



DREAMS

WORKING TOGETHER FOR
AN AIDS-FREE FUTURE
FOR GIRLS & WOMEN

SWAZILAND DREAMS-IC

PROTECT OUR YOUTH

CURRICULUM



Determined

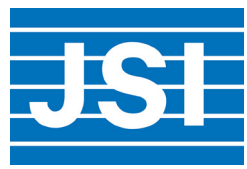
Resilient

Empowered

AIDS-Free

Mentored

Safe



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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
ARV	Antiretroviral
GBV	Gender-based violence
HIV	Human immunodeficiency virus
HTC	HIV Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
SRGBV	School-related gender-based violence
STI	Sexually transmitted infection
VMMC	Voluntary Medical Male Circumcision

INTRODUCTION

Program Overview

Through funding from USAID/PEPFAR, the Bantwana Initiative of World Education, Inc. (WEI/B) DREAMS Innovation Challenge program addresses the link between teen pregnancy/motherhood and school drop-out as a key factor limiting education completion rates for adolescent girls in Zimbabwe, Tanzania, and Swaziland, placing them at increased risk and heightened vulnerability.

Pregnant adolescents and teenage mothers/wives (ages 15-20) who have dropped out of school will meet regularly in a safe space provided by the community to participate in out-of-school study groups (OSSG), with layered wrap around supports. OSSG's will address the immediate education needs of girls as well as build the protective assets of pregnant adolescents and teenage mothers by 1) offering accelerated learning “catch up” classes for girls who recently dropped out of school; 2) providing training in life skills and protective asset building, HIV prevention, Adolescent Sexual and Reproductive Health (ASRH), financial literacy and linkages to the HIV service continuum; 3) improving parenting skills of teen mothers through hands-on early childhood stimulation sessions (ECS); and 4) connecting girls with trained community mentors as role models.

Building on successful in-school club models implemented by WEI/B in Swaziland, Tanzania and Uganda, WEI/B will establish Protect our Youth (POY) clubs for secondary school students to build social assets, offer life-skills and ASRH and address gender norms and power relationships that contribute to unwanted pregnancy and early marriage.

Country Context

Adolescent girls who attend school delay marriage and childbearing, are less vulnerable to disease including HIV and AIDS, and acquire information and skills that lead to increased earning power. Evidence shows that the return on a year of secondary education for girls correlates to a 25% increase in wages later in life. Providing girls with an education helps break the cycle of poverty, creating a ripple effect of opportunity that influences generations to come. However, adolescent girls in Swaziland face a number of challenges—including those resulting from limited opportunities, lack of access to information on sexual reproductive health (SRH), and gender-based violence.

In Swaziland, girls' primary school enrolment rate is quite high at 86%, and while 90% of youth transition to secondary school, of these, only 47% of girls make it to upper secondary. The data partly explains why Swazi girls are not finishing their secondary education: 22.1% of girls give birth before age 18, and 29% self-report dropping out of school because of pregnancy. Virtually no educational opportunities and few social support structures exist for these adolescent mothers and wives to continue their education. The added burden of Swaziland's 26.5% HIV prevalence rate—the highest in the world, which rises even higher to 31% for women—means that young women face huge barriers to success and well-being, perpetuating intergenerational cycles of poverty.

Furthermore, sexual and gender-based violence (GBV) increases young women's vulnerability to HIV infection. The 2007 *National Study on Violence against Children and Young Women in Swaziland* reported that approximately 1 in 3 females experienced some form of sexual violence as a child—with boyfriends and husbands cited as the most frequent perpetrators of sexual violence and male relatives (other than the victims' father) cited as the most frequent perpetrators of physical violence. In addition, over half of all incidents of child sexual violence

were not reported to anyone. High prevalence of intergenerational sex and multiple and concurrent sexual relationships further exacerbate risks for young girls and women.

As a result of these increasingly complex circumstances, many young women in Swaziland do not complete secondary school, and are confronted by unemployment, early pregnancy, vulnerability to gender-based violence and limited support.

THE MANUAL

Purpose of the Manual

“Protect Our Youth” clubs have been initiated in Swaziland to support in-and-out of school girls in Swaziland (ages 15-24) to navigate the multiple challenges they face. They provide safe spaces in schools and communities where girls can build protective assets that reduce vulnerabilities and expand opportunities—with the goal of developing a greater sense of personal agency and advancing their educational and occupational opportunities.

This Facilitator’ Manual was developed to guide the in-school Protect Our Youth (POY) clubs and is aligned with the Ministry of Education and Training’s Guidance and Counselling Life Skills Education curriculum, as well as other national policies and guidelines on education, child rights, HIV, and gender. The curriculum was developed with direct input from secondary school girls through protective asset mapping exercises where they identified the topical areas important to them and the areas in which they needed more information and support. Each of the topics was then developed into a series of participatory exercises that enable the girls to gain information and explore their own beliefs, goals and strengths. The activities are designed to promote skills building—providing the girls with the opportunity to develop strong communication skills and act on their own behalf. Activities were sourced and adapted using pre-existing, evidence-based materials that have been evaluated and determined to be effective.

How to use this Manual

Protect Our Youth clubs are facilitated by trained peer educators and Life Skills education teachers who are matrons of the clubs and oversee the running and management of the clubs. This manual has six modules, which should be completed over the course of the school year. POY clubs meet once a week and ideally only one session should be covered per club meeting period to allow participants to reflect on what they have learned and to have the opportunity practice their new skills.

Module 1 focuses on establishing the purpose, ground rules, and expectations of the club. It also introduces the concept of ‘protective assets’ and allows participants to think about individual and collective goals related to a 5-year vision plan, which they will develop over the course of the program.

Module 2 examines gender and identity and the ways in which gender norms and gender roles affect life opportunities. It then allows participants to critically examine how gender norms can perpetuate gender-based vulnerabilities, including child marriage, sexual violence, and other forms of abuse.

Module 3 provides participants with the opportunity to develop and strengthen assertive communication skills. Sessions help participants to assess their own communication skills, identify how gender impacts communication, and practice communication strategies that provide them with the skills they need to reduce vulnerabilities.

Module 4 guides participants through a human rights framework and helps them to identify child rights violations related to education, health, and gender.

Module 5 explores adolescent sexual and reproductive health, with particular focus on reducing early pregnancy, examining the factors involved in and strategies aimed at HIV risk reduction, and developing healthy relationships.

Module 6 concludes POY club activities with a review of skills and information gained, individual presentations of participants' 5-year vision plans, and a certificate award ceremony for participants who have completed the program.

Each module contains the following:

- **Essential Questions:** Key questions that participants should keep in mind during the session and should be able to answer by the end of the session.
- **Learning Objectives:** Specific skills and abilities the participants will gain from the session.
- **Time:** The estimated time required to complete the session.
- **Materials Needed:** Materials needed to complete the session.
- **Facilitator Preparation:** Any preparation needed prior to the session.
- **Activities:** Step-by-step instructions to facilitate each activity, including instructions for group discussion about the activity.
- **Session Wrap-Up:** Points to review with participants at the end of the session, including the key “take-away” messages.
- **Facilitator Notes:** Special notes for the facilitator to read and internalize before the session.

Learning Objectives and Target Group

The information and activities in this guide are primarily tailored for adolescent girls and young women 15 to 24 years old. At the end of the POY Club program, participants will be able to:

- make informed decisions about their lives and their future with regard to their health and sexual behavior;
- navigate the multiple challenges they face as young girls and women both in school and out of school;
- stay longer in school and advance their educational and occupational opportunities.

GLOSSARY

The facilitator(s) should plan to familiarize him or herself with the session plans—including the activities, facilitator’s notes, handouts, and the other materials that are listed before facilitating the session. Participatory techniques have been used such as brainstorming, small group work, working in pairs, role plays, demonstrations, case studies, and personal reflections. The following includes brief descriptions of the main participatory techniques used throughout the manual.

Brainstorming: Brainstorming encourages active and imaginative input from participants and taps the knowledge and expertise of the participants. It is a technique that helps to generate ideas or a variety of solutions to a problem and is generally used to help introduce or direct a topic.

Case Studies: Case studies encourage participants to analyze situations they might encounter and determine how they would respond. A case study is a story that illustrates an event and is followed by questions for participants to discuss. Case studies are particularly effective when they illustrate problems that are similar to the ones that participants face.

Gallery Walk: Individuals or groups perform a task and present their results in written form on flip charts or pieces of paper, creating a “gallery” of work for peers to read. Everyone walks around the gallery until they have seen all the work on the walls and then the facilitator leads a discussion on their work.

Role-Play: The role play encourages participants to explore solutions to situations or problems under discussion. It is a short, often unrehearsed drama where participants are given roles that they act out.

Vote with Your Feet: Participants express their opinions and feelings on issues by going to a predesignated sign or point in the room that represents their feelings on that subject.

Think/Pair/Share: A cooperative learning strategy that encourages individual participation and using three distinct steps. Participants think independently about the question that has been posed, forming ideas of their own. Next, participants are grouped in pairs to discuss their thoughts. This step allows participants to articulate their ideas and to consider those of others. Finally, participant pairs share their ideas with a larger group.

REFERENCES AND SOURCE MATERIALS

Several evidence-based materials and sources were consulted and have been adapted for use in this manual. They include the following:

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2. Hallman, Kelly K. (2016). *Population Council Lessons on Increasing and Measuring Girls’ Economic Empowerment*. New York: Population Council.
3. Health Communication Capacity Collaborative (2015). *Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24*. Baltimore: Johns Hopkins Center for Communication Programs.
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9. UNICEF (2007). *National study on violence against children and young women in Swaziland*. Mbabane, Swaziland: Government of Swaziland.
10. USAID (2008). *Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide*. Washington, D.C.: USAID.
11. USAID (2009). *Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response*. Washington, D.C.: USAID.
12. The Bantwana Initiative (2009). *Protecting Ourselves and Each Other: A Child Rights & Protection Resource*. Boston, MA: World Education
13. The Bantwana Initiative (2017). *Draft Tanzania Protect Our Youth Club Facilitator’s Manual Form 3*. Boston, MA: World Education.
14. The Bantwana Initiative (2016). *Preventing and Responding to Sexual Violence against Children in and around Schools – Facilitators’ Guide*. Boston, MA: World Education
15. The Bantwana Initiative (2015). *AYEDI Club Package Guide – WEI/B Uganda*. Boston, MA: World Education

2017 DREAMS-IC AGENDA

DAY 1

MODULE 1: GETTING STARTED IN THE PROTECT OUR YOUTH (POY) PROGRAM	
8:00-8:30	Welcome Remarks and official opening of the training- Ministry of Education Official
8:30 -9:30	Session 1: What makes a POY Club Successful? (60)
	Activity 1: Getting to know each other (30)
	Activity 2: Getting started (30)
9:30- 10:30	Session 2: How will school help me to succeed? (60)
	Activity 1: Two Letters, Two Lives Reading (30)
	Activity 2: Strategies for staying in or returning to school - Overcoming obstacles (30)
10:30-11:00 Tea Break	
11:00- 1:00	Session 3: Where am I going and how do I get there? (120)
	Activity 1: Where am I going? (20)
	Activity 2: How do I get there? Goals Worksheet (40)
	Activity 3: Leadership Tree (60)
1:00-2:00 Lunch	
MODULE 2: UNDERSTANDING IDENTITY AND GENDER	
2:00-3:00	Activity 1: Agree or disagree (25)
	Activity 2: Defining self (25)
3:00-4:00	Session 5: What is self-esteem? Why is it important to know myself? (60)
	Activity 1: Self Esteem Introduction (15)
	Activity 2: What is self-esteem and why is it important? (45)

DAY 2

MODULE 2: UNDERSTANDING IDENTITY AND GENDER	
8:00 -8:30	Recap
8:30- 10:00	Session 6: What is gender?
	Activity 1: Whose role is it?
	Activity 3: Boys and girls in our community
10:00-10:30 Morning Tea Break	
10:30-11:30	Session 7: How can gender roles affect us? (60)
	Activity 1: Expectations of girls: Group discussion, Think/Pair/Share (30)
	Activity 2: Gender inequality: Scenarios, Group discussion (30)
11:30- 1:00	Session 8: How does gender contribute to girls' vulnerability? (60)
	Activity 1: Gender Risk Scenarios: Scenarios (30)
	Activity 2: Gender Role plays: Group Discussion (30)
1:00-2:00 Lunch Break	
2:00 -4:00	Session 9: What is gender-based violence? (120)
	Activity 1: Reflection/Discussion (30)
	Activity 2: Categories of violence (30)
	Activity 3: Examining myths (30)
	Activity 4: GBV action planning (30)
4:00 Afternoon Tea	
	Evaluation
END OF DAY I	

DAY 3

MODULE 3: BUILDING COMMUNICATION AND DECISION-MAKING SKILLS FOR A SUCESSFUL	
8:00-8: 30	Recap
8:30- 10:30	Session 10: How can strong communication skills support me to have healthy relationships? (120)
	Activity 1: Communication Demonstration (20)
	Activity 2: Assertive Communication (40)
	Activity 3: Role plays (60)
10:30-11:00 Morning Tea Break	
11:00-12:00	Session 11: How can I learn strong (assertive) communication skills (60)
	Activity 1: What kind of communicator am I? (20)
	Activity 2: Communicating an assertive message (40)
12:00-1:00	Session 12: How can I make good decisions and resist peer pressure? (120)
	Activity 1: Did I make a good decision today? (20)
	Activity 2: Decisions and Consequences (40)
1:00-2:00 Lunch	
2:00-3:00	Activity 3: Good Decision Making Role Plays (60)
3:00-4:30	Session 13: How can I manage my emotions and express them in a healthy way? (90)
	Activity 1: Feelings Charade (30)
	Activity 2: Exploring and sharing feelings (60)
4:30	Afternoon Tea
	Evaluation and End of Day

DAY 4

MODULE 4: PROTECTING OURSELVES AND EACH OTHER – RIGHTS AND RESPONSIBILITIES OF YOUTH	
8:00-8:30	Recap
8:30-10:30	Session 14: What are my rights and what are my responsibilities? (120)
	Activity 1: What are Human Rights (30)
	Activity 2: What are child’s rights (30)
	Activity 3: Violations of rights related to education and sexual health (30)
	Activity 4: Who has the responsibility to uphold children’s rights? (30)
10:30-11:00 Morning Tea Break	
11:00- 1:00	Session 15: Responding to Rights Violations: How can I seek help for myself and others? (120)
	Activity 1: Signs of abuse, violence, or violation (45)
	Activity 2: Whom can I tell? (45)
	Activity 3: What can be done (30)
1:00-2:00 Lunch	
MODULE 5: MY SEXUAL AND REPRODUCTIVE HEALTH DURING PREGNANCY	
2:00-3:30	Session 16: What are my sexual rights and what are my responsibilities? (90)
	Activity 1: What are my sexual rights and responsibilities? (30)
	Activity 2: Sexual choice and sexual coercion (60)
3:30-4:00 Afternoon Tea	
	Evaluation

DAY 5

MODULE 5: MY SEXUAL AND REPRODUCTIVE HEALTH DURING PREGNANCY	
8:00-8:30	Recap
8:30-10:30	Session 17: How does pregnancy happen? (120)
	Activity 1: Labelling the male and female reproductive systems (30)
	Activity 2: Where do babies come from? (30)
	Activity 3: What is menstruation? (60)
10:30 Morning Tea Break	
11:00- 12:30	Session 18: How can I prevent pregnancy? (90)
	Activity 1: Contraception methods (30)
	Activity 2: Role play (60)
12:30	Session 19: How can I build a good relationship with my partner? (120)
	Activity 1: Boys and girls as friends (30)
1:00 -2:00 Lunch	
2:00-3:30	Activity 2: Boyfriends and girlfriends (30)
	Activity 3: From violence to respect in intimate relationships (60)
3:30-4:00	Training Evaluation
4:00-4:30	Closing Ceremony
4:30	Afternoon Tea and Training Celebration.

MODULE I: GETTING STARTED IN THE PROTECT OUR YOUTH (POY) PROGRAM

Session I: How can the POY Club help me succeed in life?

Essential Questions:	<ol style="list-style-type: none"> 1. How can the POY Club help me succeed in life? 2. What skills do I already possess that I can build on in the POY club? 3. How can the POY Club help me to achieve my 5-year goal(s)?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the overall purpose of the POY club • Set ground rules and protocols of club activities • Establish personal and group expectations of participation in POY club
Time:	60 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Tape</p>
Facilitator Preparation:	<p>Read facilitator notes. Write the POY Club goal on the chalkboard/flipchart</p>

Activity I: Getting to know each other¹ (30 MIN)

Step 1: Welcome the Participants/Icebreaker²

- Welcome participants to the POY club and explain that they will start with a quick icebreaker.
- Make a small ball out of paper (and tape) that the participants can pass to one another. Ask the group to stand in a circle. The person who holds the ball must tell the group one of her goals, likes, dislikes, or something that she is currently learning. For example, a person might say she hopes to become a teacher, while another could share that she is learning how to plant tomatoes from her grandmother. After all participants have shared their goal/dream/what they are learning, explain that through the POY club, they will have the opportunity to learn more about themselves and one another.

Step 2: Think/Pair/Share

- **Think:** Ask participants to answer the following questions individually:
 - What is your name?
 - What makes you want to go to school?
 - What makes you not want to go to school?
 - What is something you've done that you're proud of?

¹ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011 and Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017

² Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

- What do you hope to get out of the POY club?
- **Pair:** Ask participants to divide into pairs. Ask each participant to ask her partner the following questions:
 - What is your name?
 - What makes you want to go to school?
 - What makes you not want to go to school?
 - What is something you've done that you're proud of?
 - What do you hope to get out of the POY club?
- **Share:** After every participant has had an opportunity to interview and be interviewed, ask participants to sit in a circle. Each participant should introduce their partner and the things they learned about them from the interview. As they are sharing, record what the girls hope to get out of the POY club on the chalkboard/flipchart paper.

Discuss the following with participants:

- What is it like to think about what makes you want or not want to go to school?
- Are there changes that could be made that could help girls be more successful in school?
- Why is it important to know what you are proud of about yourself?

Activity 2: Getting Started³ (30 MIN)

Step 1: After introductions, give the participants a very brief overview of the goal, basic schedule, and logistics of the club, including:

- The goal of the POY Club. (See **facilitator's notes** below)
- Where and at what time the group will meet.
- The kinds of activities that will be included (e.g. interactive activities of approximately one hour in length)
- The topics that will be addressed (e.g., communication, relationships, gender).
- The participatory nature of the club (e.g., explain that the activities are participatory and ask for and encourage the participants to talk, share, discuss, have fun and play)

Step 2: Brainstorm with participants the rules they want for their group that will make it a club that feels comfortable. List these rules on a large piece of paper. Look at the list of important ground rules provided (**see facilitator's notes**), your list should include these. Everyone should sign or initial the list as a commitment to abiding by the rules.

Step 3: Think/Pair/Share

- **Think/Pair:** Ask participants to divide into pairs. Explain to participants that they will be establishing group expectations for what they – as a group -- hope to get out of the club. In pairs, each participant should come up with one to two group expectations for the club and discuss them with their partner.
- **Share:** After each pair has completed the exercise, ask them to share their group expectations. Write down all of the group expectations on the chalkboard/flipchart.

³ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011 and Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017

Step 4: Discuss with the girls the group expectations that were listed and have them agree **on five group expectations** that they hope will be met through the club. These can be monitored throughout the club to monitor progress.

Step 5: Explain to the girls the following key skills/benefits that the girls will gain by participating in the club. Key skills gained by/benefits of participating in the POY club include:

- increased social bonds;
- improved self-esteem, aspirational attitudes, self-confidence, decision-making aptitudes, and leadership skills;
- improved capacity to challenge peer pressure, gender-norms, harmful situations, and violence in schools and communities; and
- Better understanding of your rights and responsibilities

Discuss the following with participants:

- a. Look over the list of expectations and comment on which of these are covered in the POY club and which are not.
- b. How can the skills that you will gain in the POY club benefit you now and in the future?

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Review the goal for the POY program.

Step 2: Ask participants, between now and the next time the group meets, to identify:

- What is one thing you do well?
- What is one thing you'd like to do better?

Be prepared to discuss this during the next meeting.

Step 3: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES⁴

The goal of the POY Club program is to provide a safe space in schools where girls can build skills that reduce their vulnerabilities and expand their opportunities—with the goal of developing a greater sense of personal agency and helping them to stay in school. These include:

- increased social bonds;
- improved self-esteem, aspirational attitudes, self-confidence, decision-making aptitudes, and leadership skills;
- improved capacity to challenge peer pressure, gender-norms, harmful situations, and violence in schools and communities; and
- Better understanding of your rights and responsibilities

Why should you participate in the POY Club?

This club provides an opportunity to discuss and learn more about building social assets and coping with sensitive and potentially difficult issues in your life, such as negative peer pressure, gender-based vulnerabilities, and power relationships that contribute to unwanted pregnancy, early marriage, and HIV. The goal of this group is to provide a place for information, but more importantly, to build skills in managing the pressures you face. This session provides an introduction to the club and sets the ground rules and expectations.

What will you do in a POY club?

You may use this platform to discuss some very personal, meaningful and difficult issues you may face in your life.

- Many of these issues make staying in school difficult. Whether the obstacles include family pressures, or other pressures outside of school, they compete for your time and your energy. Sometimes it may be the school environment itself that does not feel conducive to learning. This may happen if you do not feel supported by your teachers to continue your education or you have teachers that do not respect the code of conduct.
- These problems may feel difficult to learn about, get accurate information on, talk about with another person, or figure out the best way to handle all that you're faced with.

Participation in this club should help you better understand your rights and build skills in managing situations where your rights are threatened or violated. Furthermore, this group will help you to build life skills needed for deciding who you are and exerting control over your future.

Protect Our Youth Clubs are safe spaces in schools where girls can learn to protect themselves, gain an understanding of each other and find opportunities to grow as a person. In-school clubs and mentoring programs help your self-esteem and self-confidence; improve your ability to make decisions, leadership skills, and capacity to challenge violence in schools and communities. In order for the group to be successful, it is important that the group is one that feels safe for all participants. Each participant should trust that she will be treated with respect, and in turn you should respect the other participants regardless of differences in opinion, or your personal feelings about the participants. It is important that agreements are made that help make this a safe place for sharing, regardless of relationships in the outside world.

There are important rules for a group in order for people to trust that they can talk openly.

- I. Confidentiality – WHAT IS SHARED HERE SHOULD NOT BE REPEATED ANYWHERE ELSE.** It is important that group members can trust that personal information and opinions they share

⁴ Adapted from Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017

are not repeated to others outside of the group. (Take a minute and have everyone commit to this one, whether by verbally agreeing, putting up their hand, or anything else.)

2. **Participation**—Actively engage in the activities and discussions (though people have the right to pass when the material is something that they are not comfortable sharing.)
3. **Non-judgmental** – It is fine to disagree, but it is not acceptable to pass judgment or put others down for their feelings, opinions or experiences.
4. **Respectful** – Listen to each other; don't judge. Treat others how you would want to be treated.
5. **Listen and do not interrupt** – Listen to others and give them your full attention and do not interrupt. Everyone will have a chance to participate. This means **ONE PERSON TALKS AT A TIME!!!**
6. **No question is silly or foolish** – Any question is worth asking. Chances are someone else may have the same question.
7. **Come to every meeting and come on time!** If, for some reason, you're going to miss a meeting, tell someone who can pass the information along to the group so that people aren't left wondering or waiting. (This is also good practice in accountability)

Session 2: How will school help me to succeed?

Essential Questions:	<ol style="list-style-type: none"> 1. What skills and knowledge can I gain from school to help me succeed in life? 2. What are some of the negative consequences of not staying in school? 3. What specific ‘protective assets’ can help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the advantages of staying in school and the disadvantages of not staying in school • Identify the decisions/circumstances that may cause one to change their present educational plans • Describe strategies to stay in or return to school • Define ‘protective assets’
Time:	60 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Two Letters Two Lives Handout Girl Effect Video <i>and/or</i> Profile of a Swazi Adolescent Girl Handout</p>
Facilitator Preparation:	<p>Read facilitator notes. If time and technology allow, prepare the Girl Effect video in advance for Activity 2 <i>and/or</i> print out Profile of a Swazi Adolescent Girl handout for each girl to reference.</p>

Activity 1: Two Letters, Two Lives (30 MIN)⁵

Step 1: Distribute one copy each of **Two Letters, Two Lives** (see facilitator's notes) to the participants or have a volunteer read the two letters aloud from your copy.

Step 2: After participants have read (or been read) the letters, lead a discussion using the following questions:

- What is the relationship between Siphso and Thembi? How did they get to know each other? Where do they live now?** (Answers: Siphso and Thembi are friends from primary school. Siphso lives in a rural township, while Thembi lives in a Mbabane).
- What are the differences in Siphso's and Thembi's lives? Are there any similarities? Describe each woman's family situation.** (Answers: Siphso's husband works abroad, while Thembi's husband lives with her and works in the same city. Siphso's husband is looking for a second wife. Siphso has four children, and Thembi only has two. Siphso cannot afford medical treatment for her daughter, while Thembi was able to take her child to the doctor and send money to Siphso. Siphso does not work outside the home, while Thembi has a job as an assistant accountant. Thembi appears to be much more educated than Siphso.)
- How would you describe the tone of each letter? Explain your answer.** (Answers: Siphso seems to be worried that she cannot pay to take her child to the doctor. She also apologizes for her poor

⁵ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

writing and grammar. She seems a bit embarrassed. Thembi seems very happy with her job and her family’s accomplishments—her husband’s job, her son’s achievements, and the arrangement she has with a neighbor to take care of her children. Her letter is upbeat and positive.)

- d. **How has education played a role in Thembi’s life? In Siphos life? In the lives of their husbands and children?** (Answers: Thembi continued to go to school, while Siphos did not. Thembi also studied mathematics and has used her education to get a job. She is able to take care of her children’s health needs because of the money she earns as a result of her education. Thembi’s husband also appears to be educated and now runs his own business. However, Siphos is unable to work, and her husband has had to leave the country to find work. Thembi’s children are all in school, but Siphos might have to take her daughter out of school.)
- e. **Is either one of these women’s situations common in your community? Why or why not?**
- f. **What are the advantages or disadvantages of Thembi’s life? Of Siphos life?** (Answers: Thembi is able to earn her own money and afford to take her children to the doctor. Siphos is not able to take care of her own children.)
- g. **If you were Siphos or Thembi, how would you feel?** (Possible answers: Siphos might feel embarrassed to ask her friend for money. She also may feel sad or disappointed that she does not have the same opportunities as Thembi and that she is not able to provide for her children’s medical needs. She may be angry. Thembi, on the other hand, may be happy with her family because she has a job that allows her to provide for it. She also may feel sad that her friend does not have the same opportunities.)
- h. **Is there any advice you would offer to either Thembi or Siphos?** (Possible answers: Siphos could try to continue her studies through adult-education courses. She also could learn a trade or skill so she can earn her own income. She could find a way to get a small loan to assist her in starting her own business. Thembi could assist her friend with her efforts.)

Activity 2: Strategies for staying in or returning to school- Overcoming obstacles (30 MIN)⁶

Step 1: Ask the girls to close their eyes and imagine themselves in the future. Ask them to picture themselves 4 years from now:

- Are you still in school? What are you studying?
- If you are in school, did you have to overcome any obstacles to stay there?
- What helped you do that?
- If you are not in school, what are you doing? Do you have a trade, or are you learning one? Is what you are doing now taking you toward where you pictured yourself as an adult?

Step 2: Ask a few participants to share what they pictured for themselves.

Step 3: Next, facilitate a discussion with the girls using the following questions:

- What obstacles to girls’ education exist in your community? Examples that may or may not apply to your community include (write the examples down on the chalkboard).
 - People do not think girls are as smart as boys.
 - Girls are expected to take care of younger siblings.

