leaves by simple chemical process

-It is consumed by inhaling of the powder. The powder can also be melted and concentrated to hardened substance called "crack cocaine", which is smoked by pipe or dissolved in liquid and injected. Also the leaves can be chewed
-Cocaine has a stimulant effect.
o Inhalant
-There are great varieties of chemicals that can be inhaled to achieve a "high", such as shoe glue, varnish, gasoline, cleaning fluids, aerosols, thinners, spray paint,

nail polish remover, correction fluids and colored markers

-These materials are freely available
-Inhalants are abused through breathing and sniffing. Regular users may inhale

the substances from a plastic bag or container in order to concentrate the effect

o Alcohol and other depressant drugs
-Drugs falling under this broad class include alcohol, sedatives, anti- anxiety

drugs, sleeping medications, and antihistamine as well as inhalants
-Depressants are drugs which slow down the functions of the brain, especially

the higher centers of mental functioning such as attention, mental

concentration, thinking, recognition, decision making and initiating reasoned

actions

o Tobacco
-It is the only legally available consumer product worldwide that is harmful to one's health when used as intended
-While tobacco smoking is very hazardous to the user's health, it does not have

emotional effects or cause behavior changes in any way comparable to the

other common drugs abused
-Tobacco use is one of the most important, preventable public health problems in developed countries

o Amphetamines
-Amphetamines are psycho-stimulants that affect the function of the body and

mind and causes extreme excitement
-Well known amphetamines are ecstasy, methamphetamine and MDA
-Ecstasy for example is distributed at little or no cost to attract youth
- The risk of addiction/dependency is extremely high

o Hallucinogens
-Some examples are LSD, PCP, psilocybin mushrooms, peyote and mescaline
-Hallucinogens are usually taken orally
-Users do not normally become dependent on hallucinogens

o Legal medicine
Any kind of medicine can be misused. In particular painkillers, sleeping pills or amphetamines

Effects of drugs

o Cannabis

-It causes hilarity, euphoria, pleasurable physical sensations, and changes in perception of time and space, loss of inhibitions, temporary enhancement of creative sensitivity and ability in playing music, telling stories and singing or dancing

-Also it increase the sexual appetite and enjoyment but not necessarily performance, once the more narcotic, sleep- inducing effect sets in

-Cannabis amplifies the feeling of the user. Thus it can make a happy person feel happier, but it can make a depressed person more depressed, anxious, fearful, and paranoid

-Also it causes impairment in co-ordination, reflexes, judgment and memory particularly if used habitually

-Typically it causes itching, redness of the eyes and dilatation of the pupils. When the user is stoned, lethargy and sleepiness eventually set in

-Prolonged, habitual use of cannabis may lead to loss of libido, impairment in cognition, reduced immunity and acute cannabis psychosis

o Ghat

-When used in small amounts, the users experience a sense of well being, mental alertness, excitement and increased sexual libido

-Once the euphoric effect of the drug cease, the user may become morose, irritable and slack

-The habitual user may develop insomnia, numbness, and decrease in concentration and anorexia, psychological dependence, depression, anxiety and irritability

-It may also cause heart disease, brain bleeding, stomach illness and high blood pressure

o Heroin or Poppy (Opium)

-The initial effect of the drug is called rush which is the feeling of indescribable pleasure which cannot be described in words

-This rush may be followed by intense itching and redness of the eyes, then by drowsiness, after which the user has a feeling of relaxation and euphoria

-During this period there is a loss of appetite and libido

-Repeated use of heroin is associated with tolerance and development of partial or full withdrawal symptoms when the user suddenly has no access to the drug

Cocaine

- A physical and mental stimulant

-It has the potential to cause both physical and psychological dependence

-The initial use of cocaine is associated with rush which followed by euphoria and suppress appetite

-Chronic abuse of the drug tends to cause the user self – centered, so it is often referred to as a selfish drug

o Inhalants

-Inhalants are 'stupeficants' (stupefy: to stun, make dull or lethargic)

-They tend to have a numbing, stoning, mildly euphoric, desensitizing effect.

Users tell that the drug helps them to forget their problems, suppress their appetite, numb their physical pain etc.

o Alcohol and other Depressant Drugs
-While they are act to slow mental function depressants also act as disinhibitors. So they can act as stimulants or depressant - according to the social context
-Depending on the amount consumed any one of these drugs may progressively produce relaxation, disinhibition, mild sedation, drowsiness, intoxication and sleep
-With moderate to high dosage, there is increased depression of the user's central nervous system
-Physical co-ordination may be impaired, leading to slurred speech, shaky hands or unsteady walking
-During pregnancy alcohol can cause lifelong mental, nervous, and emotional problems in the newborn. This is called "Fetal Alcohol Syndrome"
-In general, women have a lower tolerance for alcohol than men, and experience the effects of drunkenness more quickly than men

o Tobacco
-Tobacco smoking is highly addictive
-It cause major complications during pregnancy and undermines immunity, so it further compromises the immunity in HIV positive individuals
-Also it account for 90% of lung cancer and 25% of heart diseases
-It is the number one cause of death in industrialized countries. It is known to cause more death than all other psychoactive drugs
-The "passive smoking" when a non- smoker breathes cigarette smoke in a poorly ventilated area is as serious as the active smoking

o Amphetamines
-Chronic use commonly causes personality and behavioral changes such as

aggression, irritability and hyperactivity
-withdrawal symptoms seem to be limited to temporary feelings of fatigue and

