

# 11A. IMPLEMENTATION OF HIV/AIDS EDUCATION POLICY IN SCHOOLS (Total time: 2 hours)

## Objectives (3 mins)

By the end of the session, participants will be able to:

- Have a clear understanding of the policy on HIV/AIDS education.
- Reinforce the implementation of HIV/AIDS education.
- Internalise behaviour transformation.

## 1. Introduction (10 mins)

### (a) What is a curriculum?

A curriculum is all that is planned to enable learners acquire and develop desired knowledge, skills and attitudes.

For a curriculum to be effective, it has to respond to the challenges, realities and the changing times which are characteristic of a dynamic society like ours. It should accommodate the emerging issues such as HIV/AIDS, environmental issues, drug abuse, gender, etc, besides the normal school disciplines that are targeted. But the question is to what extent?

### (b) Education theorists have identified four pillars of education, which teachers and all those concerned with education should help schools and learners to focus on. These are:

- |                              |  |
|------------------------------|--|
| 1. Learning to know          | - Cognitive  |
| 2. Learning to do            | - Psychomotor (skills)                             |
| 3. Learning to live together | - affective  |
| 4. Learning to be            | - complete development and fulfillment of a person |



(All these are entrenched in our national goals of education and more clearly illustrated by various subject disciplines)

## 2. General Comments About our Education Systems and Curriculum (15 mins)

What do people say?

What is really the problem

Do teachers teach as they should?

Is the total contact time fully utilised?

When term opens when does teaching start

When does teaching stop?

Are all lessons attended to by teachers?

Who should take responsibility for time wasted

Are there guidelines on how to implement learning?

Do teachers refer to the goals of education?

Why is implementation the way it is?

What can we do?

1. Our education system is examination oriented.
2. The curriculum is overloaded.
3. It is too academic.
4. We only teach examinable subjects.

### 3. Policy on the teaching of HIV/AIDS in schools (20 mins)

#### (a) What is a policy?

A policy is a statement of action.

There is a government policy on the teaching of HIV/AIDS in schools from primary level to college level. This is shown in: Education Sector Policy on HIV and AIDS page 13

#### The goals

##### 1. Prevention

An environment in which all learners and education sector personell are free from HIV infection.

##### 2. Care and Support

An education sector in which care and support is available for all, particularly OVCS and those with special needs.

##### 3. HIV and AIDS and the workplace

Non-discriminatory labour practices, terms and conditions in service frameworks.

##### 4. Management of response

Management and structures and programmes are in place at all levels of Education sector to ensure and sustain quality education in the context of HIV and AIDS.

#### (b) Kenya National HIV/AIDS Strategic Plan of 2000 – 2005 (Office of the President)

After identifying priority areas requiring intervention, the strategic plan stipulates as follows:

“The education sector is the most important since it has the potential to influence behaviour formation and behaviour change among 50% of the country’s youthful population. Priority interventions in the sector include the teaching of HIV/AIDS in schools and colleges, research and policy analysis. The larger challenge however, will be teaching of HIV/AIDS to children and youth and out of the schools.”

The plan identified key actors to this task as; MoE, NGO’s, Religious Organisations and other GoK Ministries.

#### (c) The Sessional Paper No. 4 of 1997

This was developed earlier than the strategic plan and states the following:

That the government will

- Provide direction in designing culturally, morally and scientifically acceptable AIDS Education Programme for the youth in and out of school.
- Advocate for the protection of youth against antisocial behaviours such as premarital sex, drug abuse, teenage pregnancy and school drop out.
- Strengthen the capacity of teachers, parents, learners and communities in general to enable them lead and educate young people about HIV/AID and provide role models for the youth.

The relevant AIDS Education syllabus prepared by MoE through KIE is in line with the two government policy documents stated above. All the objectives in the syllabus are intended to achieve behaviour development and change among the youth in and out of school.

The government through the president in November 1999 declared HIV/AIDS as a National Disaster. What does it mean?

Guidelines came in from the Ministry of Education to use one P.E. lesson to teach HIV/AIDS as a response to the national disaster declaration.

There are now efforts to equip teachers with the approaches of infusion and integration from KIE, the ACU (MoE) and NGOs, etc.

#### 4. Kenya Education Sector Support Programme (KESSP) (5 mins)

The Ministry of Education launched the education policy on HIV/AIDS in September 2004 and the structure of this HIV/AIDS investment programme follows the four main goals that guide the policy.

These are:

1. Prevention.
2. Care and Support
3. Work Place issues
4. Management of response and advocacy.

#### 5. Prevention (20 mins)

The policy stipulates the following on prevention.

(Facilitator discusses these and clearly relating to PSABHS response)

- The development of skills and values and changing of attitudes to promote positive behaviour is the responsibility of learning institutions.
  - Whole school approach.
  - PSABH works within existing structures/systems.
- Life skills be mainstreamed into the existing curriculum and co-curricular activities at all levels.
  - Has integrated approach to knowledge, skills and values.
- Institutions to Mobilize the local communities, religious groups, leaders, parents, care givers, guardians and intersectoral departments to address prevention and control.
  - Target group – School & Community)
- Relevant and suitable teaching/learning materials and approaches for HIV/AIDS be developed for use by all learning institutions.
  - PSABH features of a responsive school e.g. Question box, School Health Club, Information Corner, etc)
- Learning institutions to create awareness on rape and sexual harassment through sensitisation of girls, boys, men and women to enhance safety and protection for young people.
  - PSABH training model - addresses this through a whole school approach.

#### 6. Strategies to teach HIV/AIDS education (20 min)

Any strategy selected to teach AIDS education should consider the following:

- AIDS Education is relatively a new discipline that cannot be easily categorised as either a science or an art. Its content cuts across all these disciplines.
- Some issues and topics contained in AIDS Education are very sensitive both to learners, teachers, parents, community, church leaders, etc.
- AIDS Education is a value laden subject with values attached and deeply rooted in culture.
- Its major focus is behaviour transformation

<ul style="list-style-type: none"><li>• Unawareness</li><li>• Awareness of a problem</li><li>• New knowledge/skills</li></ul>	Transmission
<ul style="list-style-type: none"><li>• Motivation to act</li><li>• Trial</li></ul>	Transaction
<ul style="list-style-type: none"><li>• Success</li><li>• Sustained change</li></ul>	Transformation

- It is about life it is not about failing or passing exams. It puts all of us at the centre of action.

Approaches used then should be interactive and participatory. They should enable people (learners) feel at ease to discuss and critically reflect on the issues of HIV/AIDS. They should then be able to make informed and rational decisions.

## 7. Who then should teach AIDS Education (20 mins)

Should it be the Guidance and Counselling teacher, the Head of Institution, Science, C.R.E., church leaders?

It is important to note that issues of AIDS Education can be enriched and dealt with effectively by the imagination and creativity of good facilitators but it can be seriously hampered by the limitation and attitude of other facilitators; most teachers/educators can effectively facilitate HIV/AIDS sessions since they are thought to influence the behaviour of learners provided, they have the following attributes:

- Good knowledge of the subject/accurate and adequate information — Always in search of more knowledge.
- Good role models
- Effective communication
- Observant/keen
- Committed especially to changing behaviour
- Emphatic/Show genuine concern
- Sensitive to cultural practices
- Have basic knowledge in guidance & counselling
- Creative/innovative
- Non-judgemental — not to blame or moralize
- Work with others in a team, can consult.



### Summary and Conclusion (7 min)

Heads of education institutions and all other education managers have a pivotal role in disseminating the information contained in the policy. In issuing the policy, the ministry expects them to do the following:

- Share and discuss the policy with all teachers and school employees.
- Place the accompanying posters and information in visible positions in learning institutions
- Share and discuss the policy with the committee members, parents and other stakeholders
- Ensure that the policy reaches the widest audience possible
- Use the policy to develop a plan of action for combatting the scourge in your school and community.

# 11B. COMMUNITY MOBILISATION - "EVERYONE'S CHILD"

(For community representatives only. Total time: 2 hours)

**Note for the facilitator:** The video 'Everyone's Child' should be watched the evening before. The facilitator should introduce the purpose of video in relation to this session

## Training Materials

### Handouts:

- Video discussion points on Everyone's Child

### Video:

- Everyone's Child (85 min)

### Flipcharts on:

- Emerging issues in session No. 16
- Community mobilization action plan format

## Session Objectives (2 min)

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

- Identify and practice mobilisation skills
- Identify the difficulties facing orphaned children
- Draw up action plan/ way forward on how to assist the orphans.



## CONTENT AND PROCESS

### Introduction (15 min)

- What is a community?
- What is community mobilisation?
- What skills do you need to Mobilize a group of people / community?

(Expected response)

Negotiation	Conflict resolution
Consultation	Monitoring
Planning	Evaluation
Organisation	Implementation
Communication	Supervisory
Leadership	Collaboration

### Video Show (shown night before - 85 min)

- Discuss with participants the key points highlighted from the video. Use leading questions during the discussions as follows:.

### Discussion Points for 'Everyone's Child'

1. How is your life and your community similar to the one in the video?
  - Are there orphaned children in your family or community?
  - How is your situation similar to Uncle Ozias'? How is it different?
  - Are there children under stress. Do you know their family or neighbours or friends? Does this make a difference?
  - Do you think Uncle Ozias was right in what he did?
2. What do the children need?
  - Emotional support?
  - Material support?
  - Other support?
  - What is difficult for children like Tamari and Itai?

- What is difficult for children like Tamari and Itai?
  - What would happen if they didn't get that support?
  - Traditionally, how have these children been supported?
  - What is stopping you from giving that support?
3. What choices do orphaned children have?
- What difficulties do Tamari and Itai face?
  - What dangers did Tamari face in the video?
  - What made Tamari do what she did?
  - Who is to blame for the situation Tamari finds herself in with Shaghi?
  - Does Tamari have any choice?
  - Does our society force girls and women into this kind of situation?
  - What can we do to protect children like Tamari from sexual exploitation?
4. What happens to neglected children?
- In the video, what did the Pastor do?
  - What else could he have done?
  - How was Itai's experience in the children's home?
  - What support can institutions like the church, school, and the state give the children?
5. What is life like for a street child?
- What made Itai go to town?
  - What makes other children go to town?
  - What dangers did Itai face in town?
  - What could we do to support children like Itai?
6. Recap to sequence No 1:
- Whose responsibility are the children?
  - Do you think Ozias was right in what he did?
  - How has the extended family changed?
  - Whose responsibility are the children?
7. What can we do to prevent situations like this happening?
- How did you feel when Nkamo died?
  - Does it need a disaster to make people care?