⁶ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008 and Draft Tanzania Protect Our Youth Club Facilitator’s Manual Form 3, WEI/Bantwana Tanzania, 2017

- Girls can get pregnant and have to drop out of school.
 - Girls are responsible for the majority of household chores, so they either do not go to school or do not have time for their homework.
 - Girls are married at a young age and do not return to school.
 - Educating a girl is not seen as a good investment or a priority because girls will eventually marry and leave the family.
 - Families lack financial resources to support girls' education.
 - There is a lack of safety for girls at school.
- Discuss some of the key statistics related to girls' education in Swaziland and the effect that educating girls can have on individual lives, communities, and nations (**see facilitator's notes**) (i.e, only 47% of girls make it to upper secondary school; 22.1% of girls give birth before the age of 18; HIV prevalence among women is 31%). If there is time, watch the "Girl Effect" video.
 - What strategies can be used to overcome obstacles or barriers to girls' education listed on the board? Examples include:
 - Talk to a trusted adult to support their decision to stay in school
 - Girls could form a study club to tutor each other. (A teacher could volunteer to help them.)
 - Explain to the family that skills they will gain in school will help the whole family
 - Parents could work with schools and community governments to increase girls' safety at school, as well as to and from school.
 - Encourage parents not to overburden girls with chores and to divide chores evenly between sons and daughters.

Step 4: Draw an empty treasure chest on the chalkboard. Next give each girl a piece of paper (or they can use their POY club notebook) and ask the girls to draw an empty treasure chest. Explain that we are born with an imaginary empty treasure chest. As people love us, compliment us, appreciate us, spend time with us, and learn with us, we build up our treasure. Explain that we also build up our treasure chest by developing certain skills and knowledge that can help protect us in our lives, reduce our vulnerabilities, and expand our life opportunities.

Step 5: Ask girls to take a few MIN to fill their treasure chest with five important skills they think are necessary for them to be successful in life. They can write these down in their chest.

Step 6: Ask for a few volunteers to share their answers and write them down on the chalkboard. Explain to girls that building '**protective assets**' and putting them in their treasure chest is also an important strategy to keep girls in school and help them expand their life opportunities. Explain (with examples for each) that:

- Protective assets are considered a **store of value** that girls can use to both reduce vulnerabilities and expand opportunities⁷. These include:
 - **Social assets** (being able to identify someone to go to for help in case of abuse at school and knowing where to report abuse, knowing how to communicate assertively, having a female adult mentor, etc.)
 - **Economic assets** (having long-term financial goals and a plan to meet them; financial literacy skills; having control over your savings, etc.)
 - **Health assets** (being able to access health services; knowing how HIV is transmitted, how to prevent it, where to be tested, and that there are treatment options; knowing signs of danger during pregnancy, etc.)

⁷ Population Council Lessons on Increasing and Measuring Girls' Economic Empowerment, Population Council, 2016

Step 7: Facilitator writes ‘Social’, ‘Economic’, ‘Protective’ categories on the board. As a group, girls will practice placing some of the skills in their treasure chest under each asset category now that they have received a definition of each asset. Explain to participants that through the POY club, they will build up their own treasure chests with specific protective assets that will help them to remain in school and expand their life opportunities. Facilitator can refer to a list in **facilitator’s notes** for more options of some of the key protective assets that the girls may not have already listed in their treasure chests.

Discuss the following with participants:

- a. What are any similarities and differences between the skills you put in your treasure chest and the skills (protective assets) that you will build through the POY club?
- b. How can the protective assets gained through the POY club help you stay in school?

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Ask for three volunteers to summarize what they have learned through the session. Encourage participants to describe what life-long skills they can gain from staying in school and what some of the negative consequences are of not staying in school.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

Two Letters, Two Lives⁸

Letter 1:

Dear Thembi,

Greetings! I hope you are well. I am sorry I have not written in so long, but I have been so busy taking care of things here. I apologize ahead of time for my poor handwriting and grammar. It's been so long since I have had time to write. How is your family? How is your husband? I remember that when we were in school together he was always trying to get your attention at football games!

I am not sure exactly where my husband is living at the moment. He left two months ago to South Africa to find work and I have not heard from him since. I have also heard he is looking for a second wife, now that I have had my fourth baby. My youngest daughter, who is now one year old, has had diarrhea for the last three months and I do not know what to do anymore. Since my husband has not sent money, I cannot take her to the health center. I tried to get a job in a nearby town, but since I never got my diploma like you did, no one will hire me. I do not know how I would have time to work outside the home, anyway. My oldest daughter, who is 10, is in school, but if I have another baby, she will have to stay home and help me with the little ones.

I hope your new job is going well. I look forward to receiving a letter from you soon.

Your friend,
Sipho

Letter 2:

Dear Sipho,

Greetings! I was so happy to receive your letter, although it made me sad to hear that your husband has left and you are now taking care of the children by yourself. Since he was so much older than we are, I never got to know him, but I am sure he will be in touch with you soon.

My husband is doing fine. He now manages his own restaurant and coaches football in his spare time! Our eldest son is now 6 years old. He has already started playing football with his father! He started school this year and really likes it. My daughter Busi is now 3. She has had problems with eye infections, but thankfully the doctors were able to treat them. Now she can see very well now and she runs around the house trying to keep up with her big brother! Busi spends most of the day with our neighbor, who has volunteered to look after her. In exchange for her help, my husband allows her to use the internet from his restaurant each week. I also look after her children on the weekends when I am not working. I have been working almost full-time now as an assistant accountant at the electric company. I guess those math classes I took have finally paid off!

A neighbor mentioned he is going to be in your village next week, so I am sending some money with him for you to take your baby to the health center. I miss you and hope that you can come for a visit soon!

Your friend,
Thembi

⁸ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

Girls' Education in Swaziland – Some Key Statistics to Discuss⁹ (refer to Profile of a Swazi Adolescent Girl info-graphic in Annex)

- In Swaziland, only 13% of young people complete secondary school, and while 90% of youth transition to secondary school, of these, **only 47% of girls make it to upper secondary**.
- The data partly explains why Swazi girls are not finishing their secondary education:
 - 22.1% of girls give birth before age 18,
 - 29% of girls self-report dropping out of school because of pregnancy and virtually no educational opportunities and few social support structures exist for these adolescent mothers and wives to continue their education.
- Swaziland's 26.5% HIV prevalence rate—the highest in the world, rises even higher to 31% for women – which means that young women face huge barriers to success and well-being, including remaining in a cycle of poverty.

Why educate girls:¹⁰

- Educated girls are less vulnerable to rights violations: Education enables girls and women to overcome child labour, other exploitative work and child marriage, and helps them learn how to claim their social and economic rights. If all girls globally had a secondary education, there would be 75% fewer child marriages.
- Educate girls are more informed and can make better life choices: If all mothers completed primary school, maternal deaths would be reduced by two thirds.
- Educated girls are better able to support themselves and their families: A girl with an extra year of education can earn 20% more income as an adult.
- Educated girls support economic growth: An educated female population increases a country's productivity and fuels economic growth. Some countries lose more than \$1 billion a year in GDP by not educating girls to the same level as boys.

Protective Assets

What are they?

- Assets are a store of value (knowledge and skills).
- Assets can include **social assets + economic assets + health assets**
- Social assets include:
 - learning about your rights,
 - developing assertive communication skills,
 - finding an adult mentor
- Economic assets include:
 - entrepreneurship training;
 - financial literacy skills;
 - having control over your savings
- Health assets include:
 - accessing health services;
 - learning basic health information

Why are they important?

- Assets can expand your opportunities and reduce your vulnerability by helping you to:

⁹ World Education DREAMS fact sheet: http://323g7w4bc6vn1nxnrw46gwt9.wpengine.netdna-cdn.com/wp-content/uploads/2016/11/DREAMS_SWAZI-PROGRAMMING_A4.pdf

¹⁰ <https://www.womenone.org/learn/>

- increase social bonds;
- develop self-esteem, aspirational attitudes, self-confidence, decision-making aptitudes, and leadership skills; and
- build the capacity to challenge gender-norms, harmful situations, and violence in schools and communities.
- Assets also have the potential to increase your ability to:
 - choose whether/when to have a sexual relationship
 - exercise power within sexual relationships
 - reduce the effects of or leave unsafe sexual relationships

How can the POY help you to build protective assets?

Participating in this POY club will help you to:

- better understand your rights
- build skills in managing situations where your rights are threatened or violated.
- build life skills (communication, decision-making, leadership) needed for deciding who you are and exerting control over your future.

What specific protective assets will you build through the POY club?

Through the POY club, girls will build some of the following protective assets:

1. Be able to describe something unique or special about herself and identify a skill that she can teach others
2. How to move on from past mistakes
3. Have the ability to tell her parents that what they want her to do is illegal
4. Know that child marriage is associated with poor health, poverty, and divorce (and that divorce carries social and economic risks)
5. Use negotiation, specific knowledge of risk scenarios, and problem-solving skills to avoid harmful traditions (like early marriage) common in her community
6. Know to ask for a female authority if she is uncomfortable with a male
7. Have a slightly older female mentor she can turn to for advice when faced with challenges
8. Know that violence isn't just stranger violence—it often occurs in families
9. Know whom to ask/ where to ask for help if she or someone she knows is a victim of violence
10. Use effective communication and listening skills (listen with empathy and patience; speak assertively not aggressively)
11. Be able to express feelings and notify a friend or trusted adult of a problem at school or at home
12. Be able to present an argument to a group of peers and elders
13. Know how to describe /express a problem to someone in authority, such as a local official
14. Have the negotiation and problem-solving skills to assert her preference for staying in school
15. Stand up for herself and her friends when insulted
16. Feel like she can say “no” to her friends if they are pressuring her to do something she doesn't think is right
17. Manage anger when in stressful situations
18. Know that she has the same rights as her brother
19. Know the minimum number of school years to which she's entitled
20. Know about sex trafficking and other forms of forced sex (e.g., persuasion, blackmail), and where to get help
21. Identify someone to go to for help in case of abuse at school and know where to report abuse
22. Know the teachers' code of behavior (including not asking students for special favors or inviting them to their homes)
23. Know what to say and what not to say to someone who has been a victim of a violent crime
24. Know the helpline number to register any violence or to get help

25. Know where the nearest police station is and the kind of help the police can provide
26. Know her right to determine and communicate the number of children she wants and the timing of births
27. Understand the biological basics of sexuality and reproduction
28. Know the specifics of menstruation and how to safely and cleanly manage it
29. Know signs of danger during pregnancy and labor, and where to go for help
30. Know where to obtain condoms and contraceptives and where to obtain advice and instructions
31. Know how to use female condoms (and seeing one)
32. Know why young girls engage themselves into love affairs
33. Know how to keep safe in relationships
34. Know how to stay in one relationship
35. Know healthy relationships
36. Know how STIs, including HIV, can be prevented and their consequences (including infertility)
37. Know that many diseases are sexually transmissible (from both symptomatic and asymptomatic individuals) and some remain so even after recovery
38. Know how HIV is transmitted, how to prevent it, where to be tested, and that there are treatment options
39. Know where to get an HIV test
40. Know the location of the nearest emergency health services and at least two conditions that require emergency attention
41. Know local health promoters and community-based health activities

Profile of a Swazi Adolescent Girl¹¹

A Profile of an Adolescent Girl in Swaziland

Gender-Based Violence (GBV)
 One in three women report that they experienced a form of sexual abuse by the time they turned 18. Even worse, across their whole lifetime, nearly half of Swazi women report they have experienced sexual violence.

Health: Pregnancy and HIV Statistics
 By the time they were 18, about 22% of adolescent girls reported they had already given birth to at least one child. Also, Swaziland has the highest HIV prevalence in the world at 28.8%. Women are affected more than men too. One out of every three women are HIV-positive, and 4,108 girls aged 20-24 become infected with HIV every year.

Education
 Even though many youth in Swaziland enroll and attend primary school, much fewer go to secondary school. Only four out of every 10 girls actually go to secondary school. Of the girls who do go, some drop out of school too. About 30% of girls who drop out report that they did because of they got pregnant.

Design Inspiration & Sources: Voice Initiative & FHB360 Swazi National Education Profile; Swaziland Global AIDS Response Progress Report; UNAIDS; UNICEF Country Profile.

¹¹ From WEI/B DREAMS IC Mentor Curriculum, 2017.

Session 3: Where am I going and how do I get there?

Essential Questions:	<ol style="list-style-type: none"> 1. Why is setting goals important? 2. What steps can I take to achieve 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • State a personal goal • Create a template for 5-year vision/commitment that they will develop throughout the program
Time:	125 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pens/pencils/crayons POY Notebook Template for 5-year vision/commitment Handout Leadership Tree Handout The shape of a very large tree (on big sheets of flipchart stuck together) Different colour post-it notes or small colored pieces of paper</p>
Facilitator Preparation:	<p>Read facilitator notes. If possible, make copies of the Goals Worksheet Handout and Leadership Tree Handout. If not, write the headings from the worksheet onto the chalkboard before the session starts.</p>

Activity 1: Where am I going?¹² (20 MIN)

Step 1: Distribute a piece of large paper and marker to each participant. Ask each participant to draw a dot on the left side. Explain that this dot is their birth. Ask the participant to draw another dot to the right of this dot (about 5 inches away) and explain that this second dot is today.

Step 2: Ask participants to think of what they are most proud of in their life. Ask the participants to use a drawing or symbol to mark this accomplishment.

Step 3: Ask each girl to share her accomplishment to date in pairs.

Step 4: Next ask participants to draw another dot 5 inches to the right of the second dot. Explain that this dot is 10 years from now.

Step 5: Think/Pair/Share

- **Think:** Ask participants to think about whether things went as hoped after ten years and to draw a body on piece of paper, along with the following:

¹² Adapted from Go Girls! Session 1, Activity 4, “Where am I going” pg. 20

- For hands: What do they want to be doing? What do they want to accomplish in 10 years?
 - For feet: Where do they want to go in 10 years?
 - For eyes: What do they see around them in 10 years? House, kids, living in city, country...
 - For ears: What ideally do they hear people say to them? Did you get to where you are based on what other people said to you or based on what you wanted for yourself?
 - For head: What thoughts are in their head related to what kind of person they want to be?
 - For heart: What are you most proud of?
- **Pair:** Ask participants to get into groups of three and share their drawings with each other.
 - **Share:** Bring everyone back together and explain to participants that they have just shared their goal with each other. *When we think of where we want to be, or who we want to be, or what we want to be doing in 10 years THIS IS A GOAL!* Ask participants to share their goal with the group in one sentence.

Step 6: Discuss the following with the group:

- a. What did you learn about your future?
- b. Is it important to think about 5 or 10 years in the future? Why?

Activity 2: How do I get there?¹³ (40 MIN)

Step 1: Explain to the participants that one of the ways that they can build their self-esteem and confidence is to set a goal and then meet it. A goal is something that a person works to achieve. People who accomplish their goals usually define what it is that they want and pursue it in a realistic way. Goals can be divided into the following two types:

- Long-term goals: are goals that can only be accomplished over a longer period of time, such as a year or more; examples include going to university or having two children.
- Short-term goals: are goals that can be accomplished within six months, such as cleaning the house today or passing my exams in two months.

Step 2: Next let the participants know that the best goals are said to be “**SMART**,” meaning that they are:

- **Specific** – You should know exactly what you want to accomplish
- **Measurable** – You should be able to gauge progress towards goals
- **Achievable** – The goal should be something you can achieve
- **Realistic** – You should be able to achieve the goal within the time frame
- **Time bound** – You should set time limits to reach the goal

Step 3: Explain to the girls that goal setting is important because it:

- gives meaning and direction to one’s activities
- serves as a guide for decision making
- increases one’s self-esteem if goals are attained
- provides motivation, especially when things are difficult

Step 4: Distribute copies of the **Goals Worksheet (Part A)** to each participant or have girls copy the headings from the chalkboard into their notebooks. Ask that they not fill them in at this point. Tell them that

¹³ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

you will review them together briefly. Using a sample goal to guide you, go through each section of the worksheet, explain the heading, and provide examples.

- Identify your goals. Suggest “Pass my exams” as an example of an educational goal.
- What are some of the good things that I will get if I reach my goal? In our example, “I will be able to proceed to the next grade and may then have a chance at a university scholarship.”
- What stands between me and my goal? “If I do not like to study or do not study enough, this could be an obstacle to passing my exams.” Similarly, “If I have too many household chores so that I do not have time to study, this may keep me from reaching my goal.”
- What do I need to learn or do? “I need to register for the exam with the school. I also need to learn my mathematics and English in order to do well on the exam.”
- Who will encourage me? “I know that my mother and my teacher really want me to do well, so I will ask them to check in with me to make sure I am studying and achieving some success.”
- What is my plan of action? “First I will register for the exam with the school. Next, I will create a study schedule for myself. Then I will begin to study three hours each day until the exam.”
- Completion date. When will I be finished with this goal? “The exams are being held in three months, so I will be finished on _____” (Write in the date of the exams in this area.)

Activity 3: Leadership Tree¹⁴ (60 MIN)

Facilitator’s Note: This meditation – visualization exercise can be used to help young people to dream about their goals, their communities and their role as leaders in the future. The participants draw their dreams/visions on ‘fruit shape’ paper. The pictures of their dreams are shared and a tree image is used to explore what individual and collective strengths they have to build upon (the roots), and what strategy / action planning is still required to work towards their dreams.

Set up: The facilitator will need to prepare a leadership tree outline in advance of the session. Please see below to see what you will need to produce. Please be ready to provide examples of each of the sections.

Step 1: Tell the participants that you are going to be doing a leadership tree. As peer educators we must be leaders in the community. We are also asking the girls participating in the POY Clubs to be leaders as well. In order to be leaders we need to understand our past and look towards our future. Using visual art is a good way to share your story. Please stress that you do not have to be good at drawing to complete this activity.

Step 2: Ask participants to find a quiet place to lie/sit down comfortably, to close their eyes, and to breathe deeply. They are asked to imagine how their lives could develop in the future (in 5 years, for example). They should dream about their role as leaders or active participants in their local communities, and even broader in their national communities.

Step 3: Walk through the different pieces of the tree and what each action means. Please make sure you provide examples. You could even have prepared your own tree to share.

- **Roots – What are your family values, how were you raised and what is the foundation of who you are?**
 - Example: My family valued education, we worked very hard, my mother was a leader in our community.

¹⁴ Adapted from A Kit of Tools For Participatory Research and Evaluation with Children, Young People And Adults, Save the Children, Norway 2008 AND WEI/B DREAMS IC Mentor Curriculum, 2017.

- **Soil – Your passions/interests. What do you care about as an individual?**
 - Example: young women, my family, singing
- **Dead Leaves – What do you want to let go of? What limits you?**
 - Example: Being a girl means you aren't strong, feeling like I'm not smart enough, being shy
- **Trunk – Important People/Role Models- Who are the adults who will help me move toward my goals and how will they help me?**
 - Examples – My mother, my teacher in primary, my neighbor
- **Branches – Talents, Strengths and skills**
 - Examples – I am a good leader, I am compassionate, I take care of people, I have a loud voice
- **Blossoms – Your dreams**
 - Example – I want to lead girls in my community, I want to finish school, I want to be President

Step 3: Provide participants with chart paper and markers. Ask participants to make their own trees writing out their story. Make sure you circulate helping them work through their different ideas. Give them at least 30 minutes to complete.

Step 4: Ask them to get into groups of 3 to share. This activity can be quite emotional and tell the mentors that it is ok as it is sharing our life story and our dreams.

Step 5: At the end of them sharing ask them if anyone wants to share anything about themselves that they realized. Please ask them not to share about anyone else as personal stories are always confidential unless given permission. This is one of the most important rules of mentorship. Please make sure participants understand that this is a suggested activity for them to do with their POY Club girls as well.

Step 6: Put the trees up around the classroom.

Step 7: Provide participants with their POY notebooks and Part C of the 5-year Vision Template and explain to them that after each session, they should reflect on the content covered and the information/skills they have gained to answer the Essential Questions, which includes a question on how that session can help them achieve the dream/goal they drew on the fruit-shaped paper. The completion of these questions after each session can be done during the session wrap-up or as a homework assignment.

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Ask for three volunteers to summarize what they have learned through the session. Encourage participants to explain why setting goals is important and what steps they can take to achieve their goals (i.e. have a plan).

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

A goal is an aim, purpose or desired result. It is something one focuses on and works toward achieving.

Perseverance is the steady and continued action or belief, usually over a long period and especially despite difficulties or setbacks.

Determination is the process of deciding on or establishing a course of action.

Why is goal setting important?

Goals help us picture where we want to go and how to get there. When goals are mapped out correctly, they become easier to achieve. This session teaches you effective ways to set goals.

What is an effective way to set goals?

A goal is an aim, purpose or desired result. It is something one focuses on and works toward achieving. Goals can be divided into the following two types:

- Long-term goals: are goals that can only be accomplished over a longer period of time, such as a year or more; examples include going to university or having two children.
- Short-term goals: are goals that can be accomplished in within six months, such as cleaning the house today or passing my exams in two months.

Goals provide us with a road map of where we want to go, both in the near future (short term goals) and where we want to end up in the more distant future (long term goals)

- Goals help us make healthy personal choices
- They help us stay directed and aiming at where we want to be
- They also help us cope with challenges and obstacles that confront us by helping us stay focused in the outcome we want

Goals should be: **SMART**

S = Specific—What is it that you want to accomplish?

M = Measurable—How much? How many? Is it something we can measure?

A = Achievable—Is it something that you can accomplish?

R = Realistic—Is it something possible?

T = Time-bound—When? How long will it take to achieve this goal?

5 YEAR VISION PLAN TEMPLATE: PART A
Handout: Goals Worksheet

EDUCATIONAL GOAL	OCCUPATIONAL GOAL	PERSONAL HEALTH GOAL
Benefits in reaching my goal	Benefits in reaching my goal	Benefits in reaching my goal
What might stand in my way?	What might stand in my way?	What might stand in my way?

Key Action Steps	Key Action Steps	Key Action Steps
<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Completion date	Completion date	Completion date

5 YEAR VISION PLAN TEMPLATE: PART B

LEADERSHIP TREE¹⁵



¹⁵ Adapted from WEI/B DREAMS IC Mentor Curriculum, 2017.

5 YEAR VISION PLAN TEMPLATE: PART C¹⁶**To be Completed after each relevant session**

Plan Owner:	Sibongile Masaku
Plan Title:	“Designing my life!”
5-year Life Goal (s):	Own my own fashion shop where I sell my designs (5 year)
Session Name	Reflection Questions
Session 1: What makes a POY Club Successful?	<ul style="list-style-type: none"> • How can the POY Club help me to succeed in life? • What skills do I already possess that I can build on in the POY club? • How can the POY Club help me to achieve my 5-year goals?
Session 2: How will school help me to succeed?	<ul style="list-style-type: none"> • What skills and knowledge can I gain from school to help me succeed in life • What are some of the negative consequences of not staying in school? • What specific ‘protective assets’ can help me to achieve my 5-year life goals?
Session 3: Where am I going and how do I get there?	<ul style="list-style-type: none"> • Why is setting goals important? • What steps can I take to achieve my 5-year life goals? (see Part A)
Session 4: How does my identity influence my life choices?	<ul style="list-style-type: none"> • What factors (both external and internal) shape my identity? • How does my identity influence or shape my life choices? • What strong/positive aspects of my identity can help me achieve my 5-year life goal? • What personal weaknesses do I need to strengthen in order to achieve my 5-year life goals?
Session 5: What is self-esteem? Why is it important to know myself?	<ul style="list-style-type: none"> • What is self-esteem? • How can having self-esteem, including knowing my personal strengths and weaknesses, help me to achieve my 5-year life goals?
Session 6: What is gender?	<ul style="list-style-type: none"> • What is the difference between sex and gender? • What are gender roles/norms and how does our culture reinforce them? • How does my gender affect or influence my decision to pursue or achieve my 5-year life goals?
Session 7: How can	<ul style="list-style-type: none"> • How can gender roles help or limit me?

¹⁶ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

<p>gender roles affect us?</p>	<ul style="list-style-type: none"> • How can gender barriers be broken? • What gender barriers can I break or challenge by achieving my 5-year life goals?
<p>Session 8: How does gender contribute to girls' vulnerability?</p>	<ul style="list-style-type: none"> • How does gender discrimination affect girls' and women's access to opportunities? • How can girls confront gender-based vulnerabilities/discrimination? • What gender-based vulnerabilities to I have to consider/protect myself against in order to achieve my 5-year life goals?
<p>Session 9: What is gender-based violence?</p>	<ul style="list-style-type: none"> • What is gender-based violence? • What social norms, cultural myths, social messages, and other beliefs based on gender contribute to the prevalence of social violence against girls and women? • How can girls respond to gender-based violence? • What steps can I take to protect myself against gender-based violence so that I can achieve my 5-year life goals?
<p>Session 10: How can strong communication skills support me to have healthy relationships?</p>	<ul style="list-style-type: none"> • How does gender affect the way boys and girls communicate? • What are the advantages of communicating assertively? • Why should girls, in particular, learn how to communicate assertively? • How can communicating assertively help me to achieve my 5-year life goal? or When might I need to communicate assertively to achieve my 5-year life goals?
<p>Session 11: How can I learn strong (assertive) communication skills</p>	<ul style="list-style-type: none"> • Why should I practice assertive communication skills? • How can practicing assertive communication skills help me achieve my 5-year life goals?
<p>Session 12: How can I make good decisions and resist peer pressure?</p>	<ul style="list-style-type: none"> • How can I learn how to make good decisions? • What are some negative consequences of peer pressure? • What are some examples of good decisions I will need to make over the next 5 years in order to achieve my 5-year life goal? • What negative peer pressure do I face today that could affect my ability to achieve my 5-year life goals and what can I do to resist it?
<p>Session 13: How can I manage my emotions and express them in a healthy way?</p>	<ul style="list-style-type: none"> • How can I learn to identify what I am feeling? • Why is it important to know what I am feeling? • How can managing negative emotions and stress help me to achieve my 5-year life goals?

<p>Session 14: What are my rights and what are my responsibilities?</p>	<ul style="list-style-type: none"> • What are my rights? • What are my responsibilities? • Who else is responsible for upholding and protecting my rights? • How can knowing my rights and responsibilities, and trying to uphold them, help me to achieve my 5-year life goals?
<p>Session 15: Responding to Rights Violations: How can I seek help for myself and others?</p>	<ul style="list-style-type: none"> • How do I know if someone is a victim of abuse or a rights' violation? • How do I respond to a rights violation? • How can knowing how to respond to a rights violation help me to achieve my 5-year life goals?
<p>Session 16: What are my sexual rights and what are my responsibilities?</p>	<ul style="list-style-type: none"> • What are my sexual rights? • What are my sexual responsibilities? • What are some of the challenges related to being sexually active? • How can being sexually responsible help me to achieve my 5-year life goals?
<p>Session 17: How does pregnancy happen?</p>	<ol style="list-style-type: none"> 1. How do girls/women get pregnant? 2. Why is understanding my menstrual cycle important? 3. How can I know when I am fertile? 4. How can understanding how to plan pregnancy at the right time help me to achieve my 5-year life goals?
<p>Session 18: How can I prevent pregnancy?</p>	<ol style="list-style-type: none"> 1. What strategies can I use to protect myself against unwanted pregnancy? 2. Where can I obtain condoms and contraceptives? 3. Who can I speak to if I have questions or need advice about pregnancy, condoms, or contraception? 4. How can avoiding early pregnancy help me to achieve my 5-year life goals?
<p>Session 19: How can I build a good relationship with my partner?</p>	<ol style="list-style-type: none"> 1. How do I know the difference between a health and an unhealthy relationship? 2. What strategies can I use to decrease the risk of date rape? 3. How can establishing healthy relationships based on trust and respect help me to achieve my 5-year life goals?
<p>Session 20: What are sexually transmitted infections and how do they spread?</p>	<ol style="list-style-type: none"> 1. What is an STI and how is it spread? 2. What can I do to avoid an STI? 3. How can avoiding an STI, such as HIV, help me to achieve my 5-year life goals?
<p>Session 21: What is living positively with HIV?</p>	<ol style="list-style-type: none"> 1. Why is it important for me to know my HIV status? 2. What happens if someone is diagnosed with HIV? 3. How can knowing my HIV status help me to achieve my 5-year life goals?

Session 22: How do you care for people living with HIV?	<ol style="list-style-type: none">1. What kind of care do people living with HIV need?2. What strategies can I use to deal with trauma and grief?3. How can learning how to deal with trauma and grief help me to achieve my 5-year life goals?
Session 23: How can I access health services in my community and what can I expect?	<ol style="list-style-type: none">1. What kind of youth-friendly health services are available in my community?2. How can I make sure I access the services I need?3. How can accessing the health services I need when I need them help me to achieve my 5-year life goal?