Depression

o Hallucinogens
-Hallucinogens are known in the drug culture as mind-expanding or psychedelic

drugs
-They alter the user's mood, the way the user experience his or her body
-Sometimes the experiences are bizarre or frightening; this is known as a 'bad

trip'

o Medicine
-The effects of medicine depend on the type of medicine abused. The abuse

can lead to dependency on this drug and even to death

Step 4: Role play "Drug Abuse"
Time: 30 minutes

Material:
- Instructions for the role play "Drug abuse"
- Flipchart
- Markers or highlighters
- Prepared flipchart paper "Analyze of the role play"
- Pinboard, pins

Method:
- Select volunteers for 3 groups, taking the role of drug addicts, non-users and YPEs
- Ask the volunteers which group they would like to join (around 3 people for each group)
- Distribute the corresponding instruction to them
    1. Ask them to create a role play according to the given information
    2. Allow them 15 minutes
- Let them perform the role play
- Invite the spectators to analyze the role play by answering the following questions, shown on the flipchart paper "Analyze of the role play"
    1. Why did the youth in the role play abuses drugs?
    2. What did the YPEs do to prevent from drug abuse?
    3. How did one of the youth got off the drug abuse?
    4. What can happen, if people can't get off drug abuse?

Analyze of the role play

- *Why did the youth in the role play abuse drugs?*
- *What did the YPEs do to prevent from drug abuse?*
- *How did one of the youth got off the drug abuse?*
- *What can happen, if people can't get off drug abuse?*

What can you do to prevent from Drugs

- *Think about the effects, consider what could happen*
- *Don't listen to people who want you to "try it"*
- *Don't believe the hype*
- *If your "friends" or your "peer-group" want you to take drugs, in order to be accepted by them ask yourself "Is acceptance worth to become a drug addict?"*
- *Don't hesitate to talk with your parents, teachers or other people you trust, if you feel pressured by anyone or any situation*
- *…*

This list doesn't claim completeness
Feel free to add further examples

How can you get off drugs

- *Withdrawal from drugs can cause extreme side effects depending on the kind of drug and the duration of abuse. In general a medical observation and treatment is necessary*
- *The fear of suffering from withdrawal is like an emotional prison which makes the addict feel trapped and controlled by the drug*
- *If you want to get off drugs you need help from experts, such as drug counselors, doctors, self-help groups, etc.*
- *You must get to know your reasons for the drug abuse to fight them and not just the "symptoms of drug abuse"*

A YPE can offer you help by referring you to a drug counselor,
or someone who knows about the drug referral system in your area

What can happen, if people can't get off drug abuse

- *Health problems*
- *Financial problems*
- *Social problems*
- *Being kicked out the society as asocial*
- *Being kicked out of school, loose the job*
- *Starting criminal acts to get money for drugs*
- *…*
- *Death due to drug abuse*

Training options

- Instead of the group work it is possible to use Power Point presentation
- Use slides to show the different types of drugs and their effects
- Instead of talking about types and effects you can offer case studies of drug addicts
- Instead of the role play you can show a video to analyze

Points to remember

- Drug abuse is a very complex topic, that demands knowledge, social competence and sensitivity
- Drug abuse is drug use in a way that it causes harm to personal health, to others and to society
- Substance abuse affects all kind of people experiencing a variety of problems, living in diverse social conditions, using a variety of psycho-active substances, for a variety of motives, to achieve a variety of effects
- Alcohol, tobacco and cannabis are the most commonly abused drugs
- The fear of suffering from withdrawal is like an emotional prison which makes the addict feel trapped and controlled by the drug
- Many of us think that our job is to inform young people and drug abusers of the dangers of drugs in order to make them change their ways. Unfortunately this is not enough. Abusers require expert medical and psychological help from experts

Notes to facilitators

Session should be carried out by self-confident or experienced persons. Drug abuse is a very complex topic, which requires expert knowledge, social competence and sensitivity. The facilitator should not condemn drug addicts, but should explain the situation that can lead somebody to drug abuse.

As a facilitator you have to emphasize that the effects of drugs seem to be "very nice". That's why so many people get addicted. But the long-term effects are terrible.

Reference

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Material checklist
Drug abuse

Material / Tool	Number	Available at PPFA-International® as hard and soft copy (file name)
Transparent "Introduction to drug abuse"	1	14.1 Transparent "Introduction to drug abuse"
Overhead projector	1	
Flipchart paper "Drug use and drug abuse"	1	14.2 Flipchart paper "Drug use and drug abuse"
Flipchart or	1	
Pinboard, pins	according to output	
Flipchart paper blank	according to output	
Markers or highlighters	one or more colors	
Transparent "Who abuses drugs"	1	14.3 Transparent "Who abuses drugs"
A4 paper (2 colors) „Types" and „Effects"	2	14.4 A4 paper (2 colors) „Types" and „Effects"
A4 paper (2 colors, blank)	according to number of participants	
Pens or markers (for A4 paper)	according to number of participants	
Transparent "Types of drugs and their effects"	1	14.5 Transparent "Types of drugs and their effects"
Instructions for the role play "Drug abuse"	according to number of participants	14.6 Instructions for role play "Drug abuse"
Prepared flipchart paper "Analyze of the role play"	1	14.7 Prepared flipchart paper "Analyze of the role play"
Handouts „Drug abuse"	according to number of participants	14.8 Handouts „Drug abuse"

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(ed.) editor
(n.y.) no year
(n.p.) no place