### Summary (5 min)

*Stress on:*

- Benefits of why a child is everyone's child.
- Why everyone should be involved.
- Importance of mobilisation.

### Action Planning –Discussion (15 mins)

As adults and as a community:

- What resources do we have?
- What can we do as individuals to support such children in our community?
- What can we do as a community to support these children?

As a group, complete the table below. Your action should be S.M.A.R.T (Specific, Measurable, Achievable, Realistic and Time-bound)

## Action Plan and Report Back



### Community Mobilisation Action Plan

PROBLEM/ CHALLENGE	ACTIVITY/ TASK TO DO	WHO WILL DO IT	WHEN WILL IT BE DONE	IMPACT INDICATORS



#### Summary (5 min)

*Stress key points on ways to help orphans.*

- Love them
- Give them shelter
- Help them to be in school
- Let them be part of us



# 12A. IMPLEMENTATION OF INFUSED & INTEGRATED SYLLABUS (2 hours)

## Training Materials

### Flip charts

**Samples of Schemes of Work.**

**Sample of a Lesson Plans.**

**Behaviour Change Ladder and the 3Ts.**

### Book References

- Let's talk about AIDS; Books 1 – 3
- Facilitators handbook – KIE
- Kenya Primary Syllabus Vols 1 and 11 - 2002

## SESSION OBJECTIVES (2 MINS)

At the end of the session, the participants are expected to:

- Draw up Schemes of work and Lesson Plans responsive to HIV & AIDS education implementation.
- Guide teachers to apply the 3Ts methodology in the preparation and presentation of the lesson.



## CONTENT AND PROCESS

### 1. Introduction (15 min)

- Recap on what the syllabus is?
- Brainstorm on what is the structure of the syllabus.
- Facilitator to display and go through the checklist below in way of interacting with the syllabus
  - The National Goals of Education
  - General objectives
  - Subject time allocation
  - The Kenya National Anthem
  - Themes
  - Topics
  - Sub-topics
  - Specific objectives
  - Content

### 2. Infusion and Integration (10 mins)

The emerging issues such as HIV/AIDS, drug abuse, etc have been infused and integrated in the syllabi.

Brainstorm

1. What is infusion? (incorporation, inclusion)
2. What is integration? (mixing, injection)

### 3. Teaching Approaches: Introduce Behaviour Change Ladder and the 3Ts (Transmission, Transaction and Transformation) (20 mins)

#### Recommended Approaches

Facilitator to go through the recommended approaches on flip chart.

- Story telling
- Debate
- Drama



- Role play
- Discussion
- Poetry
- Case study
- Songs
- Questions and answer in comprehension
- Brainstorming

#### 4. Scheme of Work (25 mins)

A good scheme of work addresses four key questions:

1. Why?
2. What?
3. When?
4. How?

#### Group Activity

Facilitator distributes questions to different groups.

Discuss

1. Why prepare Schemes of Work?
2. What are the qualities of a good scheme of work?
3. When should Schemes of Work be prepared?
4. How can the schemes of work be effectively implemented?

Facilitator to harmonise with checklist.

#### Sample Schemes of work and Lesson Plans (20 mins)

Facilitator to go through a sample Scheme of Work and lesson plan on flip chart.

#### 5. Group Activity (50 mins)

In groups participants prepare Schemes of Work and lesson plan and display for critique.



#### Summary (18 mins)

##### Checklist

Facilitator emphasises the benefits of integrated approach using the summary checklist.

1. Why?
  - To divide topics into the week of the term/year.
  - In case of any change e.g. transfers
  - For content suitability to the learner.
  - To organise for materials.
  - Coverage sequence and completion.
2. What?
  - Time frame
  - Smart objectives
  - Topic
  - Sub topic
  - Activities
  - References
  - Teaching/Learning Aids
  - Remarks



### 3. When?

- Before the term commences (over the holidays)
- To cover 39 weeks in a school year i.e. Term 1 – 14 weeks, Term II, 14 weeks, Term III – II weeks

### 4. How?

- Identify methods that can best be used to effectively implement the scheme of work. E.g. preparation of lesson plan.
- Identification and availability of resources/materials.
- Remedial teaching and learning.
- Provision of materials e.g. books, readers.
- Teaching approaches and techniques.
- Operational subject panels.

## Summary Checklist for Lesson Plan (10 mins)

- Themes in syllabus have been well addressed.
- The purpose of the syllabus must be well understood.
- The content builds on knowledge, attitudes and skills.
- Brings about linkages of various subjects.
- Offers opportunities for use of various methodologies, which makes learning interesting.
- Its time saving.



## Summary (10 mins)

- For the school to achieve the positive character formation of its pupils in line with the Kenya national goals of education, we need concerted effort.
- Teachers need to participate in every aspect of school life in order to realise the desired change. This is to be made possible through systematic planning by the entire school community.
- The Headteacher, having been sufficiently trained in school management, will facilitate in developing action plans, for health, that will create an enabling environment in the school for teachers to work together in the delivery of the curriculum and AIDS education.
- Schools, through their SDP, will also provide for systematic monitoring and evaluation of teaching and learning.

It is worth noting that the teacher, as an agent of change, will need to be vigilant and learn fast in order to provide examples to the learners by being a role model. All said and done, nothing is so difficult with concerted effort. We wish to urge Headteachers, teachers, parents, pupils and education officials to fight the war against AIDS as a team.

## Implementing AIDS Education in Schools

AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that will prevent them from being infected with HIV. It will also equip them with the necessary skills to transact and transmit AIDS information to others. This will help in the prevention of HIV infection and control the spread of AIDS.

The major purpose of AIDS Education is behaviour development which is appropriate to the youths' formation, to help in HIV/AIDS prevention and control. The AIDS Education General Objectives: (Reference: Kenya AIDS Education Syllabus, KIE 1999)

The learners should be able to:

- Acquire knowledge and skills about HIV/AIDS and STIs.
- Appreciate facts and issues related to HIV/AIDS and STIs.
- Develop life skills that will lead to AIDS and STIs free life.
- Identify appropriate sources of information on HIV/AIDS related issues.
- Make decisions about personal and social behaviour that reduce risk of HIV and STIs infection.
- Show compassion and concern for those infected and affected by HIV and AIDS.
- To be actively involved in in-school and out-of-school activities aimed at prevention of the spread of HIV infection.
- Communicate effectively with peers and others on issues and concerns related to HIV/AIDS and STIs.

The National AIDS Education Syllabus has been developed and distributed. It aims at enriching the existing school curriculum by focusing more on HIV and AIDS related issues.

The syllabus outlines the following aspects for various classes and levels:

1. Topics
2. Specific objectives.
3. Content.
4. Learning/teaching activities.
5. Resources
6. Suggested assessment methods.
7. Suggested time.

## Implementation

The AIDS Education content can be carried out through most of the school curriculum by infusion and integration.

It is important to note that AIDS Education is a value-laden subject, which requires value clarification methods when teaching it. Some issues and topics contained in AIDS Education are sensitive and the values attached are deeply rooted. Therefore, the approach used in teaching must bear in mind the feelings and background of the learner. Any user of the AIDS Education materials should aim at making the learner feel at ease as well as discussing and reflecting critically on the issues.

Consequently, the following approaches have been found to be useful when dealing with HIV and AIDS issues.

The use of the 3Ts (Transmission, Transaction, Transformation). These can be aligned to a behaviour change process characterised by the following stages:

- Unawareness
- Awareness
- Acquisition of knowledge and skills
- Motivation to take action
- Trial of new acquired knowledge and skills
- Sustained behaviour

**Transmission**

- The teacher is the source of all information and regards the learner as a blank slate to be filled with information.
- This can be useful only when knowledge levels of the learners are low or when content being taught is completely new or difficult.

**Transaction**

- This is a self-discovery method, with the teacher acting as a director or guide of what is to be achieved.
- Here, the teacher is aware, before hand, of the knowledge level of the learners and guides them to a specific and known direction of achievement.

**Transformation**

- This allows for learners to initiate their own learning activities so as to develop their own attitudes and solution.
- The teacher plays the role of a facilitator and allows the learners to think critically, analyse their experiences and draw their own conclusions.
- It is a very effective method for behaviour change as it is learner-centred. It attaches value/worth and self-esteem to the learner.

The three Ts discussed here are useful. The challenge is for the teachers to use which and when or a combination of all. The third T is recommended for behaviour formation or change as learners take charge of their own learning activities.

**Methods**

Specific methods of teaching that will ensure that learners actively and freely participate in learning of AIDS messages should be selected. These need to have clear aims of enhancing positive behaviour towards the prevention of HIV/AIDS. Such methods include:

- Case studies
- Story telling
- Discussion
- Singing
- Debates
- Projects
- Games
- Dramatisation/role play
- Use of media

Other methods are useful for out-of-class activities. They include clubs such as the school health club, anonymous question box, information corner, school assembly, music, drama and athletics, among others.

# 12B. COMMUNITY SESSION - OVC

( 2 hours)

## OBJECTIVES (2 mins)

At the end of the session, participants should be able to:

- Identify who the orphans and vulnerable children are.
- Sensitise community to identify situations and activities that pose risks to OVCs and lay strategies to alleviate risk.
- Sensitise the community on the care and support of OVC using community resources.



## CONTENT AND PROCESS

### Who is an orphan? (10 mins)

An orphan is any child below 18 years who has lost both parents.

### Who is a vulnerable child?

Vulnerable children are those at high risk of contracting HIV/AIDS e.g.

- Street children/families
- Girl child
- Disabled
- Children under difficult circumstances e.g. refugees, immigrants, displaced families etc.
- Children without parents.

### What are the social benefits of taking care of orphans? (Brainstorm) (10 mins)

Discuss social benefits in general.

#### Social Benefits (Brainstorm activity)

- Future leaders
- Future adults.
- Future parents.
- Community progression/continuity/sustainability depends on the child.
- Future nation generation depends on the child.