MODULE 2: UNDERSTANDING IDENTITY AND GENDER

Session 4: How does my identify influence my life choices?

Essential Questions:	<ol style="list-style-type: none"> 1. What factors (both external and internal) shape my identity? 2. How does my identity influence or shape my life choices? 3. What strong/positive aspects of my identity can help me achieve my 5-year life goal? 4. What personal weaknesses do I need to strengthen in order to achieve my 5-year life goals?
Aim:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the external and internal factors that shape and shift self-identity • Explain how social norms and culture shape identity • Describe how self-identity influences life choices and decision-making
Time:	70 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Tape Agree / Disagree signs</p>
Facilitator Preparation:	<p>Read facilitator notes. Make two signs, one with the word “Agree” and one with the word “Disagree.” Place them on the wall on different sides of the room.</p>

Activity 1: Introduction (5 MIN)

Step 1: Explain to participants that today’s session will explore **self-identity** which is related to the way people feel about themselves and see themselves. Having a strong self-identity can lead to making good life choices as we will discuss during the session.

Activity 2: Agree or Disagree (30 MIN)¹⁷

Step 1: Vote with your feet

¹⁷ Adapted from Life Skills Education for Adolescents and Youth; Facilitator’s Manual, AVSI, 2013

Read the following statements aloud and ask participants to stand by the appropriate sign according to whether or not they agree or disagree with the statement.

- Being kind to people is important in life
- If someone is too fat, they have fewer opportunities in life.
- Working hard is necessary for success.
- Even if you are not the most beautiful girl, but you are smart, determined, kind, and have a supportive family, there is nothing that you can't do.
- A person's value depends on the circumstances in which they are in. Rich people have more value than poor people.
- When you have the right skills and the right relationships plus a good sense of direction that is grounded in your positive beliefs, nothing can keep you down.
- Being a girl/lady is really an unfortunate thing. Boys and men are just on top of everything. They get it all by just being male.
- It does not really matter how hard you work. It is always about your tribe. You need to come from the right tribe or ethnic group.
- If someone has a nice home, a fancy phone, and an expensive car, that means that they are a good person and should be respected.

Step 2: Review each statement with participants and discuss the following. Ask participants:

- Why did you agree or disagree with the statement?
- Based on this statement, how did this person determine their value as a person? (i.e., Based on how they looked? Their life circumstances? External versus internal factors?)
- How did what they think about their value influence what they thought they could achieve in life? (i.e., Because someone is fat, they have less opportunity, Because someone is poor, they have less value)

Step 3: Emphasize the following key points:

- No matter your life circumstances, you have value.
- You each have skills and talents you are best at, which you can put to use for a successful life.
- Finding a balance is important. Knowing yourself, your strengths and weaknesses is an important part of shaping your life.

Activity 3: Defining Self (30 MIN)¹⁸

Step 1: Distribute a sheet of flipchart paper and a marker to each participant. Ask each participant to draw a frame or something similar that holds a “mirror.” Instruct participants to look in the “mirrors” and list what they “see” in themselves that makes them unique—interests, friendships, social connections, school, work, beliefs, cultural or ethnic identity and so on, and also to note how they believe others see them. Participants should list these qualities on the “mirrors.”

Step 2: Invite volunteers to share their perceptions. Ask the group to remark on what they view as the factors that influence how young people see themselves. (NOTE: Sharing personal descriptions of self might be daunting. Remind participants to be respectful of each other).

¹⁸ <http://www.pbs.org/pov/onlytheyoung/lesson-plan/>

Step 3: Briefly introduce the concept of **self-identity (see facilitator’s notes)** to participants and have them define the term, drawing on the descriptions they and their peers shared.

Step 4: Next, (using the chalk board or flipchart paper) brainstorm with the group categories that influence self-identity, drawing on the categories participants named earlier, along with elements noted in the **key concepts (see facilitator’s notes)**. If participants are having trouble coming up with categories, ask them to reflect on the previous activity and suggest the following: culture, place where we live, friends, language, religion, groups we belong to (i.e. sports or peer groups), media/TV etc. Ask participants if there are other elements that they believe influence self-identity and instruct them to add those. The discussion questions below can be used as a guide to lead discussions:

- How does culture affect identity?
- How does family affect identity?
- How does experience affect identity?
- How does background and culture shape one’s view of the world?
- How do relationships impact/shape identity?
- How does your identity to shape your beliefs?
- How does your identity shape your decisions?

Step 4: Emphasize the following key points with participants:

- Our sense of self includes those roles, attributes, behaviors, and associations that we consider most important about ourselves.
- Our identities develop in response to both internal and external factors
- Identity is influenced by many things including: how good or bad we feel about ourselves, our relationships and the way that we define ourselves; as well the labels we’re assigned by others and environmental factors outside of one’s control, e.g. poverty, or being orphaned.

Activity 4: Session Wrap-Up/Personal Narrative (5 MIN)

Step 1: Ask participants, between now and the next time the group meets, to write a song or a poem, draw a picture, or bring in an item that represents their identity. They should be prepared to discuss how their item represents them and their self-identity during the next meeting.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES¹⁹

What is self-identity

Everybody has a sense of self or sense of personal identity. In fact most people have a number of important ways of thinking about themselves that are significant enough to be considered multiple senses of self. Our sense of self includes those roles, attributes, behaviours, and associations that we consider most important about ourselves. These sense-of-self associations can be based on any combination of the following:

- Occupations (e.g., teacher, doctor, plumber)
- Social relationships (e.g., husband/wife, friend, colleague)
- Familial relationships (e.g., brother/sister; son/daughter; mother/father)
- Avocations (e.g., athlete, musician, artist, helper, volunteer)
- Abilities/disabilities (e.g., smart person, funny person, shy person with a disability, “patient”)
- Salient attributes (e.g., reliable, hardworking, good looking, lazy, dishonest)
- Spirituality (e.g., child of God, Catholic)
- Ethnicity (e.g. Swazi, Zulu, etc.)

Key Concepts

- What do we mean when we talk about **identity**?
 - Refers to our sense of who we are as individuals and as members of social groups
 - Our identities develop in response to both internal and external factors
 - In some ways we choose our identities, in other ways it is formed by environmental forces out of our control
 - Constantly changing
- What do we mean when we say **“self-identity”**?
 - How we define ourselves
 - Related to self esteem
 - How we see ourselves changes in response to peers, families, school and other social environments
 - Shape our sense of belonging
- What do we mean when we say **“social identity”**?
 - Developed by others,
 - Includes all the categories we’re put into, the “labels” we’re given
 - Often times we take on what others assign to us and take it into our self-identity.

Key points:

- Self-identities, especially those of young people, are dynamic or in flux.
- “Construction of identity” is rarely a deliberate, self-conscious process. Young people do not set about to create a sense of self as a good student or good athlete or good friend. Rather they simply find themselves over time thinking and feeling about themselves in certain ways. Over the school years, peer values and peer pressure come to play an increasingly influential role in how older children and young adolescents think about themselves.
- One’s sense-of-self-identification is often associated with physical attributes (e.g., physical attractiveness), physical prowess (e.g., athletic accomplishments), or physical possessions. By late adolescence, young people are moving beyond peer pressure, group norms, and predominately physical associations, and come to think about the sort of person they want to be, based on their most deeply held values. With

¹⁹ Adapted from Preventing and Responding to Sexual Violence against Children in and around Schools – Facilitators’ Guide, WEI/Bantwana Uganda, 2016 and http://www.projectlearnnet.org/tutorials/sense_of_self_personal_identity.html

this may come an increasing comfort in being “different” from peers and possibly an increasing need to take risks.

Session 5: What is self-esteem? Why is it important to know myself?

Essential Questions:	<ol style="list-style-type: none">1. What is self-esteem?2. How can having self-esteem, including knowing my personal strengths and weaknesses, help me to achieve my 5-year life goals?
Learning Objectives:	By the end of the session, participants will be able to: <ul style="list-style-type: none">• Define self-esteem• List personal strengths and weaknesses• Identify the special talents of their peers
Time:	65 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pen/pencils
Facilitator Preparation:	Read facilitator notes.

Activity 1: Introduction (15 MIN)²⁰

Step 1: Ask for a few volunteers to share the song or a poem, picture, or personal item (see last session) and to explain how their item represents them and their self-identity. Ask if there are any questions about self-identity.

Step 2: Explain to participants that today’s session will explore **self-esteem**, which is the way people feel about themselves, is related to having a strong **positive self-identity**, and can lead to **self-confidence**. Explain that it is important to have good feelings about oneself because it can help people set goals and lead healthy, empowered lives.

Activity 2: What is Self-Esteem and why is it important? (45 MIN)²¹

Step 1: Group discussion and brainstorm

²⁰ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

²¹ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

- Ask the participants if they have ever heard the term “self-esteem.” Ask them what it means. (Possible answers: Some girls might say that it’s being confident; others might say that it means to be conceited or arrogant.) Explain that people with good self-esteem love and respect themselves. When people feel they deserve love and respect, they expect it from others and are not likely to accept being mistreated or disrespected.
- Then explain to participants that how people feel about themselves affects their actions towards others and what they can accomplish in life. Ask them to brainstorm how a person with good self-esteem acts. Write their ideas on the chalkboard or on a flipchart and be sure to include the following points. People with high self-esteem:
 - accept their mistakes and keep going;
 - accept new challenges and try new activities, and thereby gain self-confidence;
 - are more comfortable with others;
 - believe that they can succeed and set goals to do something
 - feel more confident in their decisions and make choices based on their own desires and values, not those of others.
- Inform the girls that the opposite is also true. People with low self-esteem may be more likely to fall under the influence of others, not trusting their own values or decisions
- Emphasize the following key points:
 - **People are not born with self-esteem.** Children learn self-esteem when they feel loved and valued. As children hear positive remarks including praise, encouragement, and reassurance about themselves and the things they do, their self-esteem is strengthened over time. Parents and family play a crucial role in building or damaging a young person’s self-esteem and helping a child to grow up believing that he or she is both lovable and capable.
 - **High self-esteem is different from being conceited.** People with high self-esteem like themselves, but that does not mean that they think they are perfect or better than other people.

Step 2: Think/Pair/Share (Option 1)

- **Think:** Ask participants to think of ways people can improve their self-esteem.
- **Pair:** Ask participants to divide into pairs (preferably with someone that they know well). Ask each pair to discuss and write answers down for each of the following:
 - “I can work on my self-esteem every day by...” (they can list several ways)
 - What is one special talent that I have?
 - What is one special talent that my peer/partner has?
- **Share:** Ask each pair to present their answers and discuss. Write their responses to the first question on the chalkboard and include the following ideas: “You can work on your self-esteem every day by”
 - **Not comparing yourself with others.** Setting your own goals, and not judging yourself according to someone else’s achievements.
 - **Recognizing your special talents and appreciating yourself the way you are.** Make a list of the things you do well. Are you an artist, athlete, singer, storyteller, footballer or dancer? In what subjects do you excel in school? What things do you do well at home?
 - **Thinking about the kind of person you are and making a list of your best qualities:** What do you like about yourself? Are you generous? Do you have a good sense of humor?
 - **Being aware of the things you would like to improve about yourself, but not being overly critical of yourself.**
 - **Being realistic.** Set achievable goals so that you can be satisfied when you accomplish them.
 - **Believing in yourself.** Tell yourself: “I can do it!”
 - **Spending time with people who care for you, make you feel good about yourself and boost your self-esteem.**

- **Staying away from people who damage your self-esteem, particularly if they do it on purpose.** Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts:
- “This is wrong. I do not want to be treated like this!”

Step 2: Personal Ad – What I am Good At (Option 2)²²

- Give each participant a piece of paper and a marker. Ask participants to draw an advertisement of themselves completing the following statements:
 - I am good at _____.
 - I like my _____.
 - My friends like me because _____.
 - I have achieved _____.
- After participants have drawn their posters, put the posters up on the wall. Use a gallery walk so that everyone can view one another posters.
- Ask participants to use the information in the posters to praise their peers whenever possible.
- Discuss with participants the following questions:
 - What experiences have you had that contribute to low self-esteem? High self-esteem?
 - How can you and your friends help raise each other’s self-esteem?
 - How do you think high self-esteem helps you build confidence in achieving your life goals?

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Ask each participant to refer to their 5-year vision template. Based on the previous activity, ask participants, between now and the next time the group meets, to write down in their template:

- What three strengths do I want to develop that would help me to secure their vision/future?
- What steps can I take to develop these strengths?

They should be prepared to discuss these during the next meeting.

Step 2: Discuss the logistics of the next meeting.

²² Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

FACILITATOR'S NOTES²³

Key Concepts

Self-esteem: A confidence and satisfaction with oneself, self-respect.

High self-esteem: Good feelings about oneself. People with high self-esteem know they are worthy of love and respect.

Low self-esteem: Poor feelings about oneself. People with low self-esteem do not expect love and respect from others because they feel unworthy of it.

Self-confidence: Feeling confident in oneself or competent in one's abilities.

Why are having high self-esteem and self-awareness important?

Because they encourage you to examine the qualities and strengths you possess and to learn to trust in yourself and your strengths.

What are the characteristics associated with self-esteem?

Without the awareness of your strengths, and belief in yourself that you can manage the challenges you will face, accomplishing goals and effectively coping with life's challenges is almost impossible. Self-esteem is how one feels about oneself; how people value themselves. Poor choices and bad behaviour are not who a person is, but, the result of unawareness. We need to separate a person's behaviour from the essence of who that person is. As each person learns and grows from experience, wisdom is gained as well as the ability to make healthy, wise choices.

Self-esteem and self-confidence are closely linked. You have to feel good about yourself and trust your opinions and feelings in order to have confidence when interacting with others. With low self-esteem it is difficult to:

- Express your opinions when you are talking with someone who sees things differently
- Be able to listen and understand views that are different from yours without feeling like you have to give up your own
- Explain yourself to someone, such as a parent, when they want something different from what you want for yourself
- Remain confident when someone criticizes you
- Resist peer pressure even when it goes against your own beliefs or the choices you want to make

Characteristics of high self-esteem

- Liking oneself
- Knowing oneself and only trying to be oneself
- Extending kindness and compassion to others because it is done to self-first
- Taking positive risks to learn new things
- Accepting oneself even if one wants to change some things about one's personality, habits, etc. It is being able to honestly assess strengths and weaknesses
- Taking responsibility for choices
- Being honest with oneself when having a problem or making a mistake, and making amends if actions or words hurt another or overstep boundaries

²³ Adapted from Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 1, WEI/Bantwana Tanzania, 2017

Characteristics of low self-esteem

- Views themselves as not good
- Views themselves as failures and will fail in all endeavors
- Can never see a positive aspect in any issue
- Tries to dominate with their opinions
- One who has no opinions to express
- One who is constantly reacting to others
- Not take caring about physical appearance
- Being overly concerned about looks, popularity, and name brands
- Being too concerned with what other people think about them than what they think about themselves.
- Seeking approval and acceptance
- Boasting and bragging about oneself

Sometimes people can say things that make you feel bad. For example, in some cultures girls may be told they are inferior to boys and have to do everything men say. This makes girls have low self-esteem.

Realizing that you have good qualities contributes to your self-esteem. Self-esteem means feeling good about yourself. You should love and respect yourself. You should also expect others to respect you and treat you well. Self-esteem does not mean thinking you are better than other people, but having high self-esteem can help you accept disappointments and frustrations when they arise.

How can you build self-esteem?

- Recognise there is value in each individual, that each is lovable and capable, and it makes a difference that each is in the world, no matter what the circumstances.
- Practise self-talk by updating the negative voice within the mind with positive affirmations that replace false, unhealthy beliefs. When you catch yourself saying or thinking something negative, stop yourself! Change it to something like, “I did my best”, “I know I can do better”, or “I’ll learn from this mistake.” As you change the critical voice of self-talk to a loving, positive, encouraging voice, it will improve your self-esteem.

Session 6: What is gender?

Essential Questions:	<ol style="list-style-type: none"> 1. What is the difference between sex and gender? 2. What are gender roles/norms and how does our culture reinforce them? 3. How does my gender affect or influence my decision to pursue or achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the differences between sex and gender • Give examples of beliefs about being a boy or girl in their culture • Give examples of how male and female gender roles have changed over time
Time:	65 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pens/pencils
Facilitator Preparation:	<p>Read facilitator notes. Be familiar with cultural norms and gender expectations in your community. (For example, in some places only girls carry water and only boys work in the garden.) Post two flipchart papers with the words “Men” and “Women” or else write these words on the chalkboard. Prepare slips of paper with the terms listed in facilitator’s notes. You will also need a roll of tape to complete the activity below.</p>

Activity 1: Introduction (10 MIN)

Step 1: Ask for a few volunteers to share the strengths they’d like to develop to achieve their 5-year vision and what steps they will take to develop these strengths. Ask if there are any questions about self-identity.

Step 2:²⁴ Explain to participants that today’s session will explore the difference between **gender** and **sex** and the various roles that men, women, girls, and boys have in your community. You also will discuss how these roles are decided and what effects they have on people’s lives, their relationships, and their roles in society.

²⁴ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

Activity 2: Whose role is it?²⁵ (50 MIN)

Step 1: Ask the participants what they understand by the term **gender**. (Possible answers: it has to do with women’s rights; gender is the difference between men and women.). Write their answers down on the chalkboard/flipchart paper.

Step 2: Explain to the participants that people often confuse the word “gender” with “sex,” but that they are not the same. The sex of a girl or a woman is female. The sex of a boy or a man is male. Gender, however, refers to the jobs, roles, and characteristics attributed to men and women, boys and girls. Tell the girls that they will now perform an activity that will help illustrate the difference between “sex” and “gender.”

Step 3: Explain to the girls that they will get slips of paper with various terms on them, and that after reading the terms they should go to the chalkboard and tape each slip of paper to the board under the “Men” or “Women” column. Ask them to do it as quickly as possible and without talking to each other. Distribute the slips of paper, with one term per piece of paper, and ask the girls to begin.

Step 4: Once participants have returned to their seats, read the terms one at a time and ask participants to explain why they placed each term under “Men” or “Women.” If some girls put the terms in between the two, ask why they did so. For some roles, a girl may place a term under both “Men” and “Women” because she believes both are capable of the job. If this happens, ask girls to think about the reality in their community. Discuss with the participants the following:

- **Ask the girls if they agree with the placement of each term.** Move terms if the girls decide that it is appropriate after discussing the issue at hand. You may find that this sparks debate depending on the girls’ various beliefs.
- **Ask the girls if they see any major differences between the jobs and characteristics assigned to men and women.** Ask the girls why there is a difference. (Possible answers: It is natural; society expects or encourages men and women to perform certain jobs or take on certain roles; some jobs may only be open to men or women.)
- **Ask the girls who actually performs the job. Is this different from the person who is capable of performing the job?** (Be sure to point out any differences in what is physically or biologically possible and what is practiced.)

Step 5: Explain that assigning jobs to men or women is called a **division of labor** and ask girls why they think men and women are expected to perform certain tasks. Emphasize that very few jobs or roles, such as childbearing, depend on biology. Both women and men are capable of most jobs. However, culture and custom often influence who does certain jobs or assumes certain roles in the community.

Step 6: After the girls have agreed on card placement, ask them where the cards should be placed **based solely on whether a man or woman is biologically capable of performing the task**. Move the terms accordingly. For example, if girls decide that biology is not a factor, move the term to the middle to signify that both men and women are capable of doing it. Once the task is completed, ask the girls if any of the cards changed position. If so, ask them to explain why.

Step 7: Ask the group to reflect on the relationship between **sex** and **gender roles** with regard to each activity. Ask someone to provide the definition for the term “**sex**.” **The answer should be “male or female.”** Now ask the girls to explain “**gender roles**.” Refer back to the activity if no one offers a definition. Why were certain jobs or characteristics placed under “Men” or “Women”? Point out that the first time the cards were placed, the girls probably did not think about who was biologically capable of the job or quality.

²⁵ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

Rather, the cards were placed based on the gender roles, or who usually performs the task. Ask the girls if they can now give you a definition of gender. Explain that **gender is defined as “roles or characteristics assigned to men or women based on what is believed to be ‘masculine’ or ‘feminine.’”** Gender is something that evolves based on people’s beliefs.

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Ask for volunteers to summarize two things they have learned about gender roles through the session.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES²⁶

Sex – Being male or female as defined by biology.

Gender – Socially constructed roles, responsibilities and behaviors. These roles are cultural, learned, change over time and vary within and between cultures.

Gender equality – Condition in which males and females have equal rights, freedoms, conditions and opportunities for realizing their full potential and for contributing to and benefiting from economic, social, cultural and political development. It means society values males and females equally for their similarities and differences and the diverse roles they are able to play.

Gender equity – Strategies or processes used to achieve gender equality. It involves fairness in representation, participation and benefits afforded to males and females. Both males and females have a fair chance of having their needs met and have equal access to opportunities for realizing their full potentials as human beings. Equity is the means; equality is the result.

Gender roles – Social norms or behaviors, values and attitudes that are deemed appropriate for men and women and the relations between them. These roles are assigned by social rather than biological criteria.

Gender stereotypes – Broad generalizations based on assumptions about how a person should act because he or she is male or female.

Gender norms – Standard patterns of behaviour for men and women that are considered normal in a society. Narrowly defined gender norms can often limit the rights, opportunities and capabilities of women and girls resulting in discrimination, exploitation or inequality. Boys and young men can also be restricted in some decision-making and choices because of how society expects them to behave.

Gender discrimination: Unfair treatment of a person or group—male or female—based on gender

Terms for Activity 1: (create slips for these)

²⁶ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009 and Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

Decision making
Nurse
Politics
Sports
Driving a car
Teacher
Pregnancy
Source of family income
Physical strength
Farming
Caring for the sick
Police officer
Modest
Honest
Cooking
Serving others
Village chief
Laundry
Doctor
Religion
Family decisions
Sexual desire
Head of school
Domestic worker
Minister of Justice
Violent
Protector
Gentle
Childcare
Boastful
Fetching water
Respectful
Wise
Intelligent
Religious authority
Hardworking

Session 7: How can gender roles affect us?

Essential Questions:	<ol style="list-style-type: none"> 1. How can gender roles help or limit me? 2. How can gender barriers be broken? 3. What gender barriers can I break or challenge by achieving my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify how gender expectations can help or limit them • Explain how institutions (marriage, family, media, religion, schools) reinforce gender norms • Explain how gender inequality affects life opportunities (including access to education, public space, health services, civic participation, and employment) • Strategize how to step out of restrictive roles.
Time:	65 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pens/pencils
Facilitator Preparation:	Read facilitator notes from previous session.

Activity 1: Boys and Girls in Our Community²⁷ (30 MIN)

Step 1: Think/Pair/Share

- **Think:** Explain to participants that gender roles sometimes differ by society. This is why a girl or boy raised in one society may be expected to perform different jobs than a girl or boy in another society. Often, we “learn” gender roles from the time we are born. For example, a girl might learn at a young age that she is responsible for taking care of her younger siblings and doing house chores, while her brother may help with some outdoor chores but is allowed more time to play football with his friends. Ask the girls to think about some examples from their culture/community of how and when people learn various gender roles. Explain to the girls that because gender roles are learned, they can change over time. Ask the girls if they can think of examples of a gender role—either boys’ or girls’—that has changed over time. For example, forty years ago, there were no women who served as doctors or government ministers in Africa, but now there are women doctors, government ministers, and even a woman president!
- **Pair:** Ask participants to divide into pairs and to discuss and write answers down for each of the following on flip chart paper (**save these as they will be used in Session 8 on GBV**):
 - Can you give 2 or 3 examples from your culture/community about being a girl? (i.e., girls clean and cook;) that you find limiting and would like to change?

²⁷ Adapted from Ambassadors Girls Scholarship Program Girls’ Mentoring Resource Guide, USAID, 2008

- Can you give 2 or 3 examples from your culture/community of how and when you learned this?
- What do you think you can do to change this role for yourself?
- Can think of examples of a gender role—either boys’ or girls’—that has changed over time in your culture/community?
- **Share:** Ask the pairs to present their answers.

Step 2: Discuss the following with the girls?

- Use the following questions to guide the discussion:
 - Who decides what girls should do or how they should act?
 - Have expectations changed over time? (For example, between the girls’ generation and their grandmothers’ generation.)
 - What do they think of these expectations? Are some positive and others negative? Do they agree with all of them? Are there some expectations with which they do not agree? Why or why not?
 - How easy or hard is it to fulfil these expectations?
 - If a girl does not fulfil the expectations, what happens? Do the girls know of anyone who has not “fulfilled” traditional expectations? (For example, a woman who refused to get married at a young age or who became a doctor, even though girls are expected to be midwives.)
 - Do any of these expectations conflict with each other? (For example, men in many cultures are attracted to women who dress or act “sexy,” yet they often place a high value on modest dress and behavior for their wives and family members.)
 - What can be done to change gender roles in your community? (*Possible answers:* boys could be educated about the importance of helping their sisters with housework; parents could be educated about their daughters’ right to stay in school and to decide when and whom they marry; teachers could talk to parents about allowing their daughters time to do their homework.)
 - Are there people in your community who work to help women and girls? What do they do? What effect do you think their work has? How could you become involved in their work?

Step 3: Explain to the girls that the point is to think about where expectations come from and the effects (both positive and negative) they have on both men and women. Remind girls that fulfilling society’s expectations should not compromise their health or well-being. However, acknowledge that it can be very difficult to challenge cultural expectations and norms regarding gender roles. Emphasize the following:

- Gender roles are learned from family members, at school, through messages received by the media or in books, and through a community’s beliefs and practices
- Girls and boys are capable of the same things, including sports, mathematics, and performing household chores.
- In some cultural contexts, girls are expected to perform household chores in addition to their schoolwork, which often places a heavier burden on them. Boys are allowed to play or are excused from housework because that is “girls’ work.” This can have a detrimental effect on girls and their educational outcomes. Girls and boys can work together and help each other.
- Traditional gender roles should not prevent a girl from becoming educated or from pursuing the career of her choice.
- Changing gender roles or speaking up to adults takes courage. Courage is personal bravery in the face of fear and can be very difficult. Courage is needed to try new things,

- for example, changing gender roles. Boys and girls can work together to help each other and change gender roles.
- Change begins slowly and with small steps. Participants should not feel constrained by gender norms but realize that they have the power to change them even if it is on a small scale.
 - Attaching fixed roles to girls and boys can limit their opportunities to achieve what they want in life. Participants should keep their goals and dreams in mind and strive to achieve whatever they imagine.

Activity 2: Gender Inequality (30 MIN)²⁸

Step 1: Read the following scenario aloud:

- **Scenario 1:** The government has announced that it is conducting a survey of your area to assess what services and structures in your community need to be improved. Everyone has been invited to a public meeting to take place before lunch. At this time, most of the older children in the village are at school. Most of the women are preparing lunch and watching over the younger children. Very few women attend the meeting. The ones who are at the meeting sit in the back and do not speak up. A town elder, a man, facilitates the meeting. Even though women have often complained that there is only one water pump in town, no one talks about this problem at the meeting.

Step 2: Discuss the following questions:

- **Were women encouraged to attend the meeting?** Why do you think so few women went to the meeting? (*Possible answers:* Women were not encouraged to attend the meeting, as it was held during a time when they had to prepare lunch. They also had to take care of the young children because the older children were at school.)
- **How did gender roles influence who participated in the meeting?** (*Possible answers:* Women are expected to prepare the meals and take care of the children, which made them unable to attend the meeting. Men have traditionally been more involved in politics than women have.)
- **How might the lack of women in attendance influence the priorities that will be set by the government?** (*Possible answers:* Women's concerns or problems may not be included in the discussion. Thus, any community development plans may not address their needs.)
- **What could have been done differently to ensure women's participation?** (*Possible solution:* The meeting could have been held at a time more convenient for women. Meeting leaders could have specifically asked about women's concerns. The women could make sure they speak up during the meeting.)

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Ask for at least 3 volunteers to name one way in which girls can step out of restrictive gender roles (i.e., talk to their teachers or parents about the importance of having time to do homework; talk to boys in their peer group and their brothers to help support girls with tasks around, etc.)

²⁸ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

Step 2: Discuss the logistics of the next meeting.

Session 8: How does gender contribute to girls' vulnerability?

Essential Questions:

1. How does gender discrimination affect girls' and women's access to opportunities?
2. How can girls confront gender-based vulnerabilities/discrimination?
3. What gender-based vulnerabilities do I have to consider/protect myself against in order to achieve my 5-year life goals?

Learning Objectives:

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

- Identify how specific situations of discrimination against girls can put them at higher risk
- Explain how gender norms perpetuate child marriage and early pregnancy
- Identify strategies to reduce gender-based vulnerabilities

Time: 70 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pens/pencils

Facilitator Preparation: Read facilitator notes from first session on gender.

Activity 1: Introduction (5 MIN)

Step 1: Explain to participants that today you will talk about how gender affects people's behavior and how they treat other people, including specific situations that put girls at higher risk.

Activity 2: Gender/Risk Scenarios²⁹ (30 MIN)

Step 1: Read the following scenario aloud:

- **Scenario 1:** Andisiwe and her twin brother, Andile, are both in upper secondary school. Every morning, Andisiwe gets up 30 MIN before her brother so she can fetch water from the well in her neighborhood. During the afternoon break, Andisiwe helps her mother finish preparing lunch while her brother takes a nap. After school is over for the day, Andile plays football with his friends while Andisiwe helps her mother iron, cook dinner or supervise her younger brother

²⁹ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

and sister. In the evening, Andile reviews his lessons, but Andisiwe is too tired and goes to bed directly after dinner.

Step 2: Discuss the following questions:

- **Describe the similarities and differences between Andile and Andisiwe.** (*Possible answers:* Andile and Andisiwe both attend school. However, Andisiwe has many more chores than Andile. She gets up earlier than Andile to fetch water, comes home to prepare lunch, and goes to bed earlier than Andile because she is tired.)
- **How do gender roles affect Andile and Andisiwe’s lives?** (*Possible answers:* Traditional gender roles mean that Andisiwe is responsible for a variety of household chores that take time away from her studies. Andisiwe’s responsibilities also make her too tired to study.)
- **How might the twins’ different schedules affect their schoolwork?** (*Possible answer:* Since Andisiwe is too tired to study, she may not do as well in school as Andile.)
- **What could be done differently to ensure that Andisiwe has time to study too?** (*Possible answer:* Andisiwe and Andile could share the household chores so that neither is responsible for everything.)

Step 3: Read the following scenario aloud:

- **Scenario 2:** Comfort is the third of four children in her family. She has been attending school with her brothers. She does well in school and enjoys it. Comfort got her period for the first time recently and her mother has been keeping her at home lately. She has told Comfort that she may withdraw her from school. Her mother has started talking a lot about a neighbor’s uncle, an older man with two wives already, who has just moved to the village. Comfort has seen the neighbor’s uncle come to speak to her father. She suspects that she may be forced to marry soon, and does not know what to do. Comfort has gone to her auntie who has said not to worry, that everything will work out.

Step 4: Discuss the following questions:

- **Describe Comfort’s problem. How do gender roles influence her situation?** (*Possible answers:* Traditional gender roles mean that Comfort is expected to marry the person her parents choose, whenever they decide, even this means that she will have to drop out of school and face a risky early pregnancy; Comfort will also be expected to obey her husband’s wishes.)
- **Describe the gender roles that women and men in Comfort’s culture are expected to fulfill.** (*Possible answers:* Men who can afford to are expected to take more than one wife; older men can pick their own wives; girls are expected to marry young and marry the boy or man their parents choose; girls are not expected to go far in school or have a career; Comfort’s brothers do not have to get married as soon as they reach puberty; girls who get married are expected to drop out of school.)
- **What would you advise Comfort to do?** (*Possible answers:* She could talk to someone else in her family who might intervene on her behalf; if this does not work, she could speak to a trusted teacher, school director, sympathetic local or religious authority, or a social worker.)

Step 5: After girls have discussed the scenarios as a group, ask them if they have heard of the term **discrimination**. Explain that the term refers to unfair treatment of a person or group of people.

Emphasize that:

- Discrimination can be based on many things, such as ethnicity or religion. It also can be based on sex. In many parts of the world, girls and women are **discriminated** against simply because they are female. They are not given the same rights that men receive, such as the rights to divorce, inherit property, or run a business.

- **Gender discrimination** has many negative consequences. One is a lack of power to make decisions. Another is lack of access to resources, such as education, land, rights, credit, or a job. For example, because of gender discrimination, Andisiwe did not have the same opportunity as her brother to study at home. Instead, she was expected to help with the housework. As a result of gender discrimination in Scenario 2, Comfort did not have the power to decide for herself what is best for her.
- Ask the girls to provide other examples of how gender discrimination affects girls' and women's access to opportunities. (*Possible answers:* Families send sons but not daughters to school; women are often unable to inherit land or property; women are often unable to participate in community development plans.)
- Explain that girls should think about gender discrimination, and write down in their POY Club notebooks any ways in which they feel they can address it. This will be discussed later in the session on GBV.

Activity 3: Role Play/Reducing Gender-Based Vulnerabilities³⁰ (30 MIN)

**School specific activity*

Step 1: Ask participants to divide into pairs. Give each pair a scenario to discuss/role play what they would do in the situation. In each pair, one participant should be the teacher/parent and the other should be the student. Use the examples below or create ones that are applicable to their daily lives and culture.

- A: When you reach Form 4, you want to study Biology and Chemistry, but your teacher says that girls are no good at science and you should study Food and Nutrition instead.
- B: Teachers are always assigning extra chores to the girls during class breaks while the boys play outside.
- C: You are 16 years old and in school. You also have 4 younger siblings, all of whom are boys. Your parents have decided that you no longer need to go to school as the school fees should be used for your younger brothers and it is now time for you to marry. You want to stay in school and do not feel you are ready to marry.

Step 2: After pairs have had a chance to discuss and practice role play (give them 15 MIN), have them report back to the larger group. Ask for volunteers to perform their role plays in front of the larger group.

Step 3: Discuss the role plays and ask each the following questions:

- What vulnerability is the girl in this situation faced with?
- What are the immediate and possible long terms consequences of this situation? (*Possible answers: A: Due to lack of encouragement, the girl could become dissatisfied with school and drop out in the short term. In the long term, she may not have job opportunities if she did not finish school; B: The girls could underestimate their worth and value, which could lead to poor self-esteem in the short terms. In the long term, they may be willing to accept unfair situations or discrimination in their relationships at work or with their partners; C: The girl could leave school and get pregnant. In the long term, she could have limited opportunities because she never finished school, was married early, and did not have the opportunity to work or make her own living*)

³⁰ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

- What can be done to combat the discrimination faced by the girl in this situation? *(Possible answers: Girls could identify a school-based or community (female) mentor to help them address challenges and advocate for their rights; boys could be educated about the importance of helping their sisters with housework; parents could be educated about their daughters' right to stay in school and to decide when and whom they marry; teachers could be sensitized about gender-based discrimination and the need to encourage both girls and boys to achieve academic success, teachers could talk to parents about allowing their daughters time to do their homework.)*

Step 4: Emphasize the following key points:

- Explain that changing gender roles or speaking up to adults take courage. Courage is personal bravery in the face of fear and can be very difficult. Courage is needed to try new things, for example, changing gender roles.
- Remind students that change begins slowly and with small steps. Students should not feel constrained by gender norms but realize that they have the power to change them even if it is on a small scale.
- Explain that attaching fixed roles to girls and boys can limit their opportunities to achieve what they want in life. Tell students they should keep their goals and dreams in mind and strive to achieve whatever they imagine.
- Identifying a trusted female mentor (positive role model) or authority figure is an important strategy for addressing gender-base and other challenges.

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Ask for at least 3 volunteers to name one way on which girls can step out of restrictive roles.

Step 2: Discuss the logistics of the next meeting.

Session 9: What is gender-based violence?³¹

- Essential Questions:**
1. What is gender-based violence?
 2. What social norms, cultural myths, social messages, and other beliefs based on gender contribute to the prevalence of social violence against girls and women?
 3. How can girls respond to gender-based violence?
 4. What steps can I take to protect myself against gender-based violence so that I can achieve my 5-year life goals?

- Learning Objectives:**
- By the end of the session, participants will be able to:
- List examples from the different categories of violence: physical, emotional, economic and sexual.
 - Define GBV and distinguish it from other forms of violence
 - Identify the social factors and norms, including beliefs about gender, that contribute to the prevalence of sexual violence against children.
 - Identify the settings in which GBV takes place (e.g., in school, in the home, in the form of sex trafficking and other forms of forced sex, etc.)
 - Develop an action plan to respond to GBV

Time: 125 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pens/pencils

Facilitator Preparation: Read facilitator notes
Write “Guidelines for Action Plans” (Activity 4) on flipchart paper

Activity 1: Introduction (5 MIN) **School-specific*

Step 1: Introduce the session by saying that many schoolgirls in Swaziland are vulnerable to gender-based violence (GBV). They are subjected to sexual abuse, early marriages, teenage pregnancies, and HIV/AIDS. Therefore, prevention of-, and response to-, violence must address unequal gender roles and socio-cultural norms.

³¹ Adapted from Preventing and Responding to Sexual Violence against Children in and around Schools – Facilitators’ Guide, WEI/Bantwana Uganda, 2016

Activity 2: Reflection/Discussion (30 MIN)

Step 1: Begin with a discussion of the previous identity/gender exercises. Ask participants to reflect on the difference between girls and boys in the community (**see Session V: Gender, Activity 3**). Put the flipchart papers from the session up on the wall and have participants do a Gallery Walk. Give the groups 5-10 MIN to complete this. Then facilitate discussion about the differences in the lives of boys and girls in Swaziland. Ask participants the following questions:

- What are the main differences in the expectations of boys and girls?
- What are the main differences in the social messages given to boys and girls in terms of the value placed on them, the ways in which they should treat others or expect others to treat them?
- What are the differences in the qualities that are considered masculine and feminine?
- How might all of these differences contribute to the development of self-esteem and identity? (positively or negatively?)

Step 2: Summarize the following to wrap up the activity:

- Different expectations based on gender create a different world in Swaziland for girls than for boys.
- Myths based on gender, health including HIV, and other beliefs contribute to the prevalence of social violence.
- Refer to some of the statistics from the UNICEF Violence Against Children report to illustrate your points (**see facilitator's notes**)

Note to the facilitator: Make notes of the main points during the discussion on flip chart paper. Hang them on the wall and refer back to them throughout the training.

Activity 3: Categories of Violence (30 MIN)

Step 1: Ask participants the following question: What do we mean when we talk about violence against children/youth? Examples might include:

- Anything that hurts a child/youth
- Both physical or mental pain caused to a child/youth
- Behavior that humiliates a child/youth

Step 2: Ask participants to think back to their childhood and recall one or two people who treated them well or did things that made them feel good. What did they do? How did they treat the participant? What was it that they did that made the participant feel good? (e.g. told them stories, were kind to them, protected them, etc.) Ask a few volunteers to share their stories.

Step 3: Now, ask participants to think back to their childhood and remember one or two people who treated them badly or did things that made them feel bad. What did they do? How did they treat the participant? What was it that they did that made the participant feel bad? (e.g. abused them, made them work too much, beat them, etc.) Ask a few volunteers to share their stories.

Step 4: Using the examples they shared in the last part, help participants come up with the four categories of violence:

- Physical
- Emotional
- Economic
- Sexual

Step 5: Divide participants into 4 groups. Assign each group one type of violence. Give each group a piece of flipchart and a marker. Ask each group to define their assigned type of violence and to list all the examples of that type of violence that they can think of. Give each group 10 MIN to create their lists. Ask the groups to come back and present their lists. Allow participants from other groups to add to the lists if they feel something is missing.

Step 6: Ask participants to think back to the gender discussion earlier. What about social values, gender expectations, etc., might contribute to any forms of violence? Other social issues? How do social messages about the value placed on girls, along with expectations on what it means to ‘be a man’ contribute to violence against girls?

Step 7: Ask participants do any of these four forms of violence happen in schools? If yes, which and why? Do they happen in any other settings? If so, where and why?

Step 8: Explain that in a following activity, you will discuss how girls can protect themselves from and respond to violence.

Activity 4: Examining Myths (30 MIN)

Step 1: Explain to the participants that in this session you are going to explore beliefs about sexual violence at school. Tell the participants that you are going to read a statement. If they agree with it, they should remain seated. If they disagree with it they should stand up ready to speak out against it. If they are not sure, they should get up from their chair and sit on the floor (or walk to a designated spot.)

Step 2: Read the first statement slowly and clearly:

- Sexual abuse always involves physical force.

Ask one participant who has remained seated to explain why they agree. Ask one participant who stood up to explain why they disagree. Once the participants have spoken ask if any of the participants who are seated on the floor want to change their mind. If not, other participants can make additional points to help convince those on the floor.

When you feel there has been enough discussion, repeat the process for the rest of the statements:

- Children/youth may not tell you if something bad happens to them.
- Boys do not experience sexual abuse.
- Sexual abusers do not have to be drunk or crazy.
- Teasing about sex or making sexual comments is sexual violence.
- Girls who wear short skirts are asking to be abused.
- Children/youth lie about sexual abuse to get attention.
- You cannot tell just by looking at a child/youth that he or she has been sexually abused.
- If a girl doesn’t say no, then it means she wants to have sex.
- Sexual abuse is perpetrated only by strangers.

Step 3: Discuss their answers and any main points, clarify any misconceptions and summarize the following:

- Different expectations based on gender create a very different world in Swaziland for girls than for boys.
- Social messages about the value placed on girls, along with expectations on what it means to ‘be a man’ contribute to violence against girls.
- Violence against children includes both physical and mental pain inflicted on a child, including behaviour that is intended to humiliate.
- Violence can be understood as along four categories: physical, emotional, economic and sexual.
- The incidence of violence within the schools in Swaziland is high.
- The causes of violence are complex, ranging from the larger system: poverty, collapse of social systems, harmful cultural practices, limited functionality of child protection services; to internal family dynamics.
- Myths based on gender, health including HIV, and other beliefs contribute to the prevalence of social violence.
- Sexual violence does not always involve physical force.
- Refer back to some of the statistics from the UNICEF Violence Against Children in Swaziland report to illustrate your points (**see facilitator’s notes**)

Activity 5: Action planning to respond to GBV (30 MIN)

Step 1: Explain to participants that they will now develop a Safety Plan to Prevent and Respond to GBV. Facilitator to model a sample Safety Plan with group.

Step 2: Divide participants into four groups. Give each group flipchart paper and markers. Each group is to develop an action plan that addresses how both to prevent and respond to GBV. They should address each question below:

Guidelines for an Action Plan

1. This is the issue for addressing gender-based violence:
2. We chose this issue because:
3. This issue affects:
4. This is what we want to achieve:
5. This is what has to happen for us to achieve our goal:
6. These are possible strategies or actions we could take to achieve our goal:
7. This is the strategy we have chosen:
8. These are people we know are available to help us:
9. These are the materials/resources we know are available to us:
10. This is the first step we need to take:
11. These are the next steps we need to take:
12. These are the final steps we need to take:
13. These are some possible challenges for our plan:
14. These are some ideas for overcoming those challenges:
15. This is how we will know our plan has worked:

When discussing next steps, groups should consider the following:

- When will teams meet to reflect on activities and progress of action plans?
- When is there an opportunity to share with teachers, parents, and community members?
- Are there opportunities to meet with teachers from other schools?
- How about other regions? With district or regional education officials?

Step 3: Circulate around the room and provide assistance as needed.

Step 4: Ask each group to share their Action Plans. With each presentation, encourage questions and discussion from other group members. Emphasize the following:

- Everyone shares responsibility for addressing the problem of GBV against girls and adolescents in Swaziland
- Change will take place only when people take action.
- Actions or strategies initiated within the school will be most effective if they also engage the larger community.

FACILITATOR'S NOTES³²

The World Health Organisation's definition of Violence Against Children:

“All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

What is violence?

Violence is behaviour involving physical or psychological force intended to hurt, damage, or kill someone or something.

What is gender-based violence?

Gender-based violence (GBV) is any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to girls and boys. It includes any form of violence or abuse that is based on gender stereotypes or that targets young people on the basis of their sex. The underlying intent of gender-based violence is to reinforce gender roles and perpetuate gender inequalities. Unequal power relations between adults and children and males and females contribute to gender violence. GBV impacts both physical and mental health. It can result in physical injury, pregnancy, sexually transmitted infections, including HIV, or emotional/psychological ill health.

Examples of Three Types of Violence (GBV includes all of these)

Psychological violence:	Physical violence:	Sexual violence:
Making threats	Holding	Rape
Teasing	Punching	Defilement
Intimidation	Restraining	Indecent touching and exposure
Insulting someone	Kicking	Sexually explicit language, including sexually suggestive remarks or offers
Bullying	Hitting, including hitting with a switch or whip	
Humiliation	Shoving	

³² Adapted from Preventing and Responding to Sexual Violence against Children in and around Schools – Facilitators' Guide, WEI/Bantwana Uganda, 2016; Adapted from Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017; and National study on violence against children and young women in Swaziland, UNICEF, 2007.

Ignoring	Throwing something at someone	
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While categories of violence are broken into the 4 categories above, all violence is, in part, psychological and/or emotional. Physical violence (which includes all forms of touching, including sexual abuse) has psychological effects as well, as there is a power dynamic and intent to harm in some way. Not all psychological or emotional violence, however, has a physical component. Threats or other verbal statements meant to humiliate, degrade or diminish a person can be very violent, without including any physical threat.

Psychological and emotional violence: these terms are closely related, though not exactly the same. Psychological violence impacts the way we think about things, emotional violence the way we feel. For the most part though, they go hand in hand. Both terms are seen in materials on violence and abuse. For simplicity of language in this manual, the term emotional violence is used cover both.

Physical violence: any form of punishment in which physical force is used and intended to cause some degree of pain or discomfort.

Emotional violence is any act or behaviour that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another’s needs.

Sexual Violence generally includes both physical and psychological violence, though sometimes is exclusively psychological/emotional, as in the case of sexual harassment. A child who is sexually abused gets the message that they are of little value beyond the ways they meet another’s needs, and will feel flawed, unprotected and likely, endangered.

UNICEF 2007 Violence Against Children Study (Swaziland)

- The results of this study indicate that violence against female children is highly prevalent in Swaziland.
- Approximately 1 in 3 females experienced some form of sexual violence as a child; nearly 1 in 4 females experienced physical violence as a child; and approximately 3 in 10 females experienced emotional abuse as a child.
- Boyfriends and husbands were the most frequent perpetrators of sexual violence; male relatives (other than the victims' father) were the most frequent perpetrators of physical violence; and female relatives were the most frequent perpetrators of emotional abuse.
- It was found that over half of all incidents of child sexual violence were not reported to anyone, and less than 1 in 7 incidents resulted in a female seeking help from available services.
- Females indicated the primary reason for not reporting sexual violence was that they were not aware that what they had experienced was abuse. Many females also reported a fear of abandonment if they told anyone about the violence they had experienced.
- These numbers suggest a lack of understanding of what sexual violence is and how and where to report such incidents.
- In to physical violence, in only 1 out of 5 cases did females seek help from available services, despite the fact that nearly 1 in 4 resulted in injury that was serious enough to consult a doctor.
- Among incidences of violence that occurred prior to age 18, 10% occurred in a school building or on school grounds and 9.5% occurred to or on the way from school.

- Among incidences of violence that occurred prior from age 18-24, 12% occurred in a school building or on school grounds.

School-related gender-based violence is any form of violence or abuse that is based on gender roles and relationships. It can be either physical, sexual or psychological, or combinations of the three. It can take place in the school, on the school grounds, going to and from school or in school dormitories. This violence can be perpetrated by teachers, pupils or community members. Both girls and boys can be victims as well as perpetrators. Both educational and reproductive health outcomes are negatively affected by gender violence.

Causes of violence against children in schools

There are many factors that are contributing to violence against children and these may vary from region to region, age of children as well as a social- economic context.

- Collapse of traditional social networks or systems and family supports,
- Harmful religious or cultural beliefs,
- Poverty and high levels of vulnerability, i.e. dependency on others, physical or mental vulnerabilities, ignorance about potential threats, lack of family support, age,
- Substance abuse,
- War and displacement,
- Corruption which undermines access to fairness and justice,
- Persistence of harmful/negative traditional practices,
- Limited availability of resources, such as food, shelter, medical facilities and services, clothes, and water among others,
- Limited functionality of existing child protection and support services such as the police protection or other security.
- Community lack of awareness or belief in human rights for all especially children.
- Family conflict/marital problems and high levels of stress that gets transferred onto the children.

MODULE 3: BUILDING STRONG COMMUNICATION AND DECISION-MAKING SKILLS FOR A SUCCESSFUL FUTURE

Session 10: How can strong communication skills support me to have healthy relationships?

Essential Questions:

1. How does gender affect the way boys and girls communicate?
2. What are the advantages of communicating assertively?
3. Why should girls, in particular, learn how to communicate assertively?
4. How can communicating assertively help me to achieve my 5-year life goal? or When might I need to communicate assertively to achieve my 5-year life goals?

Learning Objectives:

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

- Provide examples of passive, assertive, and aggressive communication
- Describe how gender affects the ways boys and girls communicate
- Explain how effective communication skills can support healthy relationships with peers, partners and adults
- Practice assertive communication

Time: 130 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pen/pencils

Facilitator Preparation: Read facilitator notes.

Activity 1: Introduction (5 MIN)

Step 1: Explain to participants that today's session will explore **strong communication**. In order to stay safe from vulnerabilities, as discussed in previous sessions, it is important for girls to be skilled communicators and to practice role playing scenarios to develop skills to stay safe (and achieve your life vision in the process).

Activity 2: Demonstration (20 MIN)³³

Step 1: Tell the participants that you are going to demonstrate a few different ways to communicate, using a co-teacher or another participant for help. Explain that you need to ask a classmate for help with an assignment. You will demonstrate three different communication techniques:

- Look at your partner and say calmly, “I think you have a lot of experience with this subject and I need help understanding our homework assignment. Would you please help me sometime today?”
- Without looking at your partner say, “It sure would be nice if someone would help me with this homework assignment, because I won’t be able to do it on my own.”
- Stare at your partner, get too close to them and speak very loudly, saying, “You better help me with this homework or I’ll make sure the other girls don’t speak to you.”

Step 2: Ask participants what they just saw. Ask how they would have reacted to each approach. Which was most likely/least likely to make you want to help this person? Why?

Step 3: Share the three definitions for strong, weak, and aggressive communication (see facilitator’s notes) and ask participants which of the ways demonstrated earlier was an example of weak/passive communication (#2), of aggressive communication, (#3) and of strong/assertive communication (#1)?

Activity 3: Assertive Communication (40 MIN)³⁴

Step 1: Read the following scenario to the participants:

- Nomcebo is standing in line to use the bathroom at her school. She has been waiting patiently for almost 30 MIN due to the many girls that need to use the facility. Just as she is about to take her turn another girl walks in front of her to take her spot. Nomcebo becomes very angry. What should she do?

Step 2: Tell participants to join one of the following groups based on what they think Nomcebo should do.

- Group 1: Nomcebo should not do anything.
- Group 2: Nomcebo should express her feelings directly to the girl, even if she is angry.
- Group 3: Nomcebo should speak up calmly and tell the girl to move to the end of the line and to not cut in front of her.
- Group 4: Nomcebo should go and ask for help from a teacher or another adult.

Step 3: Ask participants to share their answers to the following questions within their groups.

- How will Nomcebo feel after responding the way you described?
- How will the other girl act if Nomcebo responds this way?
- What is the worst thing that could happen if Nomcebo responds in the way you described?
- What is the best thing that could happen if Nomcebo responds this way?
- When should you get help in a situation?

³³ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

³⁴ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 4: As a large group, review Nomcebo's choices again. Be sure to bring up the following points:

- **Group 1:** This is a passive response. **Communicating passively means not expressing needs or feelings, or expressing them so weakly that they are not heard and will not be addressed.** Remaining silent is often not the best choice. If Nomcebo behaves passively by standing there and not saying anything, she will probably feel angry with the young woman and with herself.
- **Group 2:** This is an aggressive response. **Communicating aggressively means responding in a threatening or offensive manner.** An aggressive response may have a negative outcome. If Nomcebo insults or threatens the girl, she may feel strong for a moment, but the girl and her friends may also respond aggressively and verbally or physically attack Nomcebo.
- **Group 3:** This is an assertive response. **Communicating assertively means making a request in an honest and respectful way that does not offend the other person.** An assertive response is often the best way to communicate. If Nomcebo tells the girl that she should not step in front of her in line since she has been waiting her turn for 30 MIN, she is not insulting her but merely stating the facts of the situation. The other people in the line will probably support her. Assertiveness is Nomcebo's best chance of getting what she wants.
- **Group 4:** This is an assertive response. Depending on the situation, getting help may be the best option if one's personal safety is at risk.

Step 5: Ask the group if there is a time that passive communication is the better choice. Point out that being assertive is the best response in most situations, but participants should always keep their safety in mind. Remind participants that due to the way society expects girls to act, it is often more difficult for them to be assertive, since they are taught to be passive and accepting of what happens to them.

Activity 4: Role Plays (60 MIN)³⁵

Step 1: Introduce the **Four Steps to Communicating an Assertive Message** (see facilitator's notes)

Four Steps to Strong Communication (which can be remembered as “*I feel... When you... Because... I need*”):

1. “I feel ...” Here the girl should express the emotion that she is experiencing.
2. “When you...” Here the girl says what the other person did that caused her to feel the emotion. It is important to note that this is not about assigning blame but about expressing feelings.
3. “Because...” The girl explains why the action caused her to feel the emotion.
4. “And I would like/want/need...” Here the girl explains what she would like to have happen in order to feel better.

Some examples you can provide:

- a. I feel hurt and betrayed... when you call me a baby just... because I do not want to smoke or have sex with boys I don't know... and I would like you to respect how I feel about drugs and sex.
- b. I feel frightened...when you get so close to me... because it is threatening...and I need you to keep more distance.
- c. I feel put down...when you tell me I should not stay in school... because I think you must think I am stupid and I need you to support my decision to stay in school.

³⁵ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009 and Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

Step 2: Ask participants to divide in pairs. Ask each pair (Participant A and Participant B) to take turns role playing and responding to the situations read by the facilitator using assertive communication. One participant will role play the part of the person asking the other participant to do something, while the other participant will role-play using the assertive communication skills. For example:

- Participant A = “I want to buy you a beer, you are pretty and I have money. I am tired of you saying ‘No’ and I will not take ‘No’ for an answer”.
- Participant B = “I feel confused by your constant offers, when you know I am not allowed to go to a bar because I am too young and my parents do NOT allow it. I need you to stop asking me”

Step 2: Read the situations below. Read slowly. Allow each pair to practice using their assertive communication skills before you go to the next situation. Choose the situations that are most pertinent to your community and your participants or use your own examples. Situations:

- Your closest friend smokes as do all of your friends. She asks you to smoke also or not hang out with them.
- An older man who is a good friend of the family tells you if you go to his house with him, he will buy you something special.
- Someone you do not know sees you and your friend walking along the road and offers you a ride. You refuse, but your friend gets in the car and is trying to convince you to get in too.
- You are trying to return to school and your aunt and mother are trying to discourage you.

Step 3: Ask the participants the following discussion questions:

- What was the best response in each scenario? Why?
- Is it difficult to be assertive? Why?
- Do you think girls face special difficulties in being assertive?
- What are some ways to overcome these difficulties?
- Do boys have any challenges in being assertive without being aggressive?
- What is the difference between the two behaviors?
- How does passive communication put you at risk?

Step 4: Conclude by pointing out that staying healthy and safe is directly connected to being assertive. Point out that girls standing up for themselves is essential for staying healthy and not putting themselves at risk for HIV/AIDS, early pregnancy, and other vulnerabilities. Remind participants of gender roles and how traditionally society expects women to be passive, so they must practice speaking up for themselves and not remain silent when they could be in danger. Also remind participants that boys are expected by society to be aggressive, but being aggressive is not the same as being assertive. Being assertive must respect other people’s rights in addition to protecting one’s own rights.

Activity 5: Session Wrap-Up (5 MIN)

Step 1: Ask for volunteers to describe:

- How assertive communication skills can help protect them
- How assertive communication skills can help participants reach their goals

Step 2: Discuss the logistics of the next meeting.

Session 11: How can I learn strong (assertive) communication skills?