There is need, therefore, to mould this child through constant healthy interaction

- Giving quality assurance in life (appreciating)
- Giving quality support.
- Creating an enabling environment for good growth (and positive behaviour formation and change)
- Provision to competing for job opportunities on the labour market.

### Reflection on the past (10 mins)

The life of the child depends entirely on a community. In the olden days, there was communal life.

Brainstorm on what happened to orphans?

- Took care of them along with their own children.
- Children were regarded as property of the entire community.
- This provided a living for the disadvantaged who managed to go through normal life.
- Orphans who became successful in life could talk of their childhood with nostalgia.

We should not lose sight of these living testimonies or examples. We need to understand the challenges/hindrances we are facing today i.e. HIV virus, AIDS impact, poverty and societal change. There is, therefore, need for positive behaviour change for all of us. We need to come out collectively to fight what affects our youth.

**Activity 1 – in groups** (40 mins)

Today in your community, what situations or activities poses risk to OVC? Discuss and record strategies that could be used to alleviate these risks.

Risks	Strategy	Activity
<ul style="list-style-type: none"> <li>• Rape</li> <li>• Abuse</li> <li>• Child labour</li> </ul>	<ul style="list-style-type: none"> <li>• Orphans must be under care</li> <li>• They must access education</li> <li>• People who are to look after children should be censored by the community</li> </ul>	<ul style="list-style-type: none"> <li>• Composition of village elders</li> <li>• Strengthen community networks.</li> </ul>

Orphans' schooling can be affected through economic stresses on their households, psychological impacts that are a result of changes in family structure and functions that involve new responsibilities to care for the sick, the elderly or siblings, as well as loss of parental guidance and interest in children's education.

**Activity 2** (40 mins)

Below is a table showing the needs of orphans and vulnerable children as identified by children. The overriding need is food, as identified intellectually by adults and demonstrated physically by children, who are hungry. It is noted that clean water, security and schoolbags were mentioned by children more prominently and with greater emotion than by adults. Those most frequently mentioned needs after food are school uniforms.

By priority as given by Orphans	At Home	At School
<ul style="list-style-type: none"> <li>• Food</li> <li>• Clean water for drinking</li> <li>• Health care</li> <li>• Uniform</li> <li>• School bags</li> <li>• Security</li> <li>• Bedding</li> <li>• Daily wear</li> </ul>	<ul style="list-style-type: none"> <li>• Food</li> <li>• Clean drinking water</li> <li>• Medicine</li> <li>• Protection (security, especially at night)</li> <li>• Clothes to wear at home (including underwear)</li> <li>• Housing (with space for doing homework)</li> <li>• Examples of others doing well (hope and motivation)</li> <li>• Bedding – sheets, blankets, mattresses, Pazia (Sheet used to partition a room for privacy)</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform (including PE kit and sanitary towels)</li> <li>• Textbooks (if sharing, don't always complete homework)</li> <li>• School bags (get in trouble if books spoilt)</li> <li>• Shoes (especially for sport and to visit latrines)</li> <li>• Privacy when using latrines (no doors)</li> </ul>

Examples from one community

	Priority needs in school	How	Resources	By who?
1.	Food			
2.	Medical care			
3.	Access to education			
4.	Security			
5.	Psycho-social support			

**Summary** *(8 mins)*

- Emphasise on the importance of acting immediately.
- Why communities must break the silence surrounding the impact of HIV.
- Action taken should be followed through.

# 13. ACTIVITIES FOR DEVELOPING LIFE SKILLS

(Total time: 2 hours)

## Training Materials *(Pre-prep)*

### Flipchart:

- Piece of paper A4, one per participant

### Flipcharts on:

- Assertive, Passive, and Aggressive characteristics; Decision making model
- Prepared cards for role play
- Report format on role play
- Three categories of life skills

## Session Objectives *(5 min)*

At the end of the session the participants should be able to lead activities that are intended to strengthen life skills on self-esteem, assertiveness and decision-making.



## CONTENT AND PROCESS

### Revision of Life Skills *(10 min)*

Revise the three categories of life skills:

- Knowing and living with oneself (knowing who they are, their weaknesses and strengths, self-esteem, assertiveness, coping with situations, managing self).
- Knowing and relating to others (skills for interacting with others, negotiation, assertiveness).
- Making effective decisions (creative and critical thinking, judgment).

Taking one skill from each group, take participants through the following activities, which are given in detail in the handouts.

### Self-Esteem Activity *(20 min)*

One of the skills that motivates children to change is strong self-esteem. However, some adults fear building strong self-esteem in their children for fear that the children will become arrogant or difficult to discipline. There are many things we can do in school and at home to either build or destroy the self-esteem of young people.

Lead participants through the self-esteem activity.

### Assertiveness Activity *(25 min)*

Lead participants through the assertiveness activity.

### Role Play *(35 min)*

Lead participants through the role play.

### Decision Making *(20 min)*

Introduce participants to the process of decision-making and encourage them to do the activity in their own time.



### Summary *(5 min)*

School environment can be used to help young people Practice life skills.



## Self-esteem

**Reflect:** What do you understand by self-esteem?

One of the values that motivate children to change is strong self-esteem.

Self-esteem is how someone feels about himself or herself, whether they think positively about themselves or appreciate their individuality.

When someone feels positively about themselves, they are more confident and ready to accept challenges. They are less likely to be influenced negatively by others. Sometimes we discourage high self-esteem in children for fear that they will become too proud or conceited. Healthy self-esteem is a positive value to develop in young people.

Our self-esteem is built (and destroyed) by those around us: parents, teachers and friends. It is an on-going process.

## Self-esteem Activity

Take a clean piece of A4 paper. Clear a space in front of you. As the following statements are read out, tear a piece of the paper off. Make the size of the piece represent how much of your self-esteem is damaged by what has been read out. Put the piece of paper to one side on the table.

**For example:**

1. Your best friend laughs at your new hairstyle or new shoes (ensure all participants have understood).
2. You fail an exam.
3. Your husband or wife forgets your wedding anniversary.
4. You have a problem but none of your family friends has time to sit and talk about it.
5. You are retrenched from your job.
6. You find out you are HIV positive.

Ask participants to hold up what is left of the paper. Stress that we all have something remaining in order to carry on. Without any self-esteem, we would give up on life.

## Building Back Self-esteem

Read out the following statements and see what participants do: Participants will use the shredded pieces of paper to build back their self-esteem.

1. If you come home and your child has drawn you a picture  
(if someone tears the paper again, ask whether that really would damage their self-esteem.  
Establish that good and supportive things build our self-esteem. Read the rest of the statements).
2. A friend calls and thanks you for the help you gave them in arranging a party.
3. Your contributions at work are praised by your boss in an office meeting.
4. You get an unexpected pay rise for hard work.
5. You win a singing competition.
6. You return home after a workshop and your family tells you how much they missed you.

Now hold up your paper – how big is your self-esteem?

How do you feel about yourself and your ability to deal with life?



**What examples can we think of as things that can destroy a child's self-esteem? What can build it? How can this be applied to school life?**

Self-esteem gives us strength. As teachers, we need to strengthen the self-esteem of the children.

## Assertiveness

**Stage 1** (Read the following case study)

You have been standing in the queue at the post office for half an hour. You are getting anxious because a friend is waiting for you to take some medicine to him. There are only three people in front of you, each with a single bill, and you are sure you will be served in the next few minutes. Out of nowhere, another person enters the Post Office and sees his friend in front of you. He walks up to his friend, greets him and joins the queue in front of you.

Read the following three possible behaviours and ask the participants the action they would take?

1. Tell the person off angrily and demand that he goes to the end of the queue.
2. Feel very angry and whisper to the person behind you that you think it is very bad manners for someone to jump the queue.
3. Calmly tell the new person that you have been waiting for a long time and firmly ask him to take his place at the back of the line.

Get one representative of each type to move to the appropriate part of the room where you have put a newsprint with the characteristics of that behaviour type.

**Stage 2** (Ask the participant to turn the newsprint over and read through that behaviour pattern.)

#### Passive

- Do not stand up for their own rights
- Put others first at their own expense.
- Give in to others
- Always apologise
- Remain silent when something bothers them

#### Assertive

- Respect self and other people
- Listen and talk
- Express positive and negative feelings

- Are confident and not pushy
- Stand up for own rights without putting others down

#### Aggressive

- Have no thought for other people
- Put self first at the expense of others
- Overpower others
- Argue
- Get what they want at the expense of others

## Discussion

### What are the advantages of being assertive?

- You can say no without feeling guilty
- You ask you for help when needed
- You have better relationships
- Others will respect you
- You disagree without becoming angry
- You feel better about yourself
- You have respect for yourself
- You have more friends

## Questions

1. Which behaviour pattern can help young people avoid the risk of HIV infection?
2. Do we promote this behaviour in our girls and boys? If yes, HOW do we promote it? If no, WHY NOT?
3. Are we ready to promote this behaviour pattern or are there strong reasons against it?

## Role Play Activity

What skills are needed to be able to respond assertively when someone wants you to do something you know is wrong?

### Example of Responding to Persuasion

New friend	You
Suggests /offers something	No. - explain your feelings (verbal and non-verbal message)
Distracting statement	Get back on topic
Persuade	Refuse (repetition)
	Delay
	Bargain

## Role Play in Pairs

Give one card to each of the pairs and ask them to act the situation that is written. All three-role plays are scenarios where an assertive response can be practiced.

*(Note that the first two are suitable for adults and young people. The third scenario might not be the most effective for young people. Even for adults, it is easier to provide examples of behaviour when the scenario does not involve sex. The choice is for the facilitator as to what will be the most effective). Before the role-plays begin, ask the audience to fill in the table as follows, writing down what they observe.*

*(Do not provide the answers. This table is filled in as an example to the facilitator).*

Role play	Relationship observed	Life skill Demonstrated	Strategy Approach used
1. Smoking	Friends/agemates/peers	Self control/ responsibility	Advising a peer/reminding
2. Finding money	Workmates/peers	Honesty/openness/ frankness	Influencing/persuading/ tempting
3. New friends	Strangers/age mates/ New acquaintances	Self-control/responsibility/ assertiveness	Repeating no, stating one's view calmly

### Role Play 1:

**Card A:** You meet a friend who has given up smoking. You try to get him/her to smoke again.

**Card B:** You have recently given up smoking. You are determined not to start again. You meet a friend.

### Role Play 2:

**Card A:** You and a friend find some money that someone has dropped at your place of work. You want to give the money to your supervisor.