Essential Questions:	<ol style="list-style-type: none"> 1. Why should I practice assertive communication skills? 2. How can practicing assertive communication skills help me achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Practice assertive communication and listening skills (through role plays/scenarios with peers, partners, and adults)
Time:	75 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pen/pencils
Facilitator Preparation:	<p>Read facilitator notes. Write the scenarios for Activity 1 on a flipchart/chalkboard Prepare 3 flip charts with each role play (you will need to divide the 3 role plays evenly among however many pairs you have)</p>

Activity 1: What kind of communicator am I? Assessment/Demonstration (20 MIN)

Step 1: Divide the participants into pairs. For each of the following scenarios, ask participants to come up with a strong statement or question about the following. One person in the pair should do the first 2 statements and the other do the remaining 2.

Step 2: After each statement, the responder should self-assess and say whether or not they think their statement was strong and provide justification for why it was strong (i.e., I explained how I felt, I was calm, I explained the action that I disliked, etc.). The listener should then give feedback: was it a strong (assertive) statement and why? The statements are as follows:

- a. Tell someone they are doing something you don't like
- b. Tell someone you don't want to do what you're being asked
- c. Ask for help with something
- d. Ask someone to keep a secret that you just confided in them.

Step 3: Reconvene the larger group and ask participants to give a few examples for each scenario. Discuss the following with participants:

- What it was like to come up with strong statements?
- How familiar are you with speaking this way?
- Why is it important to be able to make strong statements?

Activity2: Communicating an assertive message (45 MIN)³⁶

Step 1: Divide participants into pairs and give each pair a role play to act out. Divide the 3 role plays evenly among the pairs:

- **Role Play 1:** Zanele is 17 and she enjoys school very much, does well in mathematics and science, and wants to be a doctor when she grows up. Her father, however, think she is now old enough to get married and they would like to focus on paying the school fees of her younger brother. Her father wants her to stay at home so that she can be more focused on developing her skills at household tasks so that she's ready to marry. She is afraid that next term he will carry through on his threats and not pay her fees.
- **Role Play 2:** Sibongile is a 15-year-old girl who attends a junior high (middle) school. One day, Sibongile's mathematics teacher, a married man from the city, asks her to stay after class on Friday afternoon. Her teacher tells that her grades in mathematics have been dropping. He also tells her that she is turning into a very beautiful young lady and that he'd like her to come to his house for "special lessons" that will improve her grades. He is much bigger than Sibongile, so when he pulls her closer, she cannot resist. He tells Sibongile that he would like her to be his girlfriend and that he will change her grades if she agrees to have sex with him. Sibongile is very afraid. The teacher finally lets her go, saying that he expects to hear from her the following week. That weekend, she confides in her two best friends, Josephine and Fikile. Josephine tells her that she should do what the teacher wants, but Fikile tells her she should refuse the teacher's advances. Sibongile is upset and doesn't know what to do.
- **Role Play 3:** Agnes and Beauty have been best friends for many years. Agnes has gotten in the habit of stealing. She started out stealing small items from the local shop on the way to school but has now started to steal larger more expensive items, like purses, clothes, and sunglasses. Agnes keeps telling Beauty that she needs to start stealing so she can have nice clothes and new things. Beauty does not think stealing is right but she also does not want to be teased constantly by Agnes and her other friends for not going along.

Step 2: For their role play, each pair should discuss and write down the following:

- What are the girl's options?
- How should she prepare for having an assertive conversation?
- What is the other person likely to say?
- What are the points she should express? How should she express them?
- Is there anyone she should ask for help from either in preparing or when she has the conversation?
- Are any of her rights being violated? When should she bring these up, if at all?

Step 3: Next, each person in the pair should practice using the four steps to communicating an assertive message to communicate their response.

Step 4: After participants have finished, call several pairs to the front to share their role-plays and responses. Discuss with participants the following:

³⁶ Adapted from Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017

- Compare and contrast the different approaches/techniques that were used by participants? Were some more effective than others?
- Ask participants what could they have done better?
- Ask participants what can they do to continue to improve their assertive communication skills?

Activity3: Session Wrap-Up (5 MIN)

Step 1: Emphasize the following points

- Remind participants that staying healthy and safe is directly connected to being assertive.
- Remind them of gender roles and how traditionally society expects women to be passive, so they must practice speaking up for themselves and not remain silent when they could be in danger.
- Different approaches to communication work best at different times. Generally, the assertive approach is best, but always keep personal safety in mind.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES³⁷

Why are communication skills important?

Being able to use your voice, respectfully stand up for yourself and make yourself clear helps you to assert your identity.

Communication skills are important for getting our ideas across to others and understanding the other person. Effectively expressing yourself and also listening to others is key.

Good communication skills are the foundation to relationships, whether with your parents or caregivers, teachers, or friends. In order to be understood and for your message to come across clearly you must know how to communicate verbally and non-verbally (with actions).

An important part of communicating well is having good listening skills so that you can understand the thoughts and ideas of the person you are speaking with.

Basic skills:

- **Listening:** Listening means really paying attention to someone when they are talking, focusing on what they are saying. This also means not focusing on what you are going to say in return and planning your argument while they are talking. Also, it is important to listen to the emotions that accompany what the individual is saying.
- **Body language:** We communicate using our body language. Maintaining good eye contact, sitting or standing up straight, nodding indicating we're listening are all examples of ways in we communicate interest without words.
- **Questioning:** Good communication also involves asking the right questions. Sometimes it helps to first rephrase what the person just said and ask open ended questions. Open ended questions (questions that ask for description, not just yes, no, or one word answers) allow that the listener to hear the description of what the speaker is saying.

Rules of communication

- Make your communication positive.
- Be clear and specific.
- Recognize that each individual sees things from a different point of view.
- Be open and honest about your feelings.
- Accept the feelings of the other person and try to understand them. (This does not mean you have to agree with them.)
- Learn to listen.
- Maintain eye contact.
- Allow time for the other person to talk without interruption; show you are interested in what he or she has to say.
- Ask questions when you do not understand.

³⁷ Adapted from Preventing and Responding to Sexual Violence against Children in and around Schools – Facilitators' Guide, WEI/Bantwana Uganda, 2016; Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009; and Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

Barriers to communicating: A number of attitudes and/or behaviours can serve as barriers to communication.

1. Making judgements: Judging the other person's opinions or behaviour, including calling it "right" or "wrong," or telling them what they "should" or "should not" do.
2. Arguing: Interrupting to disagree with instead of listening and trying to understand the other person's views (trying to stand in their shoes.)
3. Preaching: Telling what to do in a self-righteous way.
4. Blocking communication: Speaking without listening to the responses, using an aggressive voice, showing impatience, showing annoyance when interrupted. These behaviours often lead to the individual feeling down, humiliated or scared. As a result, the individual may remain passive and refrain from asking questions.

Three Types of Communication

Strong (Assertive) Communication: Being assertive means delivering a message by honestly expressing thoughts and feelings; being direct and clear without putting down the right of others; and showing mutual respect.

Weak (Passive) Communication: Being passive means delivering a message without expressing true thoughts or feelings; or sometimes staying silent.

Aggressive Communication: Being aggressive means delivering a message forcefully, sometimes in a confrontational manner, without regard for other people's feelings.

Four steps to Strong Communication:

- a. "I feel ..." Here the girl should express the emotion that she is experiencing.
- b. "When you..." Here the girl says what the other person did that caused her to feel the emotion. It is important to note that this is not about assigning blame but about expressing feelings.
- c. "Because..." The girl explains why the action caused her to feel the emotion.
- d. "And I would like/want/need..." Here the girl explains what she would like to have happen in order to feel better.

Some examples you can provide:

- a. I feel hurt and betrayed...
when you call me a baby just...
because I do not want to smoke dagga or have sex with boys I don't know...
and I would like you respect how I feel about drugs and sex.
- b. I feel frightened...
when you get so close to me...
because it is threatening...
and I need you to keep more distance.
- c. I feel put down...
when you tell me I should not stay in school...
because I think you must think I am stupid
and I need you to support my decision to stay in school.

Why should assertive communication be practiced?

Practicing to communicate assertively is important so that participants are able to use these communication skills to stand up for themselves in clear but respectful ways in their daily lives.

What is practicing assertive communication?

Mastering any skill requires practice. In order to learn to communicate effectively you must do it repeatedly and continue to improve. Assertive communication may not feel like it comes naturally, and is often confused with aggressive communication. Practicing is required in order to find the balance between standing up for yourself and remaining respectful of others. Learning the appropriate vocabulary makes it easier. Understanding something and being able to do it can be two different things. This session provides the opportunity to practice the assertive communication skills you have been working on in the past two sessions. Practicing assertive communication requires repetition and role play.

Our families teach us how to behave at an early age. There are different ways of behaving in a situation, and the way we behave affects whether things go well or badly.

We use strong behavior when we:

- Stand up for our ourselves without putting others down.
- Respect ourselves and the other person.
- Say our thoughts and feelings clearly and honestly; say “I” think and “I” feel.
- Stick to our values and principles.
- Match our words to our body language.
- Act confident but respectful.
- Accept praise and feel good about ourselves.
- Accept suggestions for making ourselves better and learn from them.
- Say “no” without feeling bad.
- Disagree without getting angry.

We behave in a weak way when we:

- Take no action to stand up for ourselves.
- Give in to what others want.
- Remain silent when we disagree or feel unhappy about something.
- Put up with anything.
- Say “sorry” a lot.
- Hide our feelings.
- Do not start something new in case we fail.
- Allow others to make all of the decisions.
- Follow the crowd and give in to peer pressure.

We show aggressive behavior when we:

- Take action with no thought for the other person.
- Say we will do something bad to a person to get what we want.
- Put ourselves first even though others lose.
- Make demands without listening to other people’s ideas and needs.
- Become angry quickly when others disagree with us.
- Shout, push, or physically force people.
- Make people feel that they need to defend themselves.
- Make people look small so that we look big.

Session 12: How can I make good decisions and resist peer pressure?

Essential Questions:

1. How can I learn how to make good decisions?
2. What are some consequences of negative peer pressure?
3. What negative peer pressure do I face today that could affect my ability to achieve my 5-year life goals and what can I do to resist it?

Learning Objectives:

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

- Identify three good decision-making steps
- Practice saying “no” to peers when they are pressuring you to do something you don’t think is right or feel comfortable doing
- Practice using negotiation and problem-solving skills to avoid high risk situations

Time: 115 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pens/pencils

Facilitator Preparation: Read facilitator notes.
Prepare in advance slips of paper with scenarios

Activity 1: Did I make a good decision today?³⁸ (20 MIN)

Step 1: Ask each participant to think about this day, from when they woke up to right now. Ask them to share at least one decision they made with the entire group.

Step 2: Pick one decision point to discuss, based on the most popular response (e.g., what to wear, what to eat, who to talk to, which way to walk to the market/club). Emphasize that we make decisions every day but we often don’t think about them.

Step 3: Ask participants to think about a time when they’ve made a difficult decision. Ask them to turn to the person next to them and explain what the decision was and what happened.

Step 4: Explain that in order to make good decisions it is important to follow three steps:

- **One:** Stop and think.
- **Two:** Consider the consequences of your decision.
- **Three:** Know the facts.

³⁸ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

Step 5: Ask participants to talk to their partner again and see if they went through these steps when making their decision they talked about. If they did not, what could have been helpful?

Activity2: Decisions and Consequences³⁹ (30 MIN)

Step 1: Explain that the next activity is a “decision points” game and is an opportunity for the participants to practice making decisions.

Step 2: Explain that you are going to read a story about Siphwe and Khayelihle. Explain that whenever you stop the story and clap your hands twice (CLAP, CLAP) it means Siphwe and Khayelihle need to stop and make a decision. The participants will work as a group to make a decision for Siphwe and Khayelihle.

Step 3: Read: A young man named Khayelihle, who is 25 years old, stops his car to talk to a girl named Siphwe, who is 17 years old. He asks if she wants a ride.

- **Step and think:** Clap your hands twice (CLAP, CLAP) and ask these questions:
- **Consequences:** What could happen if Siphwe gets in the car with Khayelihle? What can happen if she doesn't get in the car?
- **Know the facts:** What does Siphwe know about Khayelihle? What does she know about others who have accepted rides from Khayelihle? Or others like him?

Step 4: Read: Siphwe accepts the ride and Khayelihle offers to stop by the bar and buy her a beer on the way home.

- **Step and think:** Clap your hands twice (CLAP, CLAP) and ask these questions:
- **Consequences:** What could happen if Siphwe agrees to have a beer with Khayelihle? What could happen if Siphwe doesn't have a beer with Khayelihle.
- **Know the facts:** Why is Khayelihle offering Siphwe a beer? Does Siphwe know about the effects of alcohol on herself? On Khayelihle? How will she get home if Khayelihle is drunk?

Step 5: Read: Siphwe tells Khayelihle that she will go to a bar with him if he agrees to have one beer only and then take her home. He agrees. Inside the bar he orders one beer each and then several more for himself, until he is drunk. Siphwe tries to leave the bar, but Khayelihle grabs her and harasses her. Siphwe is able to make it outside the bar but once she gets outside she sees that it is dark. She needs to get home.

- **Step and think:** Clap your hands twice (CLAP, CLAP) and ask these questions:
- **Consequences:** How could she get home safely? What could happen if she tries to walk? Or goes and waits for him? What could happen if she contacts a friend or family member?
- **Know the facts:** What are her other options? Can she ask someone else? Or call a person for help?

Step 6: Discuss the following with participants:

- What were the decision points within this story?
- What were the consequences of Siphwe's decisions?
- Would you have made similar decisions if you were in the same situation? Why or why not?

³⁹ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

Activity 3: Role Play⁴⁰ (60 MIN)

Step 1: Divide participants into pairs and give each pair a role-play to act out. For each role play the girls should act out the scene and decide what to do. They should use the three good decision making steps to help inform their decision.

Step 2: Allow 15 MIN for each pair to prepare a short skit where they role play (practice) their decision/response to the situation .

Scenario 1

Busi and Serena have been best friends for many years. Busi has a boyfriend who is several years older than she is. He bought her a cell phone and new clothes. Busi keeps telling Serena that she needs to find an older boyfriend, too, so she can have nice things. Serena does not agree, but Busi teases her and tells her she must be a “baby” if she does not want an older boyfriend. **What should Serena do?** (Possible answers: You should think about whether or not Busi is truly your friend if she is pressuring you to do something that you do not want to do. Also, you should think about whether or not disagreeing with Busi means that you are a ‘baby’ or if just means that you know what you want and do not want. If deciding that you do not want an older boyfriend because it is the right decision for you makes your friend make fun of you, you should re-evaluate the friendship.)

Scenario 2

A boy Mercy knows has asked her to have sex with him. He’s very nice and buys Mercy things she needs, like new clothes and notebooks. **What should Mercy do?** (Possible answers: First, you need to decide if you like this person only because he is buying you gifts. You also should think about what the boy might think you “owe” him for the presents, such as sex. If you feel the person only buys you gifts because he wants something from you, you should think about ending the relationship.)

Scenario 3

Lindiwe’s boyfriend of two years is pressuring her to have sex. Although she loves her boyfriend very much and he treats her very well, she does not feel ready to have sex. However, she does not want to disappoint him especially because he has always respected her and her friends say she is very lucky to have such a kind boyfriend. **What should Lindiwe do?** (Possible answers: You should think about what the consequences are if you have sex and then fall pregnant. If you feel respected by your boyfriend and you have a healthy relationship, you should use assertive communication to explain to him that you are not yet ready. You could try to convince him that the two of you should wait until you are in a position to manage the possible consequences of having sex, like getting pregnant).

Scenario 4

A group of girls is harassing Neliswa. They are calling her names like “stupid” and trying to steal her lunch money. The group threatens her and tells her if she goes and tells a teacher and does not give them her lunch money, they will wait for her after school and beat her up. **What should Neliswa do?** (Possible answers: You should think about whether or not you can handle the bullying on your own. If you feel your safety is at risk, you may want to share the incident with a friend or a trusted adult.)

Step 3: Ask each group to perform their role play for the rest of the group. After each group performs, ask the rest of the girls what happened and if they agree with the proposed solution. Discuss the following:

⁴⁰ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011 and Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

- Did Serena/Mercy/Lindiwe/Neliswa make a good decision? Why or why not?
- Could anything else have been done differently?
- What are some of the possible consequences of their decision?
- If you were a friend of one of the girls and you saw her being pressured to do something she did not want to do, how could you support her?

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Ask for volunteers to summarize two things they have learned through the session. Remind participants of the importance of making good, thoughtful decisions as the decisions they make today can affect the rest of their lives.

Step 2: Discuss the logistics of the next meeting.

Session 13: How can I manage my emotions and express them in a healthy way?

Essential Questions:	<ol style="list-style-type: none"> 1. How can I learn to identify what I am feeling? 2. Why is it important to know what I am feeling? 3. How can managing negative emotions and stress help me to achieve my 5-year life goals?
Aim:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify when they are feeling certain emotions and express them in a healthy way • Learn strategies to identify and empathize with the emotions of others • Practice strategies and coping mechanisms for managing anger, stress, and potentially harmful feelings
Time:	70 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pens/pencils
Facilitator Preparation:	<p>Read facilitator notes. Write each emotion for Activity 1 on separate pieces of paper Write the open-ended statements for Activity 2 on flipchart paper</p>

Activity 1: Introduction (5 MIN)

Step 1: Explain to participants that today’s session will explore **emotions**. Understanding our emotions and how we feel can help us make better decisions, remain healthy and achieve our life goals.

Activity 2: Feelings Charade⁴¹ (30 MIN)

Step 1: Give each participant a piece of paper with an emotion to act out (Exhausted, Confident, Ashamed, Bored, Confused, Embarrassed, Cautious, Surprised, Guilty, Happy, Depressed, Anxious, Angry, Frightened Lonely, Shocked, Sad, Enraged, Jealous, Shy)

Step 2: Ask each participant to come to the front of the room and act out one of the emotions without speaking while the other participant guess which emotion they are trying to portray.

⁴¹ Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 3: After participants have guessed all of the emotions, correct any wrong answers and explain that people can often express feelings through body language and without words. The feelings of others can often be understood by reading their **body language**. Sometimes body language expresses more strongly than words how one is feeling. If participants want people to understand their thoughts and feelings, their words and body language should match.

Explain that understanding how others are feeling is called **empathy**. It is good to know how others feel, and participants can help friends manage their feelings. It is also good to be aware of how their behavior affects other people's feelings. For example, if a person shouts and looks like he or she want to fight, the other person might run away, defend himself or herself or fight back.

Activity 2: Exploring and Sharing Feelings (60 MIN)⁴²

Step 1: Think/Pair/Share

- **Think:** Ask participants to individually complete the following statements in their notebooks or on pieces of paper:
 - I am happiest when...
 - I am saddest when...
 - I hate it when...
 - My greatest fear is...
 - When I am happy, I...
 - When I am sad, I...
 - When I am angry, I...
 - When I am frightened, I...
 - Sometimes I feel... And when I do (feel like this) I...
- **Pair/Share:** Ask participants to divide into pairs and share their answers. After they have shared their answers, ask participants to take turns talking about a situation where they had a strong feeling, such as fear, sadness, anger or happiness. Have participants explain how they were feeling and what they did to show the feeling. Ask them to also discuss if they could have shown their feelings in a better way or if there was any other way they could have coped with the feeling.

Step 2: Ask the whole group what are some positive ways to cope with feelings and write their answers down. Discuss various strategies for dealing with anger, stress, and other negative emotions. (Possible answers: Talking to someone else, writing a poem, story, or in a journal, exercising, crying, going for a walk, doing something enjoyable, thinking of good times, taking a nap, mediating, breathing, etc.)

Step 3: Explain to participants that writing a poem or a story is a good way to practice coping with negative emotion. Ask participants to write in their POY Club notebook about the situation they discussed in pairs earlier. They do not need to share what they have written, but can use this opportunity to reflect further about the situation through a positive exercise. They can write a story, a poem, or draw a picture. Give participants 30 MIN to do this.

⁴² Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Summarize the following key points:

- Explain that understanding feelings and being able to talk about them is healthy. Feelings, both good and bad, are a normal part of life. Having strong feelings, such as anger, is normal, but it is important to learn how to manage them in a healthy, nonviolent way.
- Some feelings can be very strong and painful, perhaps because of something that happened in the past (e.g., if a parent or relative died) or is still happening.
- When those feelings aren't expressed, it can make one feel angry or depressed.
- Remind participants to seek the help of a trusted adult to help cope with feelings of anger, sadness or fear.
- While it is very important that young people cope with stress and negative emotions, it is also very important to help them build resilience. **Resilience** is the emotional/inner strength that one possesses and enables one to cope with difficult circumstances. Young people can also have resilience.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

Empathy is understanding how another person feels and is an important life skill for participants to learn. It helps to demonstrate the idea that they should treat others as they would want to be treated.

Body language is a type of nonverbal communication. Bodily mannerisms, postures and facial expressions can be interpreted as unconscious communication of feelings.

Positive Coping Mechanisms and Strategies⁴³

Note that one can cope negatively (e.g. through drug or substance abuse) or positively through (e.g. exercise and good nutrition, joining a support group etc.)

- **Prevention and Planning:** Respond to situations before they happen through life skills like decision making, problem solving and daily activities which build confidence and self-esteem (e.g. cooking, doing laundry, being involved in daily decision-making in the home, etc.).
- **Understanding the Situation and Consequences:** Help young people to get well informed about the situation and how it is likely to end. (E.g. if a child is living with a terminally ill parent, it is better to discuss the possibility of death so that child may not get shocked when death occurs).
- **Inclusion in the Process:** Encourage young people to be involved in the process (if moving, in helping to pack and finding a new school; in the death of a parent in helping to care for the parent to the level to which he/she feels comfortable; if parents are having another baby, allow older child to help feed the baby and tell them about it before the baby is born).
- **Problem Solving** · Encourage young people to come up with solutions to their problems (this should be age appropriate).
- **Good Exercise, Rest and Nutrition:** Eat a balanced meal and find time to play, rest and take care of yourself.
- **Emotional Support and Counseling:** Encourage young people to get emotional support by encouraging them to talk to a trusted adult, mentor, or counselor about the problem.

While it is very important to teach and help young people to cope with stress, it is also very important to help them build resilience.

Resilience is the emotional/inner strength that one possesses and enables one to cope with difficult circumstances. Young people can also have resilience.

⁴³ Adapted from Life Skills Education for Adolescents and Youth; Facilitator's Manual, AVSI, 2013

MODULE 4: PROTECTING OURSELVES AND EACH OTHER- RIGHTS AND RESPONSIBILITIES OF YOUTH

Session 14: What are my rights and what are my responsibilities?

Essential Questions:	<ol style="list-style-type: none">1. What are my rights?2. What are my responsibilities?3. Who else is responsible for upholding and protecting my rights?4. How can knowing my rights and responsibilities, and trying to uphold them, help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none">• List five basic rights of every human being, including two that are sexual or reproductive rights.• Explain what rights they are entitled to as per Swaziland Child Protection Act 2012• Identify the responsibilities the state has for protecting, respecting, and fulfilling these rights, and what responsibilities individuals have• Identify responsibilities of youth in their families, schools and communities.• Identify violations of human rights related to school/education and sexual health.
Time:	130 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pen/pencils A copy of the CRC and the Swaziland Child Protection Act in youth-friendly language for each participant
Facilitator Preparation:	Read facilitator notes. Be prepared to refer back to gender and GBV modules, including definitions and messages. For Activity 3, write out the 10 Children’s Rights and 10 Children’s Responsibilities. Cut the rights and responsibilities into 20 small slips of paper.

Activity 1: Introduction (5 MIN)

Step 1: Explain to participants that today’s session will explore **human rights**. Explain to participants that they have already learned about different forms of violence, including GBV; now they will recognize GBV and other forms of violence as a violation of human rights.

Activity 2: What are human rights? (30 MIN)⁴⁴

Step 1: On a piece of flipchart paper write “What Are Human Rights?”

Step 2: Ask participants if they have ever heard of human rights. Let them share their answers, and record them on flipchart paper.

Step 3: Explain human rights in youth-friendly language. For example, everyone has rights. Human rights are about respect for everyone. It does not matter if the person is old or young, a man or woman, a girl or boy or where he or she lives. Everyone has a right to have his or her needs met, to be safe and to have a say in what happens in his or her life.

Step 4: Now ask for examples of human rights. Record answers on flipchart paper. The following are examples participants might list. Everyone has the right to:

- Education
- Employment
- Movement
- Ownership of property
- Government services
- Clean water
- Access to information
- Practice religion
- Live free from violence
- Health care
- Be protected from economic or sexual exploitation

Step 5: Tell participants that there are many rights and that they fall into three basic categories:

- Rights to things they need, such as a home, food, health care and places to stay and learn.
- Rights to keep them safe from harm.
- Rights to take part in decisions that affect their lives.

Activity 3: What are child rights? (30 MIN)⁴⁵

Step 1: Explain to participants that the UN Convention on the Rights of the Child was developed because world leaders felt that children often needed special care and protection that adults did not, and

⁴⁴ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

⁴⁵ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

they also wanted to make sure that the world recognized that children have human rights, too. Explain that Swaziland has a Child Protection Act (2012) that also lists rights that they are entitled to.

Step 2: Give each participant a copy of the CRC and the Swaziland Child Protection Act in youth-friendly language (see **facilitator’s notes**) and ask them to review.

Step 3: Explain that with rights come responsibilities. For example, with the right to be treated equally comes the responsibility to treat others equally. Tell participants it is important to discuss the responsibilities children have to other children and adults. Draw their attention to articles in the CRC that specifically talk about children’s responsibilities:

- **Article 29:** Children have a particular responsibility to respect the rights of their parents. Children’s education should aim to develop respect for the values and culture of their parents.

Step 4: Put the slips of paper with the **Children’s Rights** written on them in a container. Put the slips of paper with the **Children’s Responsibilities** written on them on the table.

Step 5: Ask for 10 volunteers to take turns matching the rights with the responsibility:

- Each participant should pick a right from the container.
- Ask them to read the right out loud and try to match it with its corresponding responsibility by reviewing the ones on the table. They are allowed to ask their classmates for help.
- Once they agree, ask the participant to tape the right next to the responsibility on a flipchart paper or on the chalkboard so that everyone can see. Each volunteer can take a turn until all of the rights are matched correctly.

Step 6: Discuss with participants the following:

- Everyone has the right to have his or her needs met, to be safe and to take part in decisions that affect him or her.
- Everyone has rights, as well as responsibilities.
- Adults (both men and women) and children (both boys and girls) have rights and responsibilities, and girls have the same rights as their brothers.
- With rights come responsibilities. Children have rights, but they also have responsibilities to themselves, their peers, their parents and other adults.
- Government, families, schools, and communities also have an obligation to uphold children’s rights.

Activity 4: Violations of rights related to education and sexual health (30 MIN)⁴⁶ *School specific

Step 1: Explain to participants they are going to look at scenarios involving violations of children’s rights to review what they learned about the CRC in the previous activity. Refer to the **Summary of the CRC** (see **facilitator’s notes**).

Step 2: Remind participants that most adults want to help young people, not harm them. Tell participants that they will discuss how they can claim their rights if they are being harmed. It is important for them to know the difference between being responsible and respectful and allowing someone to

⁴⁶ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

violate their rights. For example, if a teacher asks a student to help him or her carry something and the student helps the teacher, the student is being responsible and respectful. However, if a teacher asks a student to carry something inside his or her house and then touches the student inappropriately, then the teacher is violating the rights of the student.

Step 3: Divide participants into small groups of three or four. Assign each group a scenario from **Scenarios for Violation of Children’s Rights (see facilitator’s notes)** and make sure they have their copies of the CRC and the Swaziland Child Protection Act. Some groups may have the same scenario. It is not important for participants to memorize the article numbers; the most important point to make is that GBV and being deprived of education are each violations of children’s rights. **Clarify how many years of school children are entitled to in Swaziland.**

Step 4: Have the groups read and discuss their scenario and answer the following questions:

- Have the student’s rights been violated?
- Which right has been violated? (participants should reference the article number; there could be more than one right.)
- How does this violation affect the student?
- What can the student do in this situation? Are there any options to get help?

Step 5: After participants have discussed the scenarios and answered the questions, they should report out to the whole group. The following information should be used to guide the discussion:

Scenario 1

- Fiona is being deprived of her right to an education. (Article 28)
- She is also being deprived of her right to play. (Article 31)
She is being deprived of her right to be protected from work that interferes with her education or is harmful to her health. (Article 32)
- **Reinforce that children do have a responsibility to do chores at school, but not when the chore has a negative impact on a student’s health or education as in the case here.**

Scenario 2

- Thandiwe is being deprived of her right to an education and right to live free of abuse. (Articles 19, 28 and 34)
- **Reinforce that no one has the right to touch children in a way that makes them feel uncomfortable. Adults should always act in the best interests of children, and this means not violating them in any way or making them feel uncomfortable.**

Scenario 3

- Alice is being discriminated against because she is female. (Article 2)
- Refer back to the definition of **gender equality**.
- **Reinforce that all children should be treated equally and encouraged to reach their full educational potential. (Article 28)**

Scenario 4

- Jabulani is being deprived of his right to an education and to live free from abuse and demeaning punishment. (Articles 19 and 28)
- Jabulani is also being deprived of his right to play. (Article 31)

- He is being deprived of his right to freedom from harmful work; the work is affecting his schoolwork and health because he does not get enough sleep. (Article 32)

Activity 5: Who has the responsibility to uphold children’s rights? (30 MIN)

Step 1: Remind participants that everyone has a responsibility to work together to uphold rights. Inform participants that this activity will examine the special responsibilities of all parties involved in protecting the rights of children.

Step 2: Look at Scenario 2. Have participants brainstorm and write down a list of solutions to the problems encountered in the scenario. They can remain in their groups from the previous activity and should consider the responsibilities of:

- Student
- Family
- Community
- School
- Government

Step 3: After all the groups have had time to brainstorm, have them present their answers to the larger group. Write their answers on flipchart paper. Use the following example to guide the discussion:

Scenario 2: Thandiwe	
Right that was violated:	Thandiwe is being deprived of protection from abuse and exploitation.
Student Responsibility:	She should speak up and tell someone that the teacher has abused her.
Family Responsibility:	Her family should protect her from abuse by the teacher and should report it to the local authorities.
Community Responsibility:	The community should make sure the school is safe and students are not being abused by teachers.
School Responsibility:	The school should ensure that teachers are not abusing the students. If a teacher is found guilty of abusing a student, he or she should be fired or prosecuted. <u>Reference teacher’s code of behavior and ensure that participants are familiar with it.</u>
Government Responsibility:	The government should ensure that teachers are not abusing students. If a teacher is found guilty of abusing a student, he or she should be fired or prosecuted.

Activity 6: Session Wrap-Up (5 MIN)

Step 1: Ask for volunteers to:

- Name 3 children’s rights
- Name 3 rights violations that affect children in their community
- Name 3 parties responsible for protecting children’s’ rights and their roles

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES⁴⁷

What are Human Rights: Human rights are basic rights and freedoms inherent to all human beings, whatever their nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. Everyone is equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. (United Nations Human Rights Office of the High Commissioner).

Summary of the UN Convention on the Rights of the Child (CRC)

What...

“Rights” are things every child should have or be able to do. All children have the same rights. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. Think about rights in terms of what is the best for children in a situation and what is critical to life and protection from harm. As children grow, they have more responsibility to make choices and exercise their rights.

Responsibilities...

Children’s rights are a special case because many of the rights laid down in the Convention on the Rights of the Child have to be provided by adults or the state. However, the Convention also refers to the responsibilities of children, in particular to respect the rights of others, especially their parents (Article 29).

Here are some suggestions of the responsibilities that could accompany rights...

- All children, regardless of their sex, ethnic origin, social status, language, age, nationality or religion have these rights. They also have a responsibility to respect each other in a humane way.
- Children have a right to be protected from conflict, cruelty, exploitation and neglect. They also have a responsibility not to bully or harm each other.
- Children have a right to a clean environment. They also have a responsibility to do what they can to look after their environment.

Children’s Rights: (These eight rights relate to gender-based violence and abuse and will be emphasized.)

1. **You have the right to an education.** You have the right to go to school and get an education. You should be encouraged to go to school to the highest level possible.
2. **You have the right to be protected from harmful practices.** Some traditional practices are bad for your health and against your rights, such as early and forced marriage or someone forcing you to have sex against your will. You have a right to know about the danger of such practices and to be protected from them.
3. **You have the right to be as healthy as possible and to be able to access the best possible health care services.** You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment and information to help you stay well.
4. **You have the right to privacy and confidentiality.** If you tell a medical person or teacher something that you don’t want anyone else to know, they should respect your privacy.

⁴⁷ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

However, if you have been abused, adults may have a duty to inform others who can protect you.

5. **You have the right to freedom from abuse and exploitation.** No one, including your parents, relatives or teachers, should physically, sexually or mentally abuse you. The government should make sure that you are protected from abuse and must take action if you experience violence or abuse.
6. **You have the right to take part in important life decisions.** When decisions are made about your life, you have a right to take part in making those decisions. Your feelings and opinions should be listened to and taken into consideration.
7. **You have the right to freedom of association.** You have the right to meet friends and form groups to express ideas, as long as no laws are broken. You have a right to ask publicly for your rights to be met. Some ways of doing this include meeting with friends and discussing issues or forming groups.
8. **You have the right to freedom of expression.** Young people have the right to think and believe what they like, as long as it does not harm anyone else. You have a right to form your own views.

The CRC Articles...

Article 1: Everyone under 18 has these rights.

Article 2: All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3: All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.

Article 4: The government has a responsibility to make sure children's rights are protected. They must help families protect children's rights and create an environment where they can grow and reach their potential.

Article 5: Children's families have the responsibility to help them learn to exercise their rights and to ensure that their rights are protected.

Article 6: Children have the right to be alive.

Article 7: Children have the right to a name, and this should be officially recognized by the government. Children have the right to a nationality (to belong to a country).

Article 8: Children have the right to an identity—an official record of who they are. No one should take this away from them.

Article 9: Children have the right to live with their parent(s), unless it is bad for them. They have the right to live with a family who cares for them.

Article 10: If children live in a different country than their parents do, they have the right to be together in the same place.

Article 11: Children have the right to be protected from being taken out of their country illegally.

Article 12: Children have the right to give their opinions and for adults to listen and take them seriously.

Article 13: Children have the right to share what they think with others by talking, drawing, writing or in any other way unless it harms other people.

Article 14: Children have the right to choose their own religion and beliefs. Parents should guide their children in the development of their beliefs.

Article 15: Children have the right to choose their own friends and join or set up groups, as long as it isn't harmful to others.

Article 16: Children have the right to privacy.

Article 17: Children have the right to get information from radio, newspaper, books, computers and other sources that is important to their well-being. Adults should make sure that the information they are getting is not harmful and help them find and understand the information they need.

Article 18: Children have the right to be raised by their parent(s) if possible.

Article 19: Children have the right to be protected from being hurt and mistreated, in body or mind.

Article 20: Children have the right to special care and help if they cannot live with their parents.

Article 21: Children have the right to care and protection if they are adopted or in foster care.

Article 22: Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.

Article 23: Children have the right to special education and care if they have a disability, as well as all the rights in this Convention, so that they can live a full life.

Article 24: Children have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment and information to help them stay well.

Article 25: If children live in foster care or in other situations away from home, they have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

Article 26: Children have the right to help from the government if they are poor or in need.

Article 27: Children have the right to a standard of living that meets their basic needs. Government should help families provide this, especially regarding food, clothing and housing.

Article 28: Children have the right to a good quality education. Children should be encouraged to go to school to the highest level they can. Discipline in schools should respect children's dignity. Governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect.

Article 29: Children’s education should help them use and develop their talents and abilities. It should also help them learn to live peacefully, protect the environment and respect other people. Children also have a responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents.

Article 30: Children have the right to practice their own culture, language and religion. Minority and indigenous groups need special protection of this right.

Article 31: Children have the right to play and rest.

Article 32: Children have the right to protection from work that harms them and is bad for their health and education. If they work, they have the right to be safe and paid fairly. Children’s work should not interfere with any of their other rights such as the right to an education or play.

Article 33: Children have the right to protection from harmful drugs and from the drug trade.

Article 34: Children have the right to be free from sexual abuse and exploitation.

Article 35: No one is allowed to kidnap or sell children.

Article 36: Children have the right to protection from any kind of exploitation (being taken advantage of).

Article 37: No one is allowed to punish children in a cruel or harmful way.

Article 38: Children who are affected by armed conflict must be protected and cared for. Children under 15 cannot be forced to go into the army or take part in war.

Article 39: Children have the right to special help to recover if they have been exploited, neglected or abused.

Article 40: Children have the right to legal help and fair treatment in a justice system that respects their rights.

Article 41: If the laws of their country provide better protection of their rights than the articles in this Convention, those laws should apply.

Article 42: Children have the right to know their rights. Adults should know about these rights and help them learn about them, too.

Articles 43 to 54: These articles explain how governments and international organizations will work to ensure that children’s rights are protected.

Swaziland Child Protection Act 2012

RIGHTS OF THE CHILD AND RESPONSIBILITIES OF PARENTS AND THE STATE

Non-discrimination.

- A child shall not be discriminated against on the grounds of gender, race, age, religion, disability, health status, custom, ethnic origin, rural or urban background, birth, socio-economic status, refugee status or other status.

Right to name and nationality.

- A child has a right from birth to a decent name and to acquire nationality.

Right to birth registration and citizenship.

- A child has a right to be registered within three months of birth whether a child is born alive or still born.

Right of orphaned and vulnerable children to vital registration.

- Orphaned and vulnerable children shall have a right to vital registration.
- The Department of Statistics shall maintain and administer a systematic and comprehensive disaggregated, quantitative and qualitative data in relation to all orphaned and vulnerable children.
- The Department of Statistics shall put in place mechanisms and strategies for the collection, analysis and dissemination of data in respect of orphaned and vulnerable children.

Right to knowledge of and grow with parents and in family environment.

- A child has a right to know and live with his parents and family and grow up in a caring and peaceful environment unless it is proved in court that living with his parents would lead to harm to the child; or subject the child to abuse and neglect; or not be in the best interests of the child.

Right to education and well-being.

- A child has a right to access education, preventive health services, adequate diet, clothing, shelter, medical attention, social services or any other service required for the child's development.
- A child shall not be denied or hindered from medical treatment by reason of religious or other beliefs.
- A child has a right to education regardless of the type or severity of the disability he may have.

Right to social activity.

- A child shall not be deprived of or hindered from participating in sports, or in positive cultural and artistic activities or other leisure activities except where it is not in the best interest of the child.

Rights of children with disabilities.

- A child with disability has a right to special care, medical treatment, rehabilitation, family and personal integrity, sports and recreation, education, and training to help him enjoy a full and decent life in dignity and achieve the greatest degree of self-actualisation, self-reliance and social integration possible.

Right of opinion.

- A child has the right to express his opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.
- The opinion of the child shall be given due weight in accordance with the age and maturity of the child.

Right to protection from exploitative labour.

- A child has a right to be protected from exploitative labour as provided for under section 236 of this Act and other international instruments on child labour.

Right to protection from harmful and degrading treatment.

- A child has a right to be protected from torture or other cruel, inhumane or degrading treatment or punishment including any cultural practice which dehumanises or is injurious to the physical, psychological, emotional and mental well-being of a child.
- A child should be disciplined in accordance with his age, physical, psychological, emotional and mental condition and no discipline is justifiable if by reason of tender age or otherwise the child is incapable of understanding the purpose of the discipline. 23

Right to refuse harmful cultural and religious practices.

- A child has a right to refuse to be compelled to undergo or uphold any custom or practices that are likely to negatively affect the child's life, health, welfare, dignity or physical, emotional, psychological, mental and intellectual development.

Right to be protected from harmful substances.

- A child has a right to be protected from the use of hallucinogens, narcotics, alcohol, tobacco products or psycho-tropic drugs and any other substances declared harmful and from being involved in their production, trafficking or distribution.

Right to parental property.

- A child has a right to a reasonable provision out of the estate life insurance or pension fund of a deceased parent whether or not born in wedlock or orphaned.

DUTIES AND RESPONSIBILITIES OF PARENTS AND GUARDIANS.

- A parent or guardian, whether married or not; or the parents of the child continue to live together or not, shall not deprive a child of his welfare.
- A parent or guardian has a responsibility, whether imposed by law or otherwise, towards the child which include the responsibility to-
 - protect the child from neglect, discrimination, violence, abuse, exploitation, exposure to physical and moral hazards and oppression;
 - provide good guidance, care, assistance and maintenance for the child to ensure the survival and development of that child;
 - ensure that during temporary absence, the child shall be cared for by a competent person;
 - exercise joint primary responsibility for raising the children, except where the parent or guardian has surrendered those rights and responsibilities in accordance with the law.
- A parent or guardian shall be responsible for the registration of the birth of his children and the name(s) of the parent(s) or guardian shall appear on the birth certificate.

DUTIES AND RESPONSIBILITIES OF CHILDREN.

- A child shall subject to his age and ability and such limitations as may be contained in this Act, have due regard to his duties and responsibilities to –
 - work for the cohesion of the family, respect the parents, guardians, superiors and elders at all times and assist them in cases of need;
 - serve the national community by placing physical and intellectual abilities at its service;
 - preserve and strengthen social and national solidarity; and
 - uphold the positive values of the community in the relations of the child with other members of that community,

GENERAL RESPONSIBILITY OF ALL PERSONS

- Every person shall have the responsibility to respect, protect and promote the rights of children contained in this Act and any other law to the extent that it is applicable, taking into account the nature of the right and duty imposed by that right and duty.
- All officials, employees and representatives of an organ of state shall respect, protect and promote the rights of children contained in this Act.

What does it mean to uphold rights...

To uphold rights means to stand up for, maintain or help maintain rights. It is not necessary that youth know the numbers of the articles in the CRC, as it can be overwhelming. It is important, however, that they know that everyone has rights. Youth should be familiar with the rights that pertain to them as young people. In some countries, there has been a backlash against children's rights because the topic has been misunderstood. Some adults worry that if children have rights, then children will be free to do whatever they wish, including disobeying their parents or other authority figures. This is not true. Children's rights help teach young people respect and are not a threat to adult authority. They encourage children to be respectful, not only of themselves, but of their teachers and other children as well. Children have rights, but they also have responsibilities. For example, children have the right to be protected from abuse, but they also have the responsibility not to bully or harm others. Children also have responsibility for their own learning, which includes respecting their teacher and the rules in the classroom. Be sure to stress that rights and responsibilities are inseparable.

Children are expected to listen to what adults tell them to do. Given that, adults should always act in the best interest of the child. Unfortunately, this is not always the case. Adults, including teachers, have sometimes used their power to take advantage of young people.

Scenarios for Violation of Children’s Rights

Scenario 1

Fiona is a student in grade 9. She seems to enjoy school, but she is not doing very well in most subjects. She is very quiet and sits at the back of the classroom. The teacher thinks she is not very smart, so when the other students are playing during a break and sometimes even during class, the teacher sends Fiona out to the schoolyard to dig a pit for a latrine. Sometimes it is very hot outside, and Fiona does not have protection from the sun or any water to drink. When someone asks the teacher why he always sends Fiona out of the classroom, the teacher replies, “Oh, she is a stupid girl, she shouldn’t be in school anyway.”

Scenario 2

Thandiwe is 16 years old and really enjoys school. Lately, she has been having trouble in math and her teacher has offered to give her extra help. One day she stays after school and the teacher grabs her breast and tells her she is turning into a beautiful young woman. Thandiwe feels very uncomfortable but is afraid to speak up against the teacher. She decides she will fail math rather than ask this teacher or any other teacher for help again.

Scenario 3

Alice and her twin brother are both due to start grade 11 next year. Their mother has been ill and needs one of the children to stay home and help with the household chores. The family can only afford to send one child to school and must choose whom to send. They decide to let Alice’s brother continue on to grade 11 and have Alice stay home. Her parents decide it is better for Alice to learn to be a good wife and mother, because that is her role in life.

Scenario 4

Jabulani is always late for class. He works late at night, sometimes until 1 or 2 a.m., making bricks in a factory to help support his family and pay for his school fees. Sometimes when Thomas gets home from work, he is too tired to do his homework. As soon as school is over, he goes straight to his job and never has the opportunity to play sports with the other children in his village. Sometimes he doesn’t even want to go to school because the punishment he receives from his teacher is so harsh. She makes him stand in front of the class, and she twists his ear until it makes him cry. The teacher does this to most of the boys and says it will make them men.

Session 15: Responding to rights violations: How can I seek help for myself and others?

Essential Questions:	<ol style="list-style-type: none"> 1. How do I know if someone is a victim of abuse or a rights' violation? 2. How do I respond to a rights violation? 3. How can knowing how to respond to a rights violation help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • List the signs that someone that is experiencing abuse or a rights' violations • Practice what to say and what not to say to someone who has been the victim of a violent crime • List what services are available for violence survivors and practice reporting incidents • Develop an action plan to respond to a rights violation
Time:	125 MIN
Materials Needed:	Chalkboard/chalk or flipchart/marker Paper/pen/pencils
Facilitator Preparation:	Read facilitator notes.

Activity 1: Signs of abuse, violence, or violation (45 MIN)⁴⁸ *School specific

Step 1: Ask participants to form small groups of three to four people.

Step 2: Give each group one of the scenarios (you may have the same scenario for more than one group).

Step 3: Tell participants to have one person in the group read the scenario out loud for the other members of the group. Tell participants to answer the **Discussion Questions** based on what is happening in the scenario:

- What type(s) of violence or violation is the young person in your scenario experiencing?
- Do you think he or she is experiencing violence because of being a girl? (What are the gender aspects of this incident of violence?)
- What are the effects of this type of violence on the young person in the scenario?
- What are some possible consequences of this violence if it goes unchecked?
- Is this type of violence something that has to anyone you know? What did he or she do?
- How could you support the student in the scenario if he or she were your friend?

⁴⁸ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 4: After the groups have finished, they should present a summary of their scenario. Remind participants it is not necessary to re-read the scenarios, but use the discussion questions to guide them, if needed. If participants have trouble coming up with possible signs and consequences of violence or abuse, be sure to mention the following:

- One can have trouble concentrating, either in school or in their daily lives.
- One can feel guilty or think the violence they experienced was their fault.
- One can quit eating or sleeping.
- One may not want to go to school.
- One can feel confused and tricked when some adult abuses them, especially if it is a teacher or someone they trusted.
- One can feel afraid to be alone with certain adults.

Step 5: Explain to participants that when they see acts of violence being perpetrated, they can help the person by telling a trusted adult. Ask participants when they think speaking up and telling a trusted adult is necessary. Point out that it is necessary any time they or someone they know is in danger. Explain that sometimes it may be difficult to tell and they may be afraid of getting called a “tattletale” or experiencing violence themselves. Any time someone is in danger or is being hurt, participants can help by having the courage to tell a trusted adult or help the person tell a trusted adult.

Activity 2: Whom can I tell? (45 MIN)⁴⁹ *School specific

Step 1: Using the same scenarios, tell groups to come up with a plan for the student in the scenario. Their plan should include:

- **how** to support the student, **whom** the student could tell, **where** the student should go for help, **who** could go with the student, and **how** the student can tell a trusted adult.

Step 2: Tell students to create a role-play, acting out the plan and demonstrating how to support the student and how to tell a trusted adult what happened to the student in their scenario. Tell participants to think of any obstacles the student might face and include suggestions to help the student overcome them. For example, in Scenario 2, Fikile told a female teacher what happened to her, but the teacher did not make her feel better. Fikile should go to another teacher or tell another trusted adult until someone helps her.

Step 3: Ask each group to act out their scenario as a role-play, and then come back together as a whole group for the Discussion Questions. Use the following questions to guide the discussion:

- What did you say to support the student?
- Whom did the student go to for help? Was the person helpful? Why or why not?
- Did anyone go with the student?
- Did the students in the scenarios show courage when they told what happened to them?
- What can we do to help someone who has experienced violence or is afraid to tell someone what happened to him or her?
- Is there ever a time when you would be afraid that telling will cause you more harm? What could you do?

⁴⁹ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 4: After the discussion, review the **Tips for Students to Report Violence** (see facilitator's notes). Explain that there are existing services for survivors of violence and these include:

- Trusted teacher or school administration
- The Police
- Swaziland Action Group Against Abuse (SWAGAA)
- Save the Children

Activity 3: What can be done? (30 MIN)⁵⁰

- In the same small groups, ask participants to refer back to the scenario they had in Activity 1. Ask them to come up with an action plan for the girl. In the action plan (**see facilitator's notes**), they should list step by step everything that should happen.
- Tell them to remember the responsibilities of the different people and list what each person should do to help the young girl.
- After groups have come up with an action plan, have them share it with the larger group and discuss. Provide groups with feedback about **their plans**.

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Remind participants of the following

- Explain that now they should be able to recognize the different types of violence or abuse they or their friends may face. Some of the behaviors they may have previously considered normal should be recognized as violence if the behaviors make them feel bad or have negative consequences.
- Tell participants that they do not have to keep their feelings to themselves. It is always better to tell a trusted adult if they think they have experienced violence.
- Explain that there are people who can help them if they experience violence. It is also important for them to help a friend or classmate if they experience violence.
- Remind them of the **Tips for Students to Report Violence** and **Tips for Supporting a Friend Who Has Experienced Violence**.
- Tell participants that reporting violence and abuse takes **courage** and **resiliency**, but they can support one another to prevent and respond to rights violations/abuse.

Step 2: Discuss the logistics of the next meeting.

⁵⁰ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

FACILITATOR'S NOTES⁵¹

Scenarios for Types of Violence That Affect Young People (Activities 1 and 2)

Scenario 1

My name is Siba and I am 16 years old. I walk the same way to school every day. It is the only way I can walk to school safely, because in the fields there are sometimes bandits and I am afraid to walk through the fields alone, especially when the crops are high. So, each day I walk past the bus depot and bar to get to school, and each day I am approached by an older man offering to buy me a drink. He says he'll buy me whatever I want and that a school girl needs a special treat from time to time. One day he gave me a pretty perfume bottle, and I took it. Last week, he asked me to go on a walk with him after school. I said no, but every day he asks me the same thing, and he is getting more and more persistent. Sometimes he gets close to me, and it is hard for me to get away from him without stepping into the traffic. Last week, he grabbed me squeezed my arm tightly. Tomorrow, I am going to walk through the fields even though I am scared of the bandits, because I am also scared of the man who has been harassing me. By the time I get to school, I feel so scared that I can't concentrate. I'm even starting to not want to go to school.

Scenario 2

My name is Fikile. I would like to study medicine at university. I really like school, but it is very hard for me to keep up with my studies. I get up at 4 a.m. every morning because I have to help my mother and sisters with the chores around the house. Sometimes I come to school late because my parents will not let me leave until I have finished all my house chores. When I come in late my teacher makes me stand in front of the class and says very cruel things to me. One day he said to me, "You are stupid. Why do you even come to school? You should go and try to find a husband!" Another day when I accidentally fell asleep in class, he said, "Maybe your head is falling because your breasts are becoming so large?" Everyone was laughing. It made me very mad when he said this, but we are not allowed to speak back to our teachers. I really do not like this teacher or going to his class, but I have to pass his class so I can pass to the next level. Once I told a female teacher and she said, "You should not worry. He is only joking." That did not make me feel better and I still do not want to face the teacher. I'm afraid to be alone with my teacher because I never know what he will say next.

Scenario 3

My name is Ntombi. I used to be good in all of my subjects at school. My teachers would tell me that if I kept up my studies, I would be able to get a scholarship and go to university in the capital. When I told my father and my uncles, they laughed at me and said, "Why would a girl go to university when all you are going to do one day is get married and be a mother?" A few months ago, my father's friend came to the house when my parents were not home. This man was like an uncle to me. He said he would wait for my parents and then ended up forcing himself on me. After he raped me, he asked if I would like to get married and have children. I didn't know what to do. I have not told my parents or anyone else. This man is like an uncle to me anyways. Who would believe me. And maybe he didn't do anything wrong, although I feel sick all time. School no longer interests me and I have started to perform poorly. But I guess that doesn't matter because everyone thinks that I will have to quit school anyways to get married and have children. This is not the life I had hoped for.

Tips for Students to Report Violence/Abuse or a Rights Violation

⁵¹ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

- When possible, speak to the perpetrator and tell the abuser that his or her violent behavior is unacceptable.
- Keep a record of incidents. For example, if anyone hits you or threatens you on the way to school, write down where it happens, the time and the date.
- If a friend has experienced violence, you can support him or her by going with the friend to tell a trusted adult.
- Sometimes adults might dismiss you when you tell them you have been abused. That might make you feel bad, but you should keep trying until someone helps you. This can take resiliency and courage.
- No one should ask you to look at nude or “sexy” pictures (or movies, tapes, etc.). If anyone asks you to look at anything that makes you uncomfortable, tell a trusted adult.
- If a teacher, principal or anyone at school asks you to come to meet after school or when no one is around, make sure you tell someone where you are going. You should tell your parents, another teacher or a classmate.
- Be careful when accepting gifts or favors from teachers or other adults. Sometimes teachers or other adults could use this to attract you, and it could lead to sexual violence or abuse.
- If you have been abused or experience violence, never blame yourself. It is not your fault. You should talk to a counselor or trusted adult to help you with your feelings.
- If you or another student has experienced violence, you should tell someone. You do not have to keep it a secret.
- You should always speak up when you feel as though you are in danger or • someone you know is in danger.

Tips for Supporting a Friend Who Has Experienced Violence/Abuse or a Rights Violation

If a friend tells you that he or she has experienced violence or abuse:

- Believe your friend.
- Offer support.
- Try not to appear shocked.
- Encourage the friend to tell an adult he or she trusts and offer to accompany him or her.
- Don't keep it to yourself—tell a trusted adult. It is an unsafe secret. It is important that your friend is made safe and that the abuse does not continue to happen.
- Help your friend continue looking for an adult who will listen and help.

Sample Action Plan⁵²

As you have learned, when you suffer from abuse or know someone who has been abused, the most important step is to talk to an adult you can trust and who can help the situation. Below, make a list of people you can talk to about cases of abuse. Keep this list somewhere, so if you or someone you know is abused, you remember who to talk to as soon as possible! Try to have at least one name for each category and something you might say or do:

Reporting Abuse or Violence	
Person's Name / Contact	What you can say or do
A friend:	
A parent/ caregiver:	
A teacher:	
An adult neighbor:	
A community leader or CBO representative:	
A religious leader:	
The police:	
Child helpline:	

⁵² Protecting Ourselves and Each Other: A Child Rights & Protection Resource, WEI/Bantwana, 2012

MODULE 5: MY SEXUAL AND REPRODUCTIVE HEALTH DURING ADOLESCENCE

Session 16: What are my sexual rights and what are my responsibilities?

Essential Questions:	<ol style="list-style-type: none"> 1. What are my sexual rights? 2. What are my sexual responsibilities? 3. What are some of the challenges related to being sexually active? 4. How can being sexually responsible help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Define and discuss at least three sexual rights, including the right to refuse unwanted sex in any circumstance • Identify the responsibilities and challenges that come with being sexually active • Identify at least 3 reasons that people want to have sex and at least 3 reasons that people have sex when they don't want to
Time:	100 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Copies of the selected case studies A long piece of rope or sturdy string; paper clips (or tape); Colored markers, if available. Slips of paper with sexual/reproductive rights statements</p>
Facilitator Preparation:	Read facilitator notes

Activity 1: Introduction (5 MIN)

Step 1: Remind participants about Module 4 when they learned about human and child rights. Ask students to provide examples of what they remember are child rights.

Step 2: Explain to participants that today's session will explore **sexual rights and responsibilities**. Explain to participants that they have already learned about gender and rights and responsibilities; now they will learn how these how gender and sexual rights and responsibilities intersect and affect young girls, especially around refusing unwanted sex.