**Card B:** You and a friend find some money that someone has dropped at your place of work. You want to keep the money.

### Role Play 3:

**Card A:** (man): You have taken a new girl friend out for the evening. You like her very much and you want her to come home with you.

**Card B:** (woman): You have been out for the evening with a new boyfriend. You like him very much, but you don't want to go home with him.

Lead a discussion on what was observed in the role-play. How can these be used to support behaviour change?

Discussions that rose from this session included the issues of assertiveness among women. During PSABH we have found that although parents wish to protect all their children, both boys and girls, from HIV infection and, in principle, support the idea of longer abstinence, there is a cultural conflict surrounding sexual roles.

Men tend to voice the opinion that women either mean 'yes' when they say 'no' or shouldn't refuse sex when a man persists.

When the audience is made up of adults, and especially teachers or teacher trainers, the responsibility for changing culture in the face of a fatal disease (i.e. an illness resulting in death) lies with them. There is no point paying lip-service to AIDS education unless we are prepared to change prevailing sexual behaviour and practices.

## Decision Making

### Three Cs to Good Decision Making

**Step 1** Explain that making decisions and knowing the consequences are important skills young people need. Ask teens to take out a blank piece of paper and write down a serious decision that they or their friends are currently making.

The decisions can be about anything: school, a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential.

**Step 2** Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions, and have the co-facilitator write them on the newsprint, editing them to keep confidentiality.

**Step 3** Explain to the group that these are the kind of challenges many young people face, especially as they become independent. Teens must make decisions and learn to live with the consequences.

**Step 4** Using an overhead transparency or newsprint, display the chart with the decision making model on it and point to the word "challenge. Ask the teens to choose one challenge, then write it on the first line of the model. Now point to the word "choices" on the model. Ask the group to brainstorm several choices or options that a person making this decision has. List those beside the word "choices" and add any others that you can think of. Be sure there are at least three choices.

**Step 5** Remind the youth of the consequences in the previous activity. Point to the word "consequences" on the model. Ask them to think of possible negative and positive consequences for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.

**Step 6** Tell the group to look at the choices and consequences and make a choice together. Try for consensus or take a vote to determine the outcome. Clarify that decision-making is usually done alone, but people may seek other people's opinions before making a decision.

**Step 7** Summarize what is on the newsprint and help learners to articulate the three steps in making a good decision when facing a challenge. Conclude this activity using the discussion points.

### Discussion Points

- Do certain decisions warn you right away to choose something else? If so, what are they? (possible answers include: a risk to health or to your own or someone's life, a risk of going to jail, a risk of losing your integrity).
- What negative consequences relate to a person's feelings or values? (Answers include: guilt about choosing against your values, feeling bad for doing something your parents, religion, traditions, culture or friends would disapprove of, feeling used or exploited).
- When facing a tough challenge, and unsure of the decision to take, who could you turn to for help? (possible answers: talk to someone who can help, such as a friend, teacher, school Counselor, religious leader, parent or other trusted adult).
- How can you explore all the possible consequences of a particular choice? Who can you talk to and how can they help?
- Are you facing a decision now? Can you use this model to help you?

*(Adapted from Life Planning Education, Advocates for Youth, Washington D.C.)*

## Three Cs to Good Decision Making Model

1. Challenge (or decision) you are facing:  
\_\_\_\_\_
2. Choices you have:  
Choice 1: \_\_\_\_\_  
Choice 2: \_\_\_\_\_  
Choice 3: \_\_\_\_\_
3. Consequences of each choice:  
Positive: \_\_\_\_\_ Negative: \_\_\_\_\_  
Your decision is: \_\_\_\_\_  
Your reason is: \_\_\_\_\_

*(Adapted from Life Planning Education, Advocates for Youth, Washington D.C.)*

**Advance Preparation:** Write out each one of the “Tough decisions” role-plays on a separate piece of paper or photocopy them and cut them apart so each group will have one role to play. Each team will also need a copy of the “Three Cs Model.”

Remind the learners of the Three Cs that can guide good decision making: the challenge, the choices and the consequences. Point out that it is important to analyse the three Cs for decisions that could have a major impact on a person’s health or future.

Divide the group into 4 teams and give each one a role-play scenario. Tell the learners that they are now going to have a chance to Practice using the three Cs model so they will be able to use it to make major decisions. Present the following instructions for this activity:

1. Each group will write out the model for each decision on a piece of newsprint or on the handout. Spend 10-15 minutes on this activity.
2. Then each group should spend 10-15 minutes preparing a role-play based on your scenario plus the choices you have made, and another 5 minutes to present it to the entire group.
3. After all the role-plays have been presented, take 3-5 minutes to share your decisions with the entire group.
4. Make sure learners understand each other in the role-play and the decisions made are based on the play. Conclude this activity using the discussion points.

## Discussion Points

- Is it difficult to make good decisions? What makes it difficult? (possible answers are: the influence of drugs or alcohol, pressure from peers or a partner or not realising a decision has to be made). What makes it easier? (Answers include: knowing how to resist pressure, being sure about one’s values and goals).
- How are most decisions made, in reality? (they are not made consciously, and events or things just happen).
- Have you ever made a decision that affected other people? What happened? Have you ever drifted into a decision or let someone lead you into a decision? What were the consequences?
- Can you use the model to help you make important decisions?

One of the decisions young people have to make is whether or not to have sex. The following reasons for and against should be raised in any discussions, along with others from young people themselves.

Reasons for having sexual intercourse as a single teenager	Reasons for not having sex as a single teenager
<ul style="list-style-type: none"> <li>• To stop pressure from friends/partner</li> <li>• To communicate loving feelings in a relationship</li> <li>• To avoid loneliness or get affection</li> <li>• To get/receive presents/gifts</li> <li>• To receive and give pleasure</li> <li>• To show independence from parents and other adults</li> <li>• To hold onto a partner</li> <li>• To prove one is an adult</li> <li>• To become a parent</li> <li>• To satisfy curiosity</li> </ul>	<ul style="list-style-type: none"> <li>• To follow religious beliefs or personal or family values to be ready for intercourse at the right time</li> <li>• To keep a healthy relationship from changing</li> <li>• To avoid pregnancy</li> <li>• To avoid STD/HIV/AIDS</li> <li>• To avoid hurting parents</li> <li>• To avoid cervical cancer</li> <li>• To achieve goals</li> <li>• Self dignity</li> </ul>

**NB.** Discuss the risk of having sex and benefits of not having sex or delaying having sex

# 14. Co-CURRICULAR ACTIVITIES & VIDEO

(2 hours)

## Training Material *(Pre-prep)*

- Use of video, drama and music video.
- “Banana” video
- Thematic song “Ukimwi tuvute chini”
- Choral verse “Believe in Yourself”
- Cards on “Set my daughter free”

## Session Objectives *(2min)*

By the end of the session, the participants will be able to identify:

- The ways of using video, drama and music in passing positive behaviour change messages and select themes to be used in co-curricular activities to reinforce positive behaviour change.

## Co-curricular Activities

### What are co-curricular activities *(5 mins)*

- Brainstorm and list co-curricular activities

### Activity 1 *(10 mins)* When do we use the activities?

- Explain that the video, drama and music are part of learning resources and teaching methodologies.
- Group activity to discuss the further purpose of video, drama and music
- Report back in groups
- Trainer to harmonise the point.

### Activity 2 *(10 mins)* How do we use them?

In a group, discuss how co-curricular activities may be used to pass or reinforce positive behaviour messages. (Report back and harmonise)

### Activity 3 *(30 mins)* Drama

- Act one and two – set my daughter free. (use handout)
- Trainer to initiate the discussion points.

### Activity 4 *(25 mins)* Music

- Introduce the thematic song “UKIMWI Tuvute Chini”
- Participants to listen to the song.
- Sing and discuss.
- Discuss the quality of the song in terms of knowledge, action, motivation to act and change message.



### Activity 5 *(30 mins)* Video

- Introduce the video i.e. “The Banana”
- Participants to watch the video and draw various messages such as abstinence/avoidance of risk.
- Get feedback from the messages and discuss guided questions on the handout.



### Summary (8 min)

Harmonise the importance of co-curricular activities in bringing about positive behaviour messages.

- support integrated approach
- Develops variety of skills
- It is enjoyable
- Offer opportunity for talents development in young people
- Guided use of energy
- Character formation
- Raises self esteem

## Use of Video Drama and Music

### Objective

By the end of the session, the participants should be able to identify ways of using video, drama and music in passing positive behaviour messages.

Video, drama and music are part of mass media or are resources that can be used among major channels of communicating key messages that can influence or strengthen behaviour change among the target audience. In order for them to be used effectively, the messages they carry should address a carefully targeted objective and of HIV/AIDS transmission and prevention, among others.

### When do we use them?

To capture and maintain the interest of the learners.

1. Introduction - as a catalyst to provoke learners' interest.
2. As a bridge (e.g. 2 minutes interlude) to sustain learners' interest.
3. As a summary or conclusion.

Used as a summary, these forms can provide an opening for follow up activities

1. To supplement content and enhance understanding of technical or abstract topics.
2. Topics the presenter may not be comfortable with e.g. the mention of certain terminologies.
3. If a topic needs to resolve conflicts due to certain cultural norms in a community that are no longer meeting the needs of that particular community in the contemporary society.
4. These can also be used as alternative methods of communication in cases where one is absent
5. During free time as entertainment or for enjoyment
6. To convey a message that provokes listeners to carry out follow-up activities e.g. write a composition, carry out a project, etc.
7. For marketing purposes; they need to be continuously reviewed to compete with the market.

### How do we use them?

- By selecting a relevant theme e.g. 'Men who care make a difference'
- By explaining what this theme entails.
- Letting audience listen to the information and analyse it.
- Letting the audience express any criticisms and contribute personal experience concerning the message and set them free to decide on what to do about it.
- Once can use a written document in the form of an exercise to accompany the channel of communication.
- They can be used to emphasise solutions.
- They contain messages of hope e.g. "How to have fun", "Stay healthy", "Get good advice".
- Why do we use audio videos? Understand better when we hear and see a message.