Activity 2: What are my sexual rights and responsibilities? (30 MIN)⁵³

Step 1: Lead a discussion with participants by explaining the following:

- People’s romantic and sexual experiences can become human rights issues. Only when our basic rights are honored (both by governments and by other individuals) can we make good decisions about intimate relationships, sex, and child bearing. *Give each participants slips of paper with the following examples written on them and ask each to read their slip of paper out loud to the class:*
 - Individuals can make decisions about if, when, and with whom they will form a romance, a long-term relationship, or a marriage.
 - They can avoid being married too young or against their will.
 - They can decide if, when, with whom, and under what circumstances to have sex (free from sexual abuse and coercion).
 - They can negotiate condom use.
 - They can decide whether or when to become pregnant or have children.
 - They can obtain contraceptive information and services.
- Explain that when human rights relate to people’s sexuality or reproduction, we call them “sexual rights” or “reproductive rights.”
 - Sexual rights and reproductive rights sometimes overlap. However, **sexual rights** generally include individuals’ control over their sexual activity and sexual health. **Reproductive rights** usually concern controlling the decisions related to fertility and reproduction.
- Sexual and reproductive rights also apply to young people. As children grow and develop their capacities, their rights and responsibilities continue to evolve. *Give each participants slips of paper with the following examples written on them and ask each to read their slip of paper out loud to the class:*
 - Children have the right to develop a positive sense of their own bodies and sexuality.
 - Children have the right to be free of abuse and inappropriate touching.
 - Young people have the right to obtain information to protect their health, including their sexual and reproductive health.

Step 2: Ask participants to brainstorm any sexual or reproductive health rights that they know. Write their answers down on the flipchart/chalkboard and discuss them. Provide examples. Examples of sexual and reproductive health rights⁵⁴ include:

- **Everyone has the right to control and decide freely on matters related to their sexuality and their body.** *This includes the choice of sexual behaviors, practices, partners and relationships with due regard to the rights of others*
- **Everyone has the right to be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality.** *This includes harmful traditional practices and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone’s sex, gender, sexual orientation, gender identity and expression, and bodily diversity.*
- **Everyone has the right to be free from sexuality related violence and coercion.** *This includes rape, sexual abuse, sexual harassment, bullying, sexual exploitation and slavery, trafficking for purposes of sexual exploitation, virginity testing, etc.*

⁵³ Adapted from It’s All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

⁵⁴ Declaration-of-Sexual-Rights-2014

- **Everyone has the right to education and comprehensive sexuality education.** *Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality.*
- **Everyone has the right to choose whether or not to marry and to enter freely and with full and free consent into marriage, partnership or other similar relationships.**
- **Everyone has the right to decide whether to have children and the number and spacing of children.**
- **Everyone has the right to access health services.** *This includes SRH and HIV services, care and treatment*

Step 3: Discuss each of the rights that have been listed and clarify any information as necessary.

Activity 3: Sexual Choice and Sexual Coercion (60 MIN)⁵⁵

Facilitator Preparation: Attach a string horizontally across the room. At one end label: “Completely forced, not desired” and at the other end label: “Fully voluntary, desired.”

Step 2: Introduce the topic and explain that there is a continuum between sex that is forced and completely undesired and sex that is fully voluntary and desired. Ask:

- What do we call sex that is forced? *After they respond, add the word “rape” at that end of the continuum.*
- If a person agrees to have sex, does that always mean that he or she actually wants to have sex? *After they respond, ask: When sex is voluntary but not really wanted, would that be at one end of the string or somewhere in between the two ends? Discuss their answers.*

Step 3: Divide participants into four groups and assign them each a group number. Give each group two case studies (**see facilitator’s notes**) and a set of paper clips. Explain:

- Read over each of the scenarios in your group. Then talk it over and decide where on the string — the 0–10 continuum — you think each case study falls.
- Mark each case with your group number. Then attach it with a paper clip at the place on the string where you have decided it fits.

Step 4: Circulate among the groups and offer help. Allow them to spend extra time discussing their views even if they do not complete all the case studies.

Step 5: After 15 MIN, ask someone from one group to read each of their case studies and explain where on the 0–10 continuum her group put it and why. Allow two to three MIN for the other groups to indicate where they put it on the continuum; encourage them to discuss any differences of opinion. Repeat this process for each case study.

Step 6: After all the case studies have been presented, discuss the following:

- Forcing someone to have unwanted sex is a violation of that person’s human rights. By a show of hands, who believes that forced sex is common among young people? Who thinks it is rare?

⁵⁵ Adapted from It’s All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

- We discussed that a person who does not want to have sex and is not forced into it may still voluntarily engage in sex. Who believes this is a fairly common experience among young people? Who thinks it is rare?
- Are girls and boys equally likely to have sex in a situation that is not forced but also not desired? *[Probe: Do you think girls and boys usually share equal power in sexual relationships? What about adult men and women?] [Note: Emphasize that even if a situation does not fall at the extreme “forced” end of the spectrum it may, nonetheless, be unacceptable.]*
- Does a person always know whether his or her partner really wants to have sex? What are some ways to be sure? *[Probe for: Ask the person! Talking it over together beforehand is best. What if you ask and your partner is not sure what he or she wants?]*
- What are some of the reasons that young people want to have sex? What are some reasons that they do not want to have sex?
- Explain that with the sexual rights come sexual responsibilities. Ask participants to brainstorm a list of sexual responsibilities and discuss each of them. Add the following if the participants have not mentioned them:
 - understanding and being aware of one's sexuality and sexual development
 - respecting one's self and one's partner
 - avoiding physical or emotional harm to either oneself or one's partner
 - engaging in safe sexual behaviors (if one makes the choice to be sexually active)
 - ensuring pregnancy occurs only when welcomed
 - recognizing tolerance and diversity of sexual values.
- What are some of the challenges that come with being sexually active?

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Remind participants of the following:

- To control and protect our own bodies, we all need to be treated and to treat ourselves with dignity and respect. This is everyone's right as a human being.
- Everyone deserves the chance to learn about the issues that affect his or her sexual feelings, experiences, and health. Young people, especially, benefit from having the chance to think about and discuss these issues in depth. They deserve to develop the ability to make informed choices.
- Everyone deserves to play a role in his or her own well-being. These issues include:
 - gender norms and roles;
 - human rights, especially sexual rights and reproductive rights;
 - responsibilities of the state, and of every person, to honor these rights;
 - the human body and sexuality (including puberty and reproduction, intimacy and pleasure, ways to prevent and end unintended pregnancy, and information about HIV and AIDS);
 - developing greater comfort with our own bodies and with our own evolving values; and
 - strengthening our ability to act on behalf of ourselves, our families, and our communities.
- Learning about our rights and being able to exercise them can have a profound effect on our sexual and reproductive health.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

Sexual rights generally include individuals' control over their sexual activity and sexual health.

Reproductive rights usually concern controlling the decisions related to fertility and reproduction.

Examples of sexual and reproductive health rights:

- **Everyone has the right to control and decide freely on matters related to their sexuality and their body.** This includes the choice of sexual behaviors, practices, partners and relationships with due regard to the rights of others
- **Everyone has the right to be free from torture and cruel, inhuman, or degrading treatment or punishment related to sexuality.** This includes harmful traditional practices and other forms of torture, cruel, inhuman, or degrading treatment perpetrated for reasons related to someone's sex, gender, sexual orientation, gender identity and expression, and bodily diversity.
- **Everyone has the right to be free from sexuality related violence and coercion.** This includes rape, sexual abuse, sexual harassment, bullying, sexual exploitation and slavery, trafficking for purposes of sexual exploitation, virginity testing, etc.
- **Everyone has the right to education and comprehensive sexuality education.** Comprehensive sexuality education must be age appropriate, scientifically -accurate, culturally competent, and grounded in human rights, gender equality.
- **Everyone has the right to choose whether or not to marry and to enter freely and with full and free consent into marriage, partnership or other similar relationships.**
- **Everyone has the right to decide whether to have children and the number and spacing of children.**

Young People and Sexual/Reproductive Rights – Key Points

- To control and protect our own bodies, we all need to be treated with dignity and respect. This is everyone's right as a human being.
- Everyone deserves the chance to learn about the issues that affect his or her sexual feelings, experiences, and health. Young people, especially, benefit from having the chance to think about and discuss these issues in depth. They deserve to develop the ability to make informed choices.
- Everyone deserves to play a role in his or her own well-being. These issues include:
 - gender norms and roles;
 - human rights, especially sexual rights and reproductive rights;
 - responsibilities of the state, and of every person, to honor these rights;
 - the human body and sexuality (including puberty and reproduction, ways to prevent and end unintended pregnancy, and information about HIV and AIDS);
 - developing greater comfort with our own bodies and with our own evolving values; and
 - strengthening our ability to act on behalf of ourselves, our families, and our communities.
- Learning about our rights and being able to exercise them can have a profound effect on our sexual and reproductive health. Many people face discrimination when they try to seek necessary sexual health information and services. This problem is particularly severe among young people and among people living with HIV and AIDS.

Sexual Violence

- Sexual violence affects people of all walks of life, and both sexes. Girls and women are disproportionately affected, however.
- People experience sexual violence in many environments. It occurs inside the home, as well as within such institutions unsafe school environments.
- Poverty often increases young people's (especially girls') risk of experiencing sex that is unwanted, abusive, or unsafe.
- Young people living in poverty are more likely to need to exchange sex for favors or material goods in order to survive.
- Girls living in poverty are more likely than other girls to suffer early or forced marriage, unwanted pregnancy, unsafe abortion, and sex trafficking (coercive relocation of people for purposes of sexual exploitation). [See fact sheet on Sex Trafficking.]
- Some people's sex partners (including some who pay for sex with cash or gifts) refuse to wear a condom.

Case Studies Activity 2

Senzo and Sibongile: Senzo wants to have sex but his wife Sibongile does not feel like it tonight. She has been taught that it is a wife's duty to have sex whenever her husband wants it unless she feels sick or is menstruating, so she has sex with Senzo.

Glory and Michael: Glory, age 22, has been going out with Michael for about six months. He has told her several times that he really wants to have sex with her, but only if she wants to. Glory feels unsure but she thinks that she should do what her boyfriend wants. She knows other young women have sex with their boyfriends and is concerned that he might leave her if she doesn't, although Michael has never threatened to do so. The next time they are intimate, they have sex.

Nhlanhla and Lindelwa: Nhlanhla and Lindelwa have been kissing passionately. When Nhlanhla starts to undress Lindelwa, she tries to stop him and says, "No." Nhlanhla thinks she wants more but that she is worried about admitting it. So he keeps trying. After trying to push Nhlanhla away and saying "no" for five MIN, she eventually stops struggling and just lies there. Nhlanhla goes ahead and has intercourse with her.

Sifiso and Thembi: Sifiso and Thembi have met only a couple of times, always with supervision. Sifiso seems like a good person so Thembi agrees when her parents tell her that Sifiso wants to marry her. Thembi has been taught that everything related to sex is shameful. She has heard that it hurts the first time and will make her bleed. She is really scared. She hardly knows Sifiso and feels ashamed at the thought of his touching her body. She isn't interested in having sex and doesn't feel excited, but she knows that when you get married, you must have sex on the wedding night. She lets Sifiso have sex with her.

Lwazi and Owethu: Owethu's boyfriend Lwazi is really pressuring her to have sex. She knows that she doesn't really want to do it, but she came with Lwazi alone to this secluded place. Thinking it is inevitable, she just lets Lwazi do what he wants without saying anything.

Thulani and Nomsa: Thulani and Nomsa are classmates at university. They have been dating for a few months and are very attracted to each other. They are not deeply in love but they agree that they want to have sex. After agreeing to use a condom, they have sexual intercourse.

Gabi and Bongani: Gabi comes from a poor family. She works in a shop for Bongani and her salary is her family's main income. One day Bongani starts touching her and after the shop closes, he pulls her into the storeroom in the back and lifts up her dress. Gabi is confused, and frightened about losing her job. She starts to resist but when Bongani says, "What? You don't like working here?" she gives in.

Nduduzo and Lindo: Nduduzo often buys Lindo gifts and other things she needs. Tonight they went out for dinner and he paid. Even though Lindo doesn't feel ready to have sex, she feels that she owes it to Nduduzo. She doesn't refuse him.

Bongi and Wakhiwe: Bongi and Wakhiwe have had sex once before. Tonight, Wakhiwe tells Bongi that he has been wanting her all day. Bongi would rather just hang out and talk, but she thinks that since they did it once, there is no going back. When Wakhiwe starts to take off his clothes, Bongi says nothing to him and they have sex again.

Minenhle and Ayanda: One evening Minenhle drank a lot. Ayanda finds her lying on the bed, passed out cold. He takes off her clothes and has sex with her. She doesn't wake up.

Session 17: How does pregnancy happen?

- Essential Questions:**
1. How do girls/women get pregnant?
 2. Why is understanding my menstrual cycle important?
 3. How can I know when I am fertile?
 4. How can understanding how to plan pregnancy at the right time help me to achieve my 5-year life goals?

- Learning Objectives:**
- By the end of the session, participants will be able to:
- Describe the male and female sexual and reproductive systems and how fertilization and reproduction occur
 - Understand the female menstrual cycle and ways to manage it effectively
 - Know the signs of danger during pregnancy

Time: 125 MIN

- Materials Needed:**
- Chalkboard/chalk or flipchart/marker
Paper/pen/pencils
Handouts⁵⁶:
- Picture - Female Reproductive Organ
 - Chart - Female Reproductive Organs
 - Blank Worksheet - Female Reproductive Organs
 - Picture - Male Reproductive Organs
 - Chart - Male Reproductive Organs
 - Blank Worksheet - Male Reproductive Organs
 - Explanation of Menstruation Cycle

- Facilitator Preparation:**
- Read facilitator notes.
 - Write the words for the female reproductive organs for Activity 1 on flipchart paper
 - Write the words for the male reproductive organs for Activity 2 on flipchart paper.
 - Read facilitator's notes and be familiar with both male and female reproductive organs.
 - Make copies of the un-labeled male and female reproductive organs pictures for each participant.

Activity 1: Labeling the male and female reproductive systems⁵⁷ (30 MIN)

Step 1: Write the following words on flipchart paper:

Female Reproductive Organs:

⁵⁶ Adapted from Doorways pg. 149 – 154 and 160 - 162

⁵⁷ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

- **Fallopian tube**
- **Uterus (womb)**
- **Vagina Ovary**
- **Cervix**

Step 2: Pair participants and give them the blank worksheet of the female reproductive organs. Ask them to label the different parts using the words on the flipchart paper.

Step 3: After they have had a chance to label the picture, show them the actual picture with the correct labeling. As you show them the proper word and organ, explain the function (see chart in **facilitator’s notes**).

Step 4: Tell participants that these are the biological or real names for their private parts and areas related to their private parts.

Step 5: Next, write the following words on flipchart paper.

Male Reproductive Organs:

- **Penis**
- **Scrotum**
- **Semen**
- **Urethra**
- **Foreskin**
- **Testes**
- **Sperm**

Step 6: After pairing participants, give them a blank picture of the male reproductive organs. Tell them to label the different parts using the words on the flipchart paper.

Step 7: After they have had a chance to label the picture, show them the actual picture with the correct labeling. As you show them the proper word and organ, explain the function (see **facilitator’s notes**).

Step 8: Tell participants that these are the biological or real names for male’s private parts and areas related to their private parts.

Activity 2: Where do babies come from? (30 MIN)⁵⁸

Step 1: Ask participants what they have heard or been told about how pregnancy occurs. Write down their answers on flipchart paper.

Step 2: After everyone has had a chance to share, review How Pregnancy Happens (**see facilitator’s notes**) to explain how pregnancy occurs. Emphasize that the following three things must occur for a pregnancy to happen:

- An egg must be present in one of the female’s fallopian tubes.
- Sperm from the male must join the egg to fertilize it.

⁵⁸ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

- The fertilized egg must attach itself to the lining of the female’s uterus.

Step 3: Point out that everyone in the room was conceived through sexual intercourse. Use posters of male and female reproductive organs to explain sexual intercourse (**see facilitator’s notes**).

Step 4: Discuss myths and misconceptions about pregnancy (**see facilitator’s notes**) by asking the girls the following. Ask the girls whether or not the statements are true or false (by show of hands), clarify the correct answer, and discuss:

- A female can get pregnant even if she has not yet begun to menstruate. (True)
- A female can get pregnant during menstruation. (True)
- A female cannot get pregnant if she has sexual intercourse standing up. (False)
- If a female urinates right after sex intercourse, she cannot get pregnant. (False)
- Abstinence (not having sex) is the only 100 percent effective way of preventing pregnancy. (True)
- Once a male becomes excited or gets an erection, he has to have intercourse or it could be harmful to his health. (False)
- The first time a female has sexual intercourse she cannot get pregnant. (False)
- A female cannot get pregnant if the male promises her she won’t get pregnant. (False)
- A male can pull his penis out before he ejaculates and the female won’t get pregnant. (False)
- There are methods or ways of preventing pregnancy. (True)

Step 5: Discuss the signs of danger during pregnancy and explain that if someone is pregnant and experiences these symptoms, they should visit the nearest health centre as soon as possible. These include:

- vaginal bleeding
- convulsions/fits
- severe headaches with blurred vision
- fever and too weak to get out of bed
- severe abdominal pain
- fast or difficult breathing.
- swelling of fingers, face and legs

Activity 3: What is menstruation? (60 MIN)⁵⁹

Step 1: Write the word “menstruation” on flipchart paper.

Step 2: Ask participants what they know about menstruation. List responses on flipchart paper.

Step 3: Tell participants that it is important to know the facts about menstruation. Distribute the **Explanation of Menstrual Cycle** handout. Call on participants one by one to read the bullet points. Be sure and check for comprehension and elaborate on any points that are not clear.

⁵⁹ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009 and It’s All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

Step 4: Next explain that many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. Cycle Beads (used for the Standard Days Method) and the calendar are two methods that a woman can use to identify the fertile days.

Step 5: Demonstrations

- Ask participants to list any material they have used or have heard people use during their menstruation (i.e. cloth, old socks, toilet paper, newspaper, leaves, pads, tampons, etc.). Discuss the dangers of using any unsanitary materials and the importance of using sanitary ones.
- Invite a nurse (or a peer educator) to demonstrate how to count the fertile days in a cycle and have each girl practice.
- Invite a nurse (or a peer educator) to demonstrate how to make local sanitary pads and how to use both local and modern sanitary pads. Have the girls practice and answer any questions.

Activity 4: Session Wrap-Up (5 MIN)

- Remind participants that their reproductive organs are the same as other body parts, and there is no reason to feel shy or be embarrassed about them.
- Review previous points that came out during the human rights and GBV modules, such as the right to say “no” to anyone who tries to touch them or make them uncomfortable. To have or not to have sexual intercourse is a decision made between two people. Both people should agree. Remind them to tell someone if anyone tries to touch them in a way that makes them uncomfortable. Remind them of other points that have been discussed in the POY Club (assertive communication, resisting peer pressure, problem-solving, etc.).
- There are a variety of modern contraceptive methods available that help prevent pregnancy but abstinence is the only 100 percent effective way of avoiding pregnancy.
- Menstruation is a natural, normal process the body goes through. It happens when the egg does not get fertilized by a sperm. Having a period means a girl can now reproduce.
- It is normal for each girl to have a different menstrual cycle and to begin menstruation at a different age. The blood that passes from the vagina is not unhealthy and does not mean that anything is wrong.
- Proper hygiene is very important and should be practiced at all times, but especially during menstruation.
- Once a girl begins menstruating she can become pregnant.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES⁶⁰

How Pregnancy Happens

Sexual intercourse is the insertion of the penis of the male into the vagina of the female. When a male and female have intercourse, millions of sperm are ejaculated from the penis into the vagina. The ejaculated sperm swim up through the vagina, into the uterus and through the fallopian tubes seeking an egg. If a mature egg is present, fertilization can take place. Although millions of sperm may be present, only one sperm can fertilize the egg. The fertilized egg moves through the fallopian tube and implants itself in the uterus, where the fetus will grow. If the egg is not fertilized, menstruation will occur.

Women can become pregnant from the onset of menstrual periods until their periods stop at the age of menopause. Keep in mind that you can become pregnant even the first time you have intercourse if not using an effective family planning method.

Pregnancy Myths

- A female can get pregnant even if she has not yet begun to menstruate. *This is true.* Eggs can be released into the uterus during ovulation, before her first menstrual period.
- A female can get pregnant during menstruation. *This is true.* When females start menstruating, their cycles can be irregular and eggs can be released into the uterus at different times.
- A female cannot get pregnant if she has sex standing up. *This is false.* A female can get pregnant in any position.
- If a female urinates right after sex, she cannot get pregnant. *This is false.* Urine passes through the urethra; it does not remove sperm from the vagina.
- Abstinence (not having sex) is the only method of family planning that is 100 percent effective. *This is true.* If a female abstains from sexual intercourse, she will not become pregnant. However, sperm released on or near the vagina may enter the vaginal canal and possibly result in pregnancy.
- Once a male becomes excited or gets an erection, he has to have intercourse or it could be harmful to his health. *This is false.* It is not harmful to resist acting on sexual urges. Semen does not get backed-up. A male may experience some discomfort if he is sexually excited for a period of time. This will subside if he relaxes or masturbates.
- A female cannot get pregnant the first time she has sexual intercourse. *This is false.* A female can get pregnant the first time she has sexual intercourse.
- A female cannot get pregnant if the male promises her she won't get pregnant. *This is false.* If the sperm is released into a female's vagina, there is always the risk of pregnancy.
- A male can pull his penis out before he ejaculates and the female won't get pregnant. *This is false.* Some sperm can be released even prior to ejaculation.
- There are methods or ways of not becoming pregnant. *This is true.* For the most part, if a modern method of contraceptive is used properly, it can prevent pregnancy.

⁶⁰ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009 and It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

Explanation of Menstrual Cycle

Menstruation (also called periods because they occur every month) marks the onset of sexual maturity in girls. Menstruation is the periodic shedding of blood and tissue from the female reproductive organ called the uterus. The uterus is located in the lower part of a female’s abdomen. Beginning to menstruate means a girl is capable of becoming pregnant and having a baby.

When a girl is born, she has thousands of egg cells, or ova in her two ovaries. Each egg is the size of one grain of sand. The tiny dots in the two balls are the eggs. The two balls are the ovaries. Each month, one egg—the big black dot—ripens and leaves the ovaries. This is ovulation. The egg is picked up by the broad end of the fallopian tube and starts moving towards the uterus, the “v”- shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining. An egg can grow into a baby only if it meets a sperm cell from a male. If the sperm and egg meet, a woman becomes pregnant. The fertilized egg attaches to the thick lining of the uterus. This lining nourishes and supports the baby until birth. If the egg is not fertilized by a sperm, the lining is not needed and it breaks down. The lining, tissue and the egg flow out of the uterus through the vagina and leave the body. This is menstruation. Menstruation occurs approximately 14 days after ovulation, if the egg is not fertilized. Menstrual periods may last 2-8 days; the average menstrual period lasts 4-6 days. The menstrual cycle occurs about every month until a woman goes through menopause. It also stops during pregnancy and starts again after the baby is born.

How long is the ovulation-menstrual cycle?

During the first year or two after menarche (the first menstrual period), the length of time from one period to the next may vary. Several months may pass between periods. Even for adult women, the length of the cycle may vary from one woman to the next. It may also vary from cycle to cycle for any one woman. It can be affected by things like travel, stress, depression, malnutrition, and illness. Most commonly, however, women begin a new cycle every 24–36 days. The part of the cycle from the beginning of menstrual bleeding until ovulation may vary a great deal. It can be as short as a couple of days or as long as several months or more. Most commonly, it lasts between one and three weeks. In contrast, the part of the cycle from ovulation to the next menstrual period does not vary; it is always close to 14 days. In other words, once ovulation occurs, a girl or woman knows that — unless she has become pregnant — her menstrual period is due in 14 days.

Which are the fertile days of the cycle?

The fertile period includes the day of ovulation and the five previous days. Sperm can survive in the female genital tract for as long as five or six days, and the egg (if it is not fertilized) survives for as long as 24 hours. Predicting the fertile days is difficult, however, because the first phase of the cycle (from menstruation to ovulation) is the part that may vary widely in duration. Some women learn how to observe the changes in their mucus (and in their body temperature) so that they can tell when they are likely to be ovulating. Some women also feel a slight pain when they ovulate. Many women and girls use such “fertility awareness” techniques to have a better sense of when their menstrual period is due. Knowing which days are the fertile ones can be useful for women who are trying to become pregnant and for those who want to avoid pregnancy. Using fertility awareness techniques correctly, however, requires thorough instruction, follow-up, and careful ongoing observation.



CONTENT INFORMATION FOR SESSION AND HANDOUTS ²³

Female Reproductive Organs

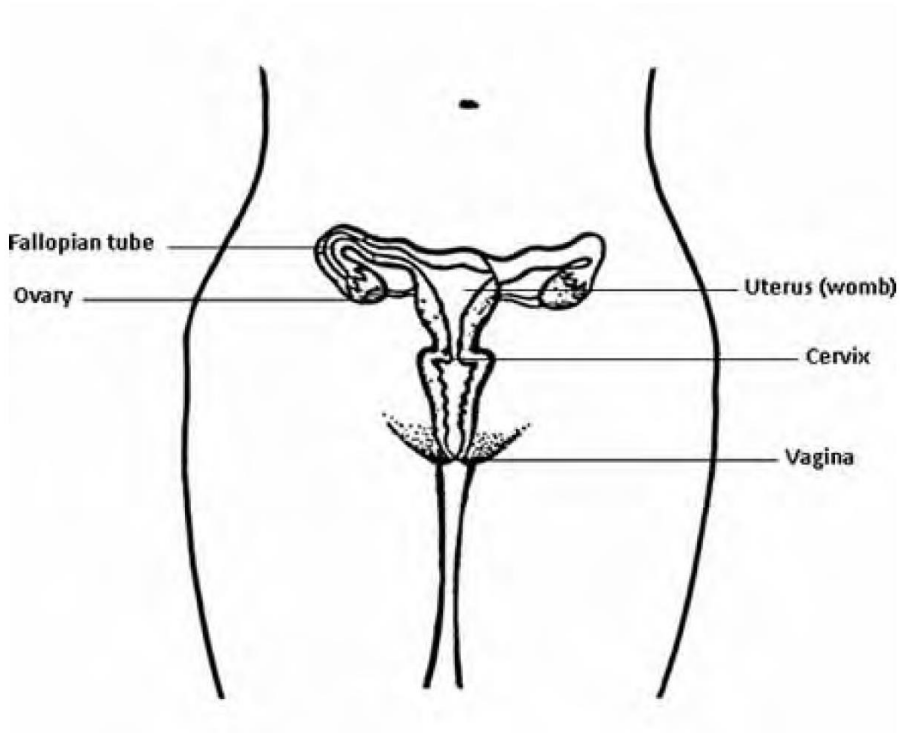


Illustration: Petra Rohr-Rouendaal

²³ Session was adapted and diagrams are from International HIV/AIDS Alliance, *Our Future: Sexuality and Life Skills Education for Young People, Grades 4–5*; see Bibliography for full citation.

Chart: Female Sexual and Reproductive Organs²⁴

<p>Vagina A tube inside the body that has a small opening into the urethra and opens between the legs.</p>	<p>What it does</p> <ul style="list-style-type: none"> • Penis goes inside the vagina during sex and puts sperm into the vagina. • Babies come out through it at birth. • Menstrual blood leaves the body through it. • The vagina is separate from the anus, the hole where feces come out.
<p>Clitoris Small structure inside the inner lips in front of the urethra.</p>	<p>What it does Touching the clitoris increases sexual feelings and pleasure.</p>
<p>Labia minora Inner folds of skin around entrance to the vagina.</p>	<p>What it does Protect the entrance to the vagina and urethra (urine tube).</p>
<p>Uterus or womb Bag at the top end of the vagina.</p>	<p>What it does</p> <ul style="list-style-type: none"> • Every month the womb prepares itself for a baby by making a thick lining. If there is no baby, the womb throws away the lining when the girl has her period. • The baby grows in the womb during pregnancy.
<p>Fallopian tubes Two tubes connecting the ovaries to the womb.</p>	<p>What they do One egg travels along the tube from the ovary to the womb every month.</p>
<p>Ovaries</p> <ul style="list-style-type: none"> • Two sacks on each side of the womb. • Contains 300,000–500,000 egg cells at birth. 	<p>What they do Stores about 300,000 eggs and sends one each month to the womb.</p>
<p>Eggs Tiny cells, about the size of a pinhead, inside the woman's ovaries.</p>	<p>What they do After sex, an egg joins with sperm at fertilization to make a baby.</p>
<p>Anus</p> <ul style="list-style-type: none"> • Hole at the end of the back passage through which feces pass. • Both males and females have an anus. • This is not part of the reproductive system. 	<p>What it does When one goes to the toilet, feces come out through this hole.</p>

²⁴ Adapted from International HIV/AIDS Alliance, *Our Future: Sexuality and Life Skills Education for Young People, Grades 4–5*; see Bibliography for full citation.