**Drama:** Can be on radio, television or real drama

Real drama can be used in situations where audio-video and radio are inadequate and unavailable.

Real drama can be used very effectively to emphasise behaviour change because it is more:

- Believable
- Informative
- Suitable for all ages.

This is more so when the cast is drawn from among the audience. The roles actors play should come out real.

This drama can be used in any setting of audience, thus a good behaviour change drama will:

- Offer positive role models in realistic situations.
- Demonstrate new behaviour.
- Suggest strategies that can be adopted.
- Offer an opportunity to consider different responses to difficult situations.

Behaviour change can be encouraged by:

- Writing your own drama (endorses use of common expressions, exploration of common views)
- Acting in drama (offers an opportunity to Practice new behaviour)
- Discussing a drama (personal reactions to the drama can be investigated and influenced by discussions with the whole audience)

## Title: Set My Daughter Free

*(Sarah is on her way from school when she meets Mr. Nyang, a local businessman)*

**Mr. Nyang:** Hi Sarah, babie..., dearest.... You are looking so beautiful. See how fast you've become a woman, your legs ah, your waist ah, your ah! ah!

**Sarah:** *(Shyly)* Well thank you.

**Mr. Nyang:** So, where are you going?

**Sarah:** *(walking away)* I have been sent to the shop.

**Mr. Nyang:** Come on Sarah, I am your friend *(now going after her)*. I've got a nice gift for you and if you don't mind, I can give it to you in style at Disneyland Hotel, the place is wonderful!

**Sarah:** Well, thank you, but my dad says I must not go to hotels.

**Mr. Nyang:** Sarah ah! What is the matter? Don't you like me?

**Sarah:** Well, my mother says it is not good to stand gossiping around.

**Mr. Nyang:** But look, I have a nice watch for you, beautiful one. It will help you plan your study time.

**Sarah:** Excuse me *(looking back)*. Thank you but I have to ask my parents first before I can accept gifts.

**Mr. Nyang:** But Sarah....

**Sarah:** I gave you my last word, I have to go now.

**Mr. Nyang:** Come on Sarah.

**Sarah:** No, thank you, my mother is waiting for me. Bye.

**Mr. Nyang:** *(running and blocking her way)* – Sarah come on Sarah. Do you really mean it? *(Sarah raises her hands)* Sarah don't be a baby in this thing.

**Sarah:** Look here comes my uncle! *(Mr. Nyang turns around and she takes off)*.

## Discussion Points:

Sarah's response to the situation.

- 1) How else could she avoid these unwanted advances?
- 2) Do you think Sarah needs any assistance for her problem and whom do you suggest she should approach for instance?
- 3) Suggest possible (popular) phrases of saying NO to unwanted sexual advances.

## Act Two:

*(Sarah is hunched in a corner crying. The teacher approaches her and Sarah looks up)*

**Teacher:** Hi Sarah

**Sarah:** Hello teacher *(stands up)*.

**Teacher:** Is something bothering you?

**Sarah:** *(sobs)*.

**Teacher:** Tell me about it Sarah.

**Sarah:** It is Mr. Nyang, the shopkeeper. He keeps asking me to take gifts from him. Today he tried to force me to go out with him and I am scared.

**Teacher:** Ah! He must be a very bad man. Do you go out with him?

**Sarah:** No.

**Teacher:** Are you sure Sarah?

**Sarah:** Yes teacher.

**Teacher:** So what did you tell him.

**Sarah:** I told him I am too busy for his chips and gifts.

**Teacher:** Well Sarah that was very wise of you but you must not go out with any man for chips or anything else. What are you going to do now?

**Sarah:** I do not know teacher. I've been trying not to meet him.

**Teacher:** Well now Sarah, I think I should talk to your parents about Mr. Nyang or perhaps the headteacher could talk to the man?

**Sarah:** Well then, let me talk to the head-teacher and ..... (*freeze*).

### Discussion Points:

1. Do you think Sarah is right to discuss her problem with her teacher (if no, where else do you think she could have sought help)?
2. What do you think of the teacher's response?
3. What do you think will happen if the teacher refers the matter to the head-teacher?
4. After talking to the teacher, do you think Sarah is any closer to the solution for her problem? What else could she do?
5. Who do you think should approach Mr. Nyang? should it be the teacher, Sarah's parents, or an elder? And what do you think would be Mr. Nyang's reaction?
6. Who should take the initiative in the discussion of such matters? What can be done to prevent these situations?
7. What if Mr. Nyang was the headteacher? The teacher? Another pupil?

### Note:

- Both boys and girls can receive unwanted attention
- Not only do young people need to be able to protect themselves whilst young, they should also not grow up to be like Nyang
- Discussions should be controlled to realistic situations and solutions for behaviour change.

### Additional Discussion points

#### Good ways to get of difficult situations

##### Make an excuse to leave

- I have errands to run and then I have to do my homework.
- I have been sent on an errand
- I have to go now, they are waiting for me at home

##### Refer to a higher authority

- I have to ask my parents if I may accept a gift
- My mother says: It is not good to stand gossiping
- My father says: I must go straight home after school

##### Physical response

- Run away
- Shout or scream
- Go home by another route
- Always walk with friends

**Repeat the same strong statement**

- Thank you, but I have to ask my parents' permission.
- I do like/love you, but I don't want to do that yet (or go there now)
- If you like/love me, you will listen to me and respect my wish.

**Guided questions for use after watching "The Banana"**

- What do you think about the video in terms of passing messages on behaviour change?
- What was wrong with Hamnakapere?
- The poet refers to the Banana. What do you think this means in the video?
- What positive messages are relayed to the youth in this drama?
- In your view, what type of people is the video suitable for?

**UKIMWI TUVUTE CHINI** *(Words and music by Eric Wainaina)***BOY:**

Will you come for a walk with me little girl?  
 I've got plans for you and for me little girl  
 I will give you gifts, sweet things and promises  
 Hugs and kisses and all that you dream of  
 Will you come for a walk with me little girl?

**GIRL:**

I've been warned before about people like you my friend  
 Who promise the world and sweet things that turn bitter in the end  
 I have dreams of becoming a doctor (Oh yes)  
 A pilot, a colonel or teacher (Oh yes)  
 I don't believe your plans are going to help this little girl (No)

**CHORUS:**

Ukimwi tuvute chini (Chini! Chini!) (lets bring down the killer Aids)  
 Lazima tulenge juu (Juu! Juu) (We must aim high (high high))  
 Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer - Aids)  
 Mimi na wewe ndugu (me and you my brother)

**BOY:**

How can I prove my love for you little girl?  
 If you won't let me whisper my thoughts in your ear pretty girl

**GIRL:**

You can prove your love by taking your hands off me  
 By getting to know me and keeping yourself for me

**CHORUS:**

Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer - Aids)

**BOY:**

But when boys like me get the urge it must be satisfied  
 We can't let the feeling go to waste, tell me should we be denied?

**GIRL:**

That I believe my friend separates the men from the boys  
 Having the power of control separates the men from the boys

**CHORUS:**

Ukimwi tuvute chini (Chini! Chini!) (lets bring down the killer Aids)  
 Lazima tulenge juu (Juu! Juu) (We must aim high (high high))  
 Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer Aids)  
 Mimi na wewe ndugu (me and you my brother)

**"BELIEVE IN YOURSELF!" BY CAROLINE NDERITU***(Edited by Dr. Okumu-Bigambo)*

1. What is life?  
A game of football or netball...  
As we are cheered on by all?  
Or days spiced... mmmh...  
Aaaah... kuku choma topped with kachumbari,  
With friends puffed up with chapatti?
2. If life is life what's life?  
Walking and talking, talking-walking  
Cool – majestic walky – talky  
On many inviting paths  
Spread forth before our feet?
3. Whatever life you choose to choose choose!  
Whatever life you enjoy –  
As sure as fish choose their swim-way  
As the eagle sets to a flight  
And how high to fly she chooses,  
Be fuelled by a glowing hope –  
Believe in yourself!
4. Set your destiny  
Look down not, midway never!  
Be all that you can be,  
Not settling for sand  
When you can harvest the stars;  
Aspire and inspire  
Not dreams but hope...  
Believe in yourself!
5. Believe in yourself,  
Allow yourself to see  
Driven in the strength of our bright minds,  
With the courage of cheerful hearts blending;  
Whether you choose architecture or adventure,  
Export, import or transport,  
Choose life,  
Believe in yourself!
6. Choose life in its prime –  
What's honourable and true-take!  
Of low and of no value – break!  
For the untidy, crazy life – reject!  
Look up to the stars  
Holding the promise of a new day,  
Cheer up with hope –  
Without wandering,  
Believe in yourself!
7. The power to choose you have –  
Hold it true to yourself...  
All begins and ends with you,  
In the sighs and dreams – stay on course,  
With friends and family  
Education and frustration  
Fish and chips and cheap cheers,  
Choose life true to yourself  
What you choose to choose cho-o-se!  
Believe in yourself!

# 15. ADOLESCENT HEALTH AND SEXUALITY

(Total time: 2 hours)

## Training Material *(Pre-prep)*

### Handouts:

- Adolescent health materials:
- Posters, diagrams, newsprints, health and nutrition charts

## Session Objectives *(5 min)*

The objective of this session is to discuss adolescent health in order to:

- Prevent infections
- Prevent use of harmful illicit drugs, including alcohol
- Discuss sexuality and fertility management
- Prevent sexually transmitted diseases and pregnancy.



## CONTENT AND PROCESS

### General Health *(30 min)*

**Group Discussion:** Let the groups brainstorm on the three areas indicated *(Report back)*

- List down the physical body changes for boys and girls
- List down health problems that can affect both boys and girls (non STIs)
- List down STIs that you know.

Girls	Boys
<ul style="list-style-type: none"> <li>• Growth in height</li> <li>• Growth in hips</li> <li>• Increase in body odour and pimples</li> <li>• Breast enlarge</li> <li>• Enlargement of sex organs</li> <li>• Production of ova (eggs)</li> <li>• Start of menstruation</li> <li>• Growth of pubic and underarm hair</li> </ul>	<ul style="list-style-type: none"> <li>• Growth in height</li> <li>• Growth of chest (broadens)</li> <li>• Increased body odour and pimples</li> <li>• Deepening of the voice</li> <li>• Enlargement of sex organs</li> <li>• Wet dreams</li> <li>• Growth of pubic and underarm hair</li> </ul>

### Drugs *(20 min)*

Harmful Illicit Drugs. In groups, list down harmful illicit drugs that you know

Facilitator to display a checklist on illicit drugs

### Sexuality and Fertility Awareness *(45 min)*

Sexuality and Fertility Awareness

(Group discussion on:)

1. Sexuality in its totality.
2. Fertility as the potential to become a parent.

Females	Males
<ul style="list-style-type: none"> <li>• Conception</li> <li>• Puberty</li> <li>• Menstrual cycle</li> <li>• Bleeding phase</li> <li>• Ovulation phase</li> <li>• Pre-menstrual phase</li> </ul>	<ul style="list-style-type: none"> <li>• Conception (how a male comes into being)</li> <li>• Puberty                             <ul style="list-style-type: none"> <li>- New experience</li> <li>- Sperms/erection/wet dreams</li> <li>- Masturbation</li> <li>- Negative development - sex</li> <li>- Orientation</li> </ul> </li> </ul>

## Report back

The facilitator to refer to charts in the handout.

## Sexuality

Brainstorm as a class on the items listed in managing sexual energy.

### 1. Self Awareness

Why do I need to know myself? *(Refer to handout)*

So who am I? *(Refer to handout for more details)*

- I am unique
- I am a sexual being
- I have a free will
- Can I then do what I wish with my life?
- I am a gift

### 2. Managing Sexual Energy: What to Do with Your Fertility *(Refer to handout) (15 min)*

How to maintain healthy friendships with the opposite sex

- How to go about it – values, respect, integrity, fidelity to self and God
- Prioritising generally
- Set rules of conduct in your dating
- Knowledge on sexuality
- Learning to control own sexual desires
- Seek good counsel
- Keep a healthy distance from opposite sex
- Involve God in friendships



#### Summary *(5 min)*

Stress the importance of:

- Self awareness
- Managing fertility
- Managing sexual energy

## Adolescent Health

It is very important for young adolescents to go for medical check-up regularly.

The leading causes of death and disability among adolescents are preventable.

- Prevention of infectious diseases should include immunisation and counselling
- Prevention of sexually transmitted diseases and pregnancy is an important issue to be addressed in sexually active adolescents of both sexes
- Prevention of the use of harmful illicit drugs and alcohol and the potential for related injuries should be reviewed

## Substance Abuse

*Drugs* - What are the common drugs used?

*Alcohol* - Marijuana and alcohol are the most popular substance of abuse among adolescents.

*Cigarettes* - There is an addictive effect of nicotine, which is absorbed by multiple sites in the body - including lungs, skin, gastrointestinal tract etc.

*Glue* - Results in inattentiveness, lack of coordination and general disorientation.

**The breast** - Breast development is one of the first signs of puberty. But it is often the focus of attention and a cause of anxiety in adolescents. Girls should be taught how to check for lumps (majority of these are benign and easy to treat).

## Menstrual problems

Some variety of menstrual dysfunction occur in adolescent females. Most of the problems are minor. However, severe dysmenorrhoea or prolonged menstrual bleeding can be debilitating to a teenager. Adolescents with minor dysfunctions that do not require medical intervention should have their condition explained to them and should be reassured about their reproductive normality.

## Amenorrhoea

Primary or secondary amenorrhoea may also be caused by chronic illness, particularly that associated with malnutrition.

## Dysmenorrhoea

Painful menstrual cramps can be experienced. A few girls may significantly miss school.

## Sexually transmitted diseases

The behavioural and physiological characteristics of adolescence predispose sexually active adolescents to the increased acquisition and reverse consequence of sexually transmitted diseases (STDs). Specific rates of many STDs are highest among sexually experienced adolescents. Intimate sex contact is the common mode of STD transmission.

**Urethritis** - Inflammation of the urethra.

**Epididymitis** - Inflammation of Epididymis in adolescent male. It is often associated with an STD.

**Vaginitis (vulvatiis)** - Vaginitis is superficial infection of the vagina, frequently presenting as a vaginal discharge.

**Pelvic inflammatory disease** - This include inflammation of endometrium tubo-ovarian abscess pelvic peritonitis (Gonorrhea).

**Genital Ulcer Syndromes** - These ulcers are most commonly seen on the penis and vulva. They also occur on oral and rectal mucosa, depending on the sexual practices of the adolescent (syphilis).

**HIV** - Human Immunodeficiency Virus.

**AIDS** - Acquired Immunodeficiency Syndrome (refer to doctor's notes).

## Skin Problems

### Acne

As adolescents become preoccupied with their appearance acne assumes great importance. For that reason, offering treatment even to the youngster whose acne is mild may enhance self-image and is appropriate. The skin of the adolescent is influenced not only by the hormones of puberty but also psychosocial factors occurring in a sexually transmitted disease with dermatological manifestations, stress, and drug abuse.

### Use common sense

- You are intelligent and your will power enables you to choose chaste life as the only way to happiness
- Every human person, including the youth, has to be self controlled in his/her sexuality
- If you fail in this area, then you fail in other important aspects of your life including your studies.

## Self Awareness

### Why do I need to know about myself?

- To understand myself and appreciate myself in order to live in harmony with myself
- Being at peace with myself will enable me to live at peace with others
- Be able to respect myself – I will be able to respect others then and hence build a better relationship with God, my parents, my teachers, my peers and the entire community e.g. my church
- To know my talents and my gifts – therefore be able to develop full potential and be useful to others. Hence I will be a good person (leader), worker, good mother, father, brother etc
- To know my limitations and weaknesses

## So Who Am I?

### 1. I am a human being – person with a body, mind and soul:

- My body is what everybody can see of me, my physical attributes. It is made of soil (mud) – Gen. 2:7 “ God fashioned man of dust from the soil.” In this regard it is the same as that of animals Gen 2:19 “so from the soil Yahweh fashioned all the wild beasts and birds of heaven” I am flesh and blood just like animals
- This body has needs e.g. food, clothing and shelter must be recognised and attended to. It has feelings, and emotions that must be understood and managed appropriately
- I have a mind that makes me higher than an animal. This is the reasoning faculty in me. I am an intelligent being. Therefore I can learn, choose and make decisions. Animals cannot do this but use instincts. So if instincts and not reason lead me, I am no better than an animal. Others will realise this and treat me as an animal
- The soul is that part of me that makes me like God. It helps me to have values and to know what is right and what is wrong. Gen 2:7 ‘ then He breathed into his nostrils a breath of life, man became a living being’
- My three components (body, soul and mind) are interrelated and they interact. If I, therefore, conceive myself in this totality, I will appreciate the value of taking care of all my faculties as I go through life. As young person I experience dramatic physical, spiritual and emotional changes. Understanding myself in this totality will help me to cope with all these changes

### 2. I am unique

- I am the only one of my kind. God has never created anyone like me and will never create another like me. God never repeats himself. He took the same care in creating me as He did with Adam and Eve. He created His spirit in me as I was created in my mother’s womb. So I am very special to God! He (God) created me a unique person for a unique purpose. If I don’t fulfil that unique purpose (work), no one else can do it. It will remain undone even in eternity Jer. 1:4-5. “Before I formed you in the womb, I knew you, before you came to birth, I consecrated you.” So was I, I am therefore not an accident! I am here because God wanted me to be here, and found that I am good exactly the way I am. I may have some weaknesses, but these together with my strong points are unique and if God in His wisdom decided that I should have them, then I lovingly accept myself just as I am in that uniqueness. I am also unique in my sexuality. I am therefore a unique gift from God to my parents, my society and my country Kenya. I will respect my youth and in this I will be respecting the life of the whole nation. (“Youth – future/present of any Nation”).



**3. I am a sexual being**

- I am male or female. There is no one part of me that is male/female. I am a sexual being in my totality – even the way I behave, respond to others, think etc, is part of my sexuality.

**4. I have a free will**

- God does not impose Himself or anything on me. He leaves me free to choose Him out of my free will. I can refuse to choose Him. That is a risk He takes because He loves me so much that He would not force Himself on me. He, however, is always near me so that He can help me along when I choose right. That is why He gave me a soul and intelligence so that I can make right decisions
- I can therefore choose positively or freely to be a future leader in the church, future parent, priest or religious, a good citizen etc.

**Question: Can I then do what I wish with my life?**

- Lastly, I have a potential to be good, because God created me good (together with the rest of creation). “He saw all He had made and indeed it was good.” Thus by using my freewill to choose and God’s grace I can develop that potential in me and become a better person as I relate to God and all others.

**5. I am a gift**

- This knowledge of ourselves can help us if we let Christ point the way for us. Since we are created in the image of God we can seek sincere knowledge of ourselves by learning how God is. The perfect example is Jesus Christ – true God and true man. He only can point out the authentic way to human knowledge of self
- “Thus your first priority is to strengthen your personal contact with Christ through reading of the Gospel, meditation upon mystery of salvation and prayer. This will make you good neighbours to your brothers and sisters.” This is quoted from Holy Father’s address to the young people of Luthinia. It does surely apply to us here
- Therefore, when we have come to such knowledge of ourselves, then love and friendship with other people will take a new depth of meaning, especially when we look at them through the eye of Christ
- Remember, what is true of you is true of all the others.

**How to Maintain Healthy Friendships with the Opposite Sex**

- Friendship is a normal and healthy need for all human sexes. Young people get acquainted to each other. It is from these acquaintances that firm and special friendship between boys and girls grow
- Friendship means getting to know another person or persons more deeply. This leads to a deeper understanding more accepting and respect for each other
- Being loved and having good friends is basic human nature and a very normal one
- A particular girl/boy may wish to deepen their acquaintances and often desire to be together, communicate more often and even concentrate on each other more. This is normal development and one need not feel guilty about it. The problem is not usually the friendship but how to go about it.

**How to go about It****1. Develop positive feeling of self-worth and self-dignity**

Live up to your values and personal integrity. Live in fidelity to your commitments. Respect yourself and your friends.

**2. Prioritise**

- Have your goals in mind and share them with your friends
- Friendship should never be allowed to pre-occupy the two so much that their immediate priorities are over-shadowed.

**3. Socialize Generally**

- Have very many friends of both sexes. If you tie yourself to one person, you lose opportunities of meeting many others
- Have many acquaintances and general friends
- Have many special friends, both boys and girls. It is from the many friends that you will be able to choose a close intimate friend – boy/girl friend
- Continue your friendship with all the other friends you had before.



#### **4. Set rules of conduct in your dating**

- Set up rules of conduct in your life
- Think through your standards and develop criteria for your action based on your personal values and word of God
- Discuss your values and how you expect to be treated with your friends of the opposite sex
- Meet and communicate only when necessary. This will help you to avoid wasting too much time
- Meet in the open daylight hours
- Meet with an agenda.

#### **5. Know about your sexuality and that of the opposite sex**

- One cannot maintain chastity by being ignorant.

#### **6. Learn to control your sexual desires through sublimation**

- Convert sexual desires and urges into acceptable outlets
- Be active by having specific times for games and sports
- Never be idle just the two of you.

#### **7. Seek good counsel when you need it**

- Look for a trustworthy adult who will not lead you astray
- Keep healthy distances with friends of opposite sex
- Bodily closeness like cuddling, kissing etc arouses sexual desires and urges and can easily lead to pre-marital sex
- Never assume you are too good or too religious to fall. Your body has feelings that can be very strong.

#### **8. Involve God in your friendships**

- Remember when you date, you have God as the third partner
- Be steadfast in prayer
- Having a healthy friendship becomes almost impossible if God is not involved.

### **Sexuality and Fertility Awareness**

#### **So what is sexuality?**

- It is a state of being male or female as a total person – from head to toe
- It is a gift each one of us happens to be. It is not only unique to each one of us but is sacred (holy).

Sex is that state of being male or female and not an organ. There is the proper order that has to be followed before one gets into sexual intimacy:

1. One must attain total maturity: emotional, physical, mental/social and economical. (Do you plant green seeds?)
2. Acquire a companion – socialisation
3. Enter into a permanent union – blessing in marriage
4. Sexual intimacy – license to engage in sexual intimacy which is holy/sacred.

### **Fertility**

The ability to become a parent

### **Fertility awareness in Girls**

**Conception:** Fertilization takes place when X chromosomes from a man joins X chromosomes from a woman to form a baby girl. A human female starts her life.

**Puberty:** Ovaries start to function. One ovum (egg) ripens every cycle (Activated by brain). The function of ovaries results in the production of female hormones that give the individual her feminine characteristics which include: breasts, skin complexion, feminine figure, menstruation, hair under arms and pubic are, and feminine psychology i.e she starts thinking and behaving like a woman.

**Menstrual Cycle:** This is the duration between one bleeding to the onset of the next. The hormones produced – oestrogen and progesterone – control the behaviour and the moods variations of that girl. The girl goes through three main phases:

**1. Bleeding Phase**

One feels low esteem, dull, may experience pain and discomfort. Sometimes she may have irregular bleeding and may feel dizzy. All these are normal feelings. The girl should use her intelligence and prepare herself emotionally so that she will remain cheerful and do exercises to reduce pain and discomfort etc. Keep high standards of hygiene.

**2. Ovulation Phase**

Immediately after bleeding, oestrogen levels start to increase and reach maximum when the egg is released (ovulation). This hormone makes her feel easily excitable when in company of opposite sex. The girl has high esteem of herself, is in happy and pleasant mood, and very active. Once she understands what is happening and why, she applies her mind and will engage herself in constructive activities and control her moods.

**3. Pre-menstrual Phase**

The levels of oestrogen and progesterone increase in volume. The girl feels irritable, tense and has temper tantrums. Once the girl understands this, she will anticipate this phase and be ready to intelligently control her temper and manage her tension and irritability.

**Note:** This girl is an intelligent human being and has a soul that helps her to choose what is right, unlike animals which use instincts. This fertility of the girl is normal and does not need any drugs! It is not a disease to be treated. It is there and does not need to be tested.

**Fertility awareness in Boys**

**Conception:** Fertilisation takes place when Y chromosomes from a man joins X chromosomes from a woman to form a baby boy. A human male starts his life.

**Puberty:** Production of male sexual hormones giving rise to the deepening of voice, beards, hairs, growth in muscles etc. Sperm cells are manufactured continuously until death.

**New experiences:**

- Interest in himself and opposite sex
- Seeking identity with peer group
- Seeking recognition and independence.

**Others:**

- *Erection* – Natural and normal occurrence. Not to worry about it
- *Wet dreams* – Natural emptying of sperms from seminal vessels (storage) when full – usually at night – normal  
No need for treatment
- *Ejaculation* – Removal of sperms
- *Masturbation* – Self-sexual stimulation – over-indulgence is not a healthy habit – may give the boy guilty feelings or desire to indulge in sexual activities.

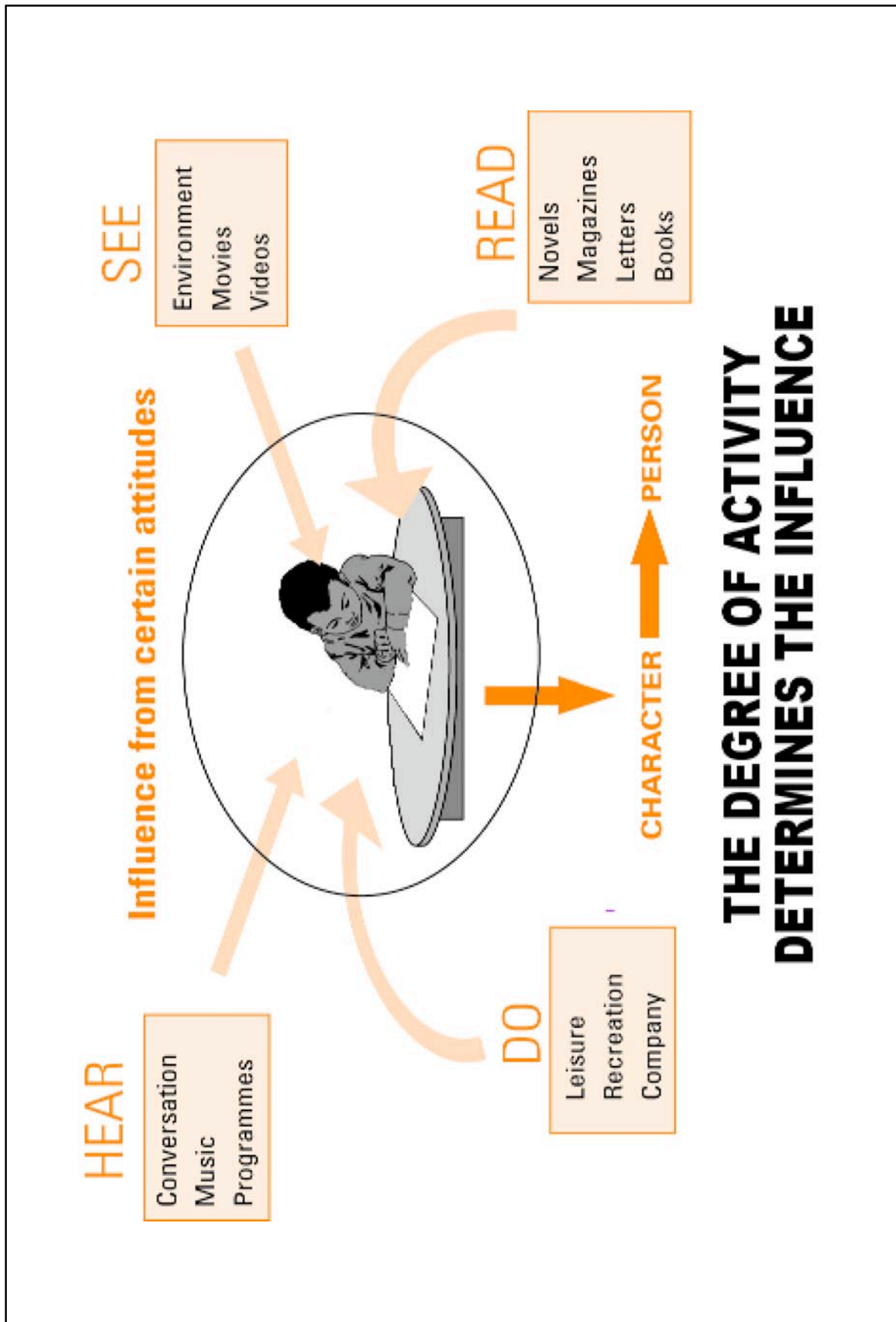
**Negative effects:** Painful breasts, enlarged testis. This is a normal development. The breast and testis will adjust once the boy understands what is happening in himself. He can then control himself using his intelligence. He should not act on instincts like animals do.

**Managing sexual energy /what to do with your fertility?****Suggestions to boys and girls**

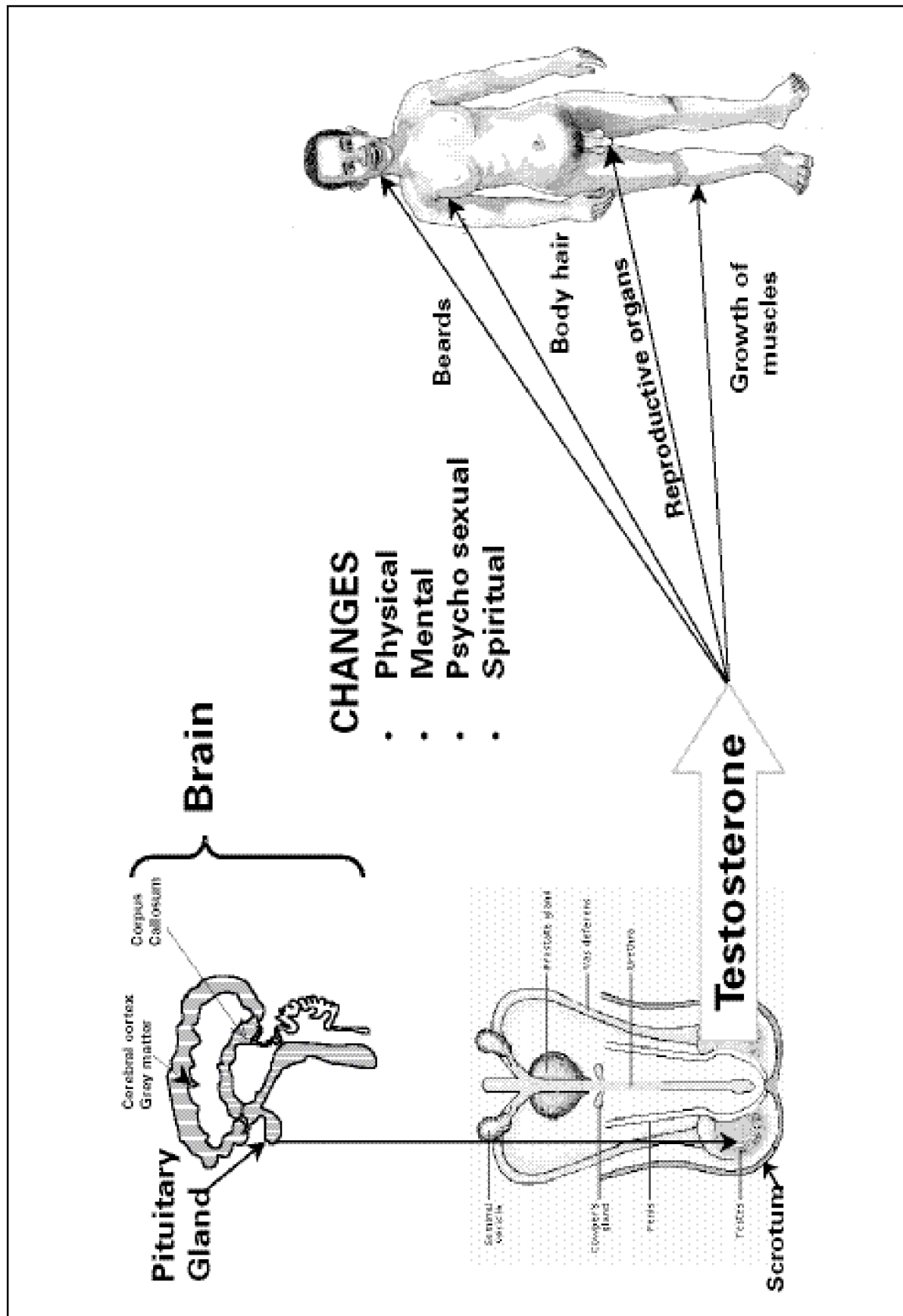
- Protect your fertility, treat yourself with respect, and maintain self-dignity
- Be aware of your sexuality – hence you will not be confused by people with ulterior motives
- Realise the opposite sex possesses sexual powers that attract you. Thus, use your intelligence and keep a healthy distance
- Be constructively engaged; avoid idleness and useless pastimes
- Avoid pornography and other sexy information materials. They just succeed in weakening your moral stand

- Avoid bad company. Do not listen to unfounded opinions of your peers or friends in respect to engagement of your fertility. Check the credibility of those peers who wish to influence you.
- Keep in touch with your parents: they possess useful experience. Reject any suggestions that will divide you from your parents
- Say 'no' to sex outside marriage, even if you are engaged. You stand to lose more than you gain . Develop self-control and maintain your chastity
- Develop spirituality. Have strong values and a strong friendship with God.

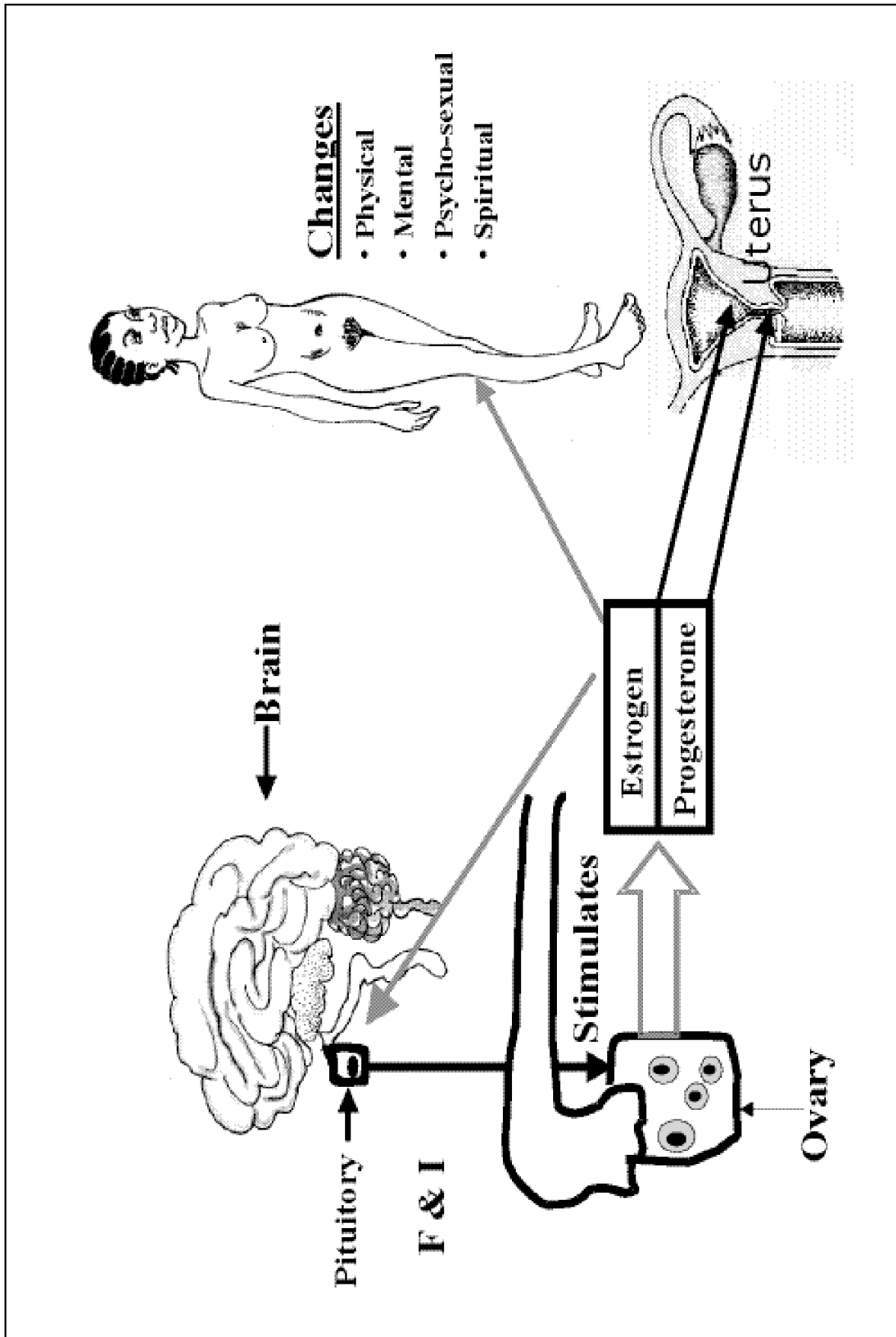
## Your Mental Well Being



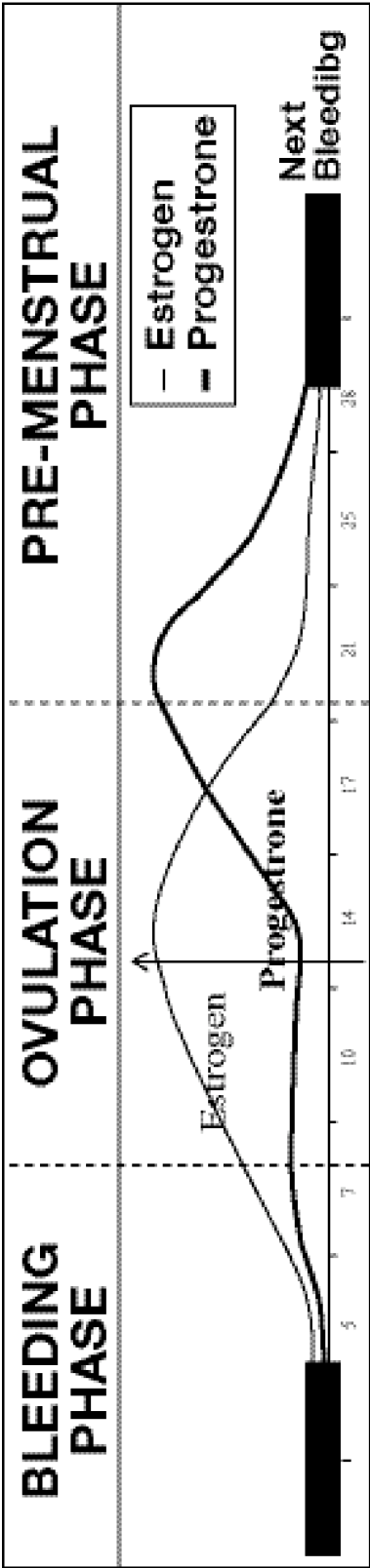
## Activity of Male Sex Hormones



## Activity of Female Sex Hormones



Menstrual Cycle and its Effects



	BLEEDING PHASE	OVULATION PHASE	PRE-MENSTRUAL PHASE
Feeling Emotions	<ul style="list-style-type: none"><li>• Low self-esteem</li><li>• May experience pain and discomfort</li><li>• Dizziness</li><li>• Bleeding may be irregular</li></ul>	<ul style="list-style-type: none"><li>• High self-esteem</li><li>• Easily excitable</li><li>• Happy and pleasant mood</li><li>• Active</li></ul>	<ul style="list-style-type: none"><li>• Tension</li><li>• Very moody</li><li>• Irritability</li><li>• Temper tantrums</li></ul>
Needs	<ul style="list-style-type: none"><li>• Always have pads ready</li><li>• Extra body hygiene</li><li>• Pain-killers only when absolutely necessary</li><li>• Be emotionally ready and control feelings</li></ul>	<ul style="list-style-type: none"><li>• Control emotions</li><li>• Be constructively active e.g. engage in games and other energy consuming activities</li><li>• Keep healthy distance with the opposite sex</li></ul>	<ul style="list-style-type: none"><li>• Be aware of this phase</li><li>• Use your intelligence and self-will to control yourself</li></ul>