Male Reproductive Organs ²⁵

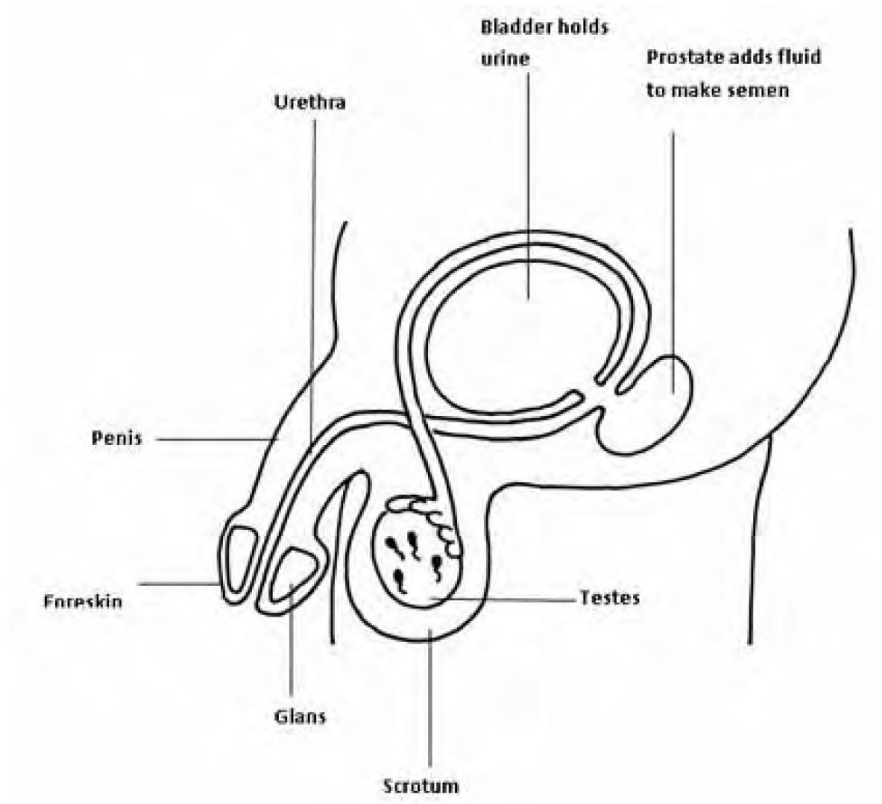


Illustration: Petra Rohr-Rouendaal

²⁵ Adapted from International HIV/AIDS Alliance, *Our Future: Sexuality and Life Skills Education for Young People, Grades 4–5*; see Bibliography for full citation.

Chart: Male Sexual and Reproductive Organs²⁶

<p>Penis Male sexual organ.</p>	<p>What it does</p> <ul style="list-style-type: none"> • The erect penis is placed in the vagina during sexual intercourse. • At orgasm the male ejaculates and semen spurts out. • Also contains tube used for passing urine. • When a man becomes sexually aroused or his penis is stimulated, his penis becomes enlarged; this is called an erection.
<p>Foreskin Skin covering tip of uncircumcised penis.</p>	<p>What it does</p> <ul style="list-style-type: none"> • Protects tip of the penis. • It is important to wash under foreskin carefully because germs can enter the body.
<p>Scrotum Bag that hangs between the legs behind the penis.</p>	<p>What it does</p> <ul style="list-style-type: none"> • Contains the testes. • Protects the testes and controls temperature necessary for sperm function and survival.
<p>Testes (or Testicles) Two balls inside the scrotum.</p>	<p>What they do</p> <ul style="list-style-type: none"> • They produce sperm and sex hormones. • They store sperm.
<p>Semen Milky, sticky liquid that comes out of penis when man ejaculates.</p>	<p>What it does Contains sperm that fertilize an egg to make a baby.</p>
<p>Sperm</p> <ul style="list-style-type: none"> • Tiny cells contained in semen. They are too small to see. • Production usually begins between ages 12 and 24. • Total estimated number during ejaculation is 200–500, but only one can fertilize an egg. 	<p>What they do</p> <ul style="list-style-type: none"> • Millions of sperm go into the semen each time a male ejaculates. • They swim into the womb and if one of them fertilizes an egg, a baby is made.
<p>Urethra</p> <ul style="list-style-type: none"> • Tube with hole at the end of the penis. • This is where urine passes through. • It is closed to urine during ejaculation. 	<p>What it does</p> <ul style="list-style-type: none"> • Carries urine from the bladder to outside of the body. • Semen also passes out of this tube.
<p>Anus</p> <ul style="list-style-type: none"> • Hole at the end of the back passage through which feces pass. • Both males and females have an anus. • This is not part of the reproductive system. 	<p>What it does When one goes to the toilet, feces come out through this hole.</p>

²⁶ Adapted from International HIV/AIDS Alliance, *Our Future: Sexuality and Life Skills Education for Young People, Grades 4–5*; see Bibliography for full citation.

Female Reproductive Organs Worksheet

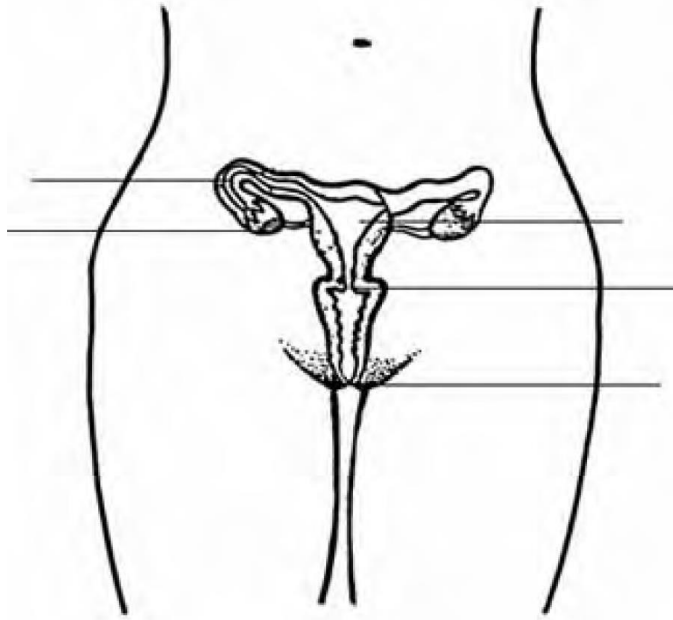


Illustration: Petra Rohr-Rouendaal

Male Reproductive Organs Worksheet

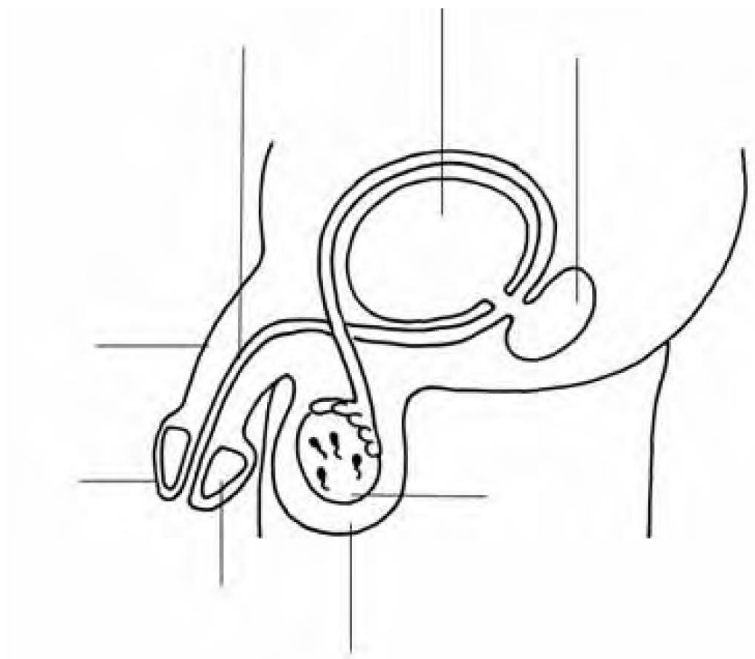


Illustration: Petra Rohr-Rouendaal

Session 18: How can I prevent pregnancy?

- Essential Questions:**
1. What strategies can I use to protect myself against unwanted pregnancy?
 2. Where can I obtain condoms and contraceptives?
 3. Who can I speak to if I have questions or need advice about pregnancy, condoms, or contraception?
 4. How can avoiding early pregnancy help me to achieve my 5-year life goals?

- Learning Objectives:**
- By the end of the session, participants will be able to:
- List the different ways to prevent unplanned pregnancy (e.g., abstinence, condom use, contraception, menstrual wrist bands, etc.).
 - Practice (role play) different ways to prevent pregnancy (including putting on a condom, negotiating condom use, and going to a clinic and asking for contraception)

Time: 125 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pen/pencils

Facilitator Preparation: Read facilitator notes.

Activity 1: Contraception Methods⁶¹ (30 MIN)

Step 1: Divide the participants into two teams and explain that they will play a game. Whichever team answers the question first gets a point and the team with the most points wins.

Step 2: Read the following aloud. The first team to answer gets a point:

1. A woman or girl applies it to her skin like a band-aid; it does not protect against STIs/HIV. **Contraceptive patch**
2. A thin sheath or pouch that a woman or girl inserts into her vagina to prevent sperm from entering her own body. **Female condom**
3. A small rod inserted into the woman or girl's arm. **Implant**
4. Pulling the penis out of the vagina before ejaculating. **Withdrawal**
5. A woman or girl takes it daily to prevent pregnancy. **Birth control pill**

⁶¹ Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

6. A rubber cup that is filled with spermicide and inserted into the vagina, covering the cervix. **Diaphragm**
7. Inserted into the uterus, and often shaped like a T. **IUD**
8. Various substances inserted into the vagina to kill sperm. **Spermicides.**
9. A man or boy wears it on his penis during sex; it prevents pregnancy and protects against STIs/HIV. **Male condom.**

Step 2: Once you've gone through all of the questions, review each method (see facilitator's notes) and clarify any questions. Explain that these methods are ways to prevent planned pregnancy, but none of them are 100% effective, except for abstinence.

Activity 2: Role Play (60 MIN)⁶²

Step 1: Think/Pair/Share

- **Think:** Introduce the activity by having a conversation around the following questions:
 - Young people may talk about sex to their friends and the media refer to sex. But is it easy or difficult for most young people to talk about sex with their own boyfriend or girlfriend?
 - Is it easy or difficult to respond to a person who is making sexual advances?
 - What are some of the reasons that it is important to be able to communicate with the person involved about sexual behavior and sexual health issues? [*Probe for: to make clear whether or not you want to have sexual contact; what kind of contact you are comfortable with, and what the other person feels comfortable with; to protect against STIs (including HIV); to clarify intentions related to pregnancy; and to protect against unwanted pregnancy.*]
- **Pair:** Divide the participants into pairs and explain that they will role play 4 different scenarios and present one to the class. Give each pair a piece of paper with the scenarios or write them on the board/flip chart. How do they approach it, and what are some things they can do to discuss it with their partner or burse?
 - **Scenario 1:** Adolescent girl aged 15–19 with her stable boyfriend whose HIV status she does not know. She wants to use a condom, but is afraid of the reaction of her partner
 - **Scenario 2:** A young woman aged 20–24 with an acquaintance she has met for the first time and is attracted to, but the likelihood of a long-term relationship or ever meeting again is uncertain and she does not know his HIV status.
 - **Scenario 3:** A young woman aged 19–24 who is in a polygamous marriage (or in secret but steady love relationship) with a man 10 years older than her. She does not know the HIV status of the man or the other woman.
 - **Scenario 4:** A young woman aged 15–24 who has been having sex with a man who provides her with gifts and money for things she wants. She is visiting the local clinic to discuss and ask for contraception, but she is nervous.
- **Share:** After each pair has performed their role play, facilitate a discussion by asking the discussion questions below.
 - Did the role play reflect what happens in real life? Why or why not?
 - What did the pair do well? (checklist for scenarios 1 to 3):

⁶² Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011 and Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

- **When:** Did she seize a good moment to discuss condom use—was timing for the discussion appropriate? Did she seem sufficiently prepared for this discussion, for example, did she have a condom with her?
- **Why:** Was she persuasive or give an understandable and convincing explanation of why it was necessary to use a condom? Did she put forward strong arguments, to counter any skepticism from her partner? Did she explain the benefits of using a condom?
- **How:** Did she make it fun?
- **Resilience:** How did she deal with a negative reaction from her partner? Was she assertive, persuasive and determined?
- **Respect:** Overall, did she conduct herself with confidence, dignity and self-respect? Did she treat her partner with respect? Did she avoid using force, threats or manipulation?
- **Scenario 4:** Did she ask the nurse assertively? Was she prepared for the discussion?
- In real life, what practical challenges would you face? How would you address such challenges? What are some of the main barriers that prevent young people from using condoms?
- How can we prepare or rehearse starting a difficult conversation related to sexuality? *[Probe for: rehearse in front of a mirror; write down what you want to say beforehand.]*

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Remind participants of the following:

- We have seen that speaking up for yourself in a sexual situation can be more difficult if the other person has greater status or power than you do. Remember that you always have the right to consent or refuse consent in a sexual situation and you have the right to insist on using a condom if you are having sex.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES⁶³

COMMON METHODS OF CONTRACEPTION			
Method	What it is and how it works	Protection against STI/HIV	Other characteristics
Male condom	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	<p>It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer.</p> <p>It enables men and boys to protect themselves and their partners.</p> <p>It is easily available.</p> <p>It must be put on during sexual activity prior to intercourse.</p> <p>Some people find that it reduces sensation.</p> <p>It may break or leak, especially if used incorrectly.</p>
Female condom	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering	Yes	<p>It can be inserted hours before sexual activity begins.</p> <p>It enables women and girls to protect themselves and their partners.</p> <p>It is noticeable during sex, and insertion may</p>

⁶³ It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

	the cervix. It forms a pouch that collects the semen.		require practice. It is expensive in comparison with the male condom.
Diaphragm	A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm	It is not yet known whether the cap or diaphragm offers any protection against infections	It can be inserted before sexual activity begins. It is not widely available. It may be dislodged during sex. It must be fitted by a health care provider.
Spermicides	Chemical foams, creams, jellies, film, or suppositories inserted into the vagina before intercourse, creating a barrier and killing sperm. A spermicide can be used alone or with a barrier method, such as a condom, to increase its effectiveness.	No	Repeated use of nonoxynol-9 (N-9) spermicides can lead to genital lesions, which can increase the risk of HIV transmission. They should not be used by women at high risk for HIV infection. Some are messy.
Oral contraceptives (“the pill”)	Small pills containing synthetic hormones (estrogen and progestin, or only progestin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman for 21 or 28 days,	No	It does not require the woman to insert or apply anything at the time of sexual relations. It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease. The woman must remember to take the pill regularly. Typically, fertility

	depending on the brand and type.		resumes quickly after the woman stops taking the pill.
Contraceptive patch	A small adhesive patch applied to the skin that slowly releases progestin and estrogen through the skin to prevent ovulation and thicken the cervical mucus.	No	It does not require the woman to insert or apply anything at the time of sexual relations. It is less effective for women weighing more than 90 kilos (198 lbs.) than for other women. After the woman stops using it, fertility quickly returns.
Implant	One or two small, soft rods implanted in the woman's upper arm that release a steady low dose of progestin over a period of three to five years. Thickens the cervical mucus and inhibits ovulation.	No	Implants can be removed at any time, but they must be inserted and removed by a trained provider. It does not require the woman to insert or apply anything at the time of sexual relations. Fertility resumes immediately upon removal.
Intrauterine devices (IUDs)	Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release progestin (a hormone), while others contain copper, which has antifertility effects. They keep the sperm from	No	This method does not interrupt sex; it is not noticeable during intercourse. If an infection is present during insertion, or if the conditions for insertion are not sterile, insertion may lead to pelvic infection and increased risk of infertility.

	<p>reaching the egg. Some types of IUDs can work for as long as ten years.</p>		<p>The body sometimes expels the IUD.</p> <p>It must be inserted and removed by a trained provider.</p>
Withdrawal	<p>Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina.</p> <p>This method can be effective if used correctly and consistently.</p>	No	<p>Withdrawal is always available and free.</p> <p>It is considerably more effective than not withdrawing.</p> <p>It depends on the man's self-control and ability to predict ejaculation; women have no control with this method.</p> <p>It interrupts sex and may lessen pleasure.</p>
Cycle beads method	<p>Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts.</p> <p>CycleBeads (used for the Standard Days Method) and the calendar are two methods that a woman can use to identify the fertile days during which she can abstain from sex or use a barrier method of contraception.</p>	No	<p>This method is most practical for women with regular cycles.</p> <p>It can also help couples who are trying to become pregnant to identify the most fertile days of the cycle.</p> <p>It requires the woman's partner's cooperation.</p>

CONDOMS

What Is it?

A condom is a thin latex or polyurethane form of contraceptive and/or protection from STIs during sex. There are two types of condoms:

The **male condom** is in the form of a latex sheath that is worn over a man's penis. It is put on when the penis is erect and partners are ready to have sex.

The **female condom** is inserted in the vagina. It can be put on hours before a couple intends to have sex.

In this session, we will discuss how condoms work and how to use condoms correctly.

How Do Condoms Reduce HIV Risk?

Condom protects either partner from direct contact with their partner's bodily fluids during and after sexual intercourse.

Benefits of Condoms

If used correctly and consistently, condoms prevent pregnancy, as well as most STIs, including HIV.

Demonstrations

Using a condom correctly: Explain steps for correct and consistent condom use. Ask for a volunteer to demonstrate on a wooden penis model. Include information on proper care of a condom and disposal of used condom.

How to Use a Male Condom

Remember: A male condom is to be worn on the penis. This gives more power and control to the male partner. Therefore, you need to negotiate skilfully. Being ready with one puts you in a stronger position to negotiate. If you are not winning the argument to use a condom, remember that you have the right to say no to unprotected sex.

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard and get another condom. Expired condoms are more likely to break.
2. Slide the condom to one side inside the package and carefully tear open the package. Do not use scissors, your teeth, finger nails or anything sharp that could tear the condom.
3. Slide the condom out of the package and check to ensure that it will roll down the right way. The seam of the circle should be on the outside.
4. Pinch the tip of the condom so there is no air. Air bubbles can lead a condom to break.
5. Place on the head of the penis (with the tip still pinched) and roll down the erect penis.
6. Once finished, carefully pull the condom off the penis while it is still erect, away from your partner.
7. Discard in a dustbin. Do not throw it in the toilet as it can cause damage.
8. Be sure to use a condom every time you have sex to protect yourself and your partner. If you are having multiple rounds of sex, use a new condom for each round.

Female condoms

A female condom is designed based on the same concept as the male condom. The key differences are that it is made of non-latex (polyurethane) material and that it is in form of a pouch that is inserted in the vagina (while a male condom is a sheath that is worn over a penis and is made of thin latex). Like a

male condom, a female condom can also be used for either vaginal or anal sex. The female condom covers the vaginal walls to prevent direct contact with the penis, as well as the fluids from it and vice versa. It has two rings. The inner ring, at the closed end, is inserted into the vagina while the outer ring on the open end is left to hang just outside the vagina. The close end collects the pre-cum fluids and semen after ejaculation.

Some of the reasons why you should consider using a female condom:

It puts a woman in a position where she shares responsibility for preventing infection.

It can be inserted in advance – as much as eight hours in advance during which a woman can still use the bathroom to urinate.

How to Use a Female Condom

Remember: When using a female condom, the man should not have a condom on his penis, as doing so will create friction between the two condoms. The friction can make irritating noise and also cause the condoms to break.

1. Check the cover and ascertain that the expiry date has not passed.
2. Gently squeeze the packet to evenly distribute the fluid inside.
3. Check for the mark where to open and tear it open carefully, removing the condom from the packaging.
4. Find a comfortable position to insert it. You can put one foot on a chair, squat or lie down, whichever position works for you.
5. Squeeze together the sides of the inner ring of the condom at the closed end and insert it into the vagina (like a tampon). Push with a finger as far it can go (until it reaches the cervix).
6. Pull out your finger and let the outer ring hang just about 2-3 cm or 1 inch outside/above the vagina. (One inch is almost the same in length with a third part of the length of your index finger.)
7. When a man's penis is erect, help him to insert by guiding it into the ring at the open end. Helping him will make it more fun while you ensure it does not slip between the condom and the vaginal wall.
8. Once the man has ejaculated, let him withdraw gently. Thereafter, squeeze and twist the outer ring to keep the fluids in and gently pull it out
9. Wrap it in tissue and dispose safely where no one can accidentally touch it. Do not flush it down the toilet, but you can throw it in a pit latrine.
10. Do not re-use the female condom. If you decide to have another round, use a fresh condom.

Session 19: How can I build a good relationship with my partner?

Essential Questions:

1. How do I know the difference between a health and an unhealthy relationship?
2. What strategies can I use to decrease the risk of date rape?
3. How can establishing healthy relationships based on trust and respect help me to achieve my 5-year life goals?

Learning Objectives:

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

- Identify healthy and non-healthy relationships
- Define the concepts of respect, mutuality, and enjoyment as they apply to sexual relationships.
- Define date rape and identify ways to decrease risk to date rape
- Practice discussing the terms of sex with a partner (e.g., saying “no”, hearing “no”)

Time: 125 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pen/pencils

Facilitator Preparation: Read facilitator notes.

Activity 1: Boys and girls as friends (45 MIN)⁶⁴

Step 1: Explain to participants that this session is about relationships and the importance of their influence in our lives.

Step 2: Ask participants to think of someone they would consider a good friend or someone they would like to be your friend. Why is that person a good friend? Why do you want that person to be your friend?

Step 3: Ask them to create a 30-second “Friend Wanted” radio advertisement. They do not need to write it down, and it doesn’t need to be perfect. The advert should simply indicate interests, hobbies and positive qualities you are seeking in a good friend. Give them 15 MIN to do this.

Step 4: Ask for volunteers to share their 30-second advertisement with the group. After volunteers have shared their radio advertisement discuss the following questions:

- What are some of the key qualities you and group members are looking for in friends?
- Why are these important qualities?
- Do you think boys and girls want the same qualities in a friend? Why or why not?

⁶⁴Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009 and Draft Tanzania Protect Our Youth Club Facilitator’s Manual Form 3, WEI/Bantwana Tanzania, 2017

- What behaviors or characteristics do not make a good friend?

Step 5: Next, divide the group into of three to five participants and have them brainstorm answers to the following questions:

- What do you like about being friends with the opposite sex?
- What makes a good/healthy friendship with members of the opposite sex?
- How is it the same or different as a good/healthy friendship with girls?

Step 6: Discuss their answers and point out the following:

- Girls and boys can be good friends without having a physical or sexual relationship. Friendships between boys and girls help them to understand each other and can also improve gender relations.
- Summarize what makes a good friend and a healthy relationship (see facilitator’s notes).

Activity 2: Boyfriends and Girlfriends (30 MIN)⁶⁵

Step 1: Now, ask participants to think of someone they would want as a boyfriend. Ask them to think about what he is like?

Step 2: As they did in the last session, ask participants to create the “Boyfriend Wanted” advertisement. They should list all the qualities they can think of. Give them 15 MIN to do this.

Step 3: Next, divide participants groups of about 6. Ask participants to think back to last session. What were the qualities the listed in your advertisement for a friend? How do the two lists compare: what you want in a friend and what you want in a boyfriend? Have each group discuss and note down answers for the following:

- How different were your lists in terms of the type person you would look for?
- Are there qualities that are the same in both?
- How would you define respect, trust, and enjoyment as they apply to a relationship with a boyfriend and/or a sexual relationship? What does that look like?
- Think back to discussion about gender norms and roles. Does your list reflect these?
- Picture a disagreement with this person. Is there any difference in the way you communicate, or stand up for yourself in this relationship than with your other friends. If yes, why?
- Are you more likely to defer to your boyfriend if the two of you have different opinions? If yes, why?
- If there are any differences in the ways you do, or imagine you would, communicate and speak up for yourself, are there any risks that come along with this? What are they?

Step 4: Reconvene the group and review their answers to the questions. Emphasize the following:

- Gender norms and roles tend to play a more prominent role in romantic relationships than with same sex friends.
- Sexual feelings and desire can make a person overlook a lot about the other person or the ways in which they are treated in the relationship.

⁶⁵ Adapted from Draft Tanzania Protect Our Youth Club Facilitator’s Manual Form 3, WEI/Bantwana Tanzania, 2017

- All the things that can keep you silent, or have you give into peer pressure in friendships tend to be even stronger in a relationship with a boyfriend or girlfriend. This can lead to a higher risk of being taken advantage of.

Activity 3: From violence to respect in intimate relationships⁶⁶ (45 MIN)

Step 1: Explain that in this activity we will look at specific types of violence that people sometimes use in intimate relationships.

Step 2: Ask participants if they know what date rape is? Write their answers down and discuss. Explain that **rape** is usually defined as an assault involving sex that is forced or that takes place without consent. **Date rape** is committed by someone with whom the victim has gone on a date or gone out with.

Step 3: Next, ask participants if they remember what sexual coercion is from Session 16 on sexual rights? Write their answers down and discuss. Remind them that **sexual coercion** occurs when someone forces (or attempts to force) another individual to engage in sexual activity against her/his will. In a coercive situation, a person may be physically forced to have sex. Or he or she may fear social or physical consequences for refusing unwanted sex. Explain that:

- Anyone can be coerced into unwanted sexual activity. Most commonly, however, girls and women are the victims of coercion.
- People may be sexually coerced in different ways: by emotional manipulation, deception, physical force or threats, intimidation, and economic inducements, to name a few.
- Forced sex and rape can happen anywhere (including at home or within families and in intimate relationships, as well as in settings normally considered safe, such as schools and religious institutions).
- Touching someone's body without her or his consent can also be a form of coercion. If someone touches you in a way that makes you feel uncomfortable, you have the right to tell that person to stop.

Step 4: Think/Pair/Share

- **Think:** Explain that each pair will have about 15 MIN to prepare two short role plays involving an intimate relationship between a young couple. The skits should help us think about how to discuss the terms of sex with a partner and to ensure that relationships are based upon mutual respect.
- **Pair:** Divide participants into pairs. The pair should prepare the following role plays (under 5 min):
 - **Role play 1:** An intimate relationship that involves the potential of date rape or sexual coercion. One of the participants should play a male aggressor trying to coerce and/or force his partner to have sex. The other participant should try to communicate clearly that she does not want to have sex. Show how the two people handle the conflict that may lead to violence.
 - **Role play 2:** An intimate relationship based on mutual respect. One of the participants should play a male who wants to have sex with his girlfriend. The other participants

⁶⁶ Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

should also try to communicate clearly that she is not ready to have sex. Show how the two people handle a conflict or difference of opinion without resorting to anger violence and with mutual respect and care.

- **Share:** Ask the pairs to present their skits (one or both depending on time) and facilitate a discussion based on the following questions:
 - What was the difference between Role Play 1 and Role Play 2?
 - What are the different forms of violence in intimate relationships? [Probe for: control, coercion, shouting, and threatening, as well as physical violence.]
 - What are the characteristics of a violent relationship? [Write responses on the board under the heading “Violent Relationships.”]
 - What characteristics make a relationship healthy? What is necessary to achieve a relationship based on respect? [Write responses under the heading “Respectful Relationships.”]
 - Were the examples used in the skits realistic? Do you see these situations in your daily lives? Were the examples of healthy relationships shown in the stories realistic? Do you see such relationships in your daily lives?
 - What do you think are the causes of violence in a relationship? When you see this type of violence, what do you normally do? What could you do
 - Do you think it is possible to form an intimate relationship based on respect? What can we do individually to construct healthy intimate relationships based on respect, enjoyment and trust?

Activity 4: Session Wrap-Up (5 MIN)

Step 1: Summarize the following points to end the session:

- It is important to differentiate between healthy and unhealthy relationships. Choosing friends who are positive influences in our lives is very important.
- Many people feel confused about the issue of sexual consent. They want to understand the limits of what behavior is appropriate or inappropriate in terms of ensuring consent. At any moment, you are entitled to change your mind about what feels acceptable or to speak up if you believe you are not being fully understood and respected. You can say no to a sexual experience even after it has started.
- Because they have been taught to obey adults, boys and girls sometimes feel they must say yes if an adult asks for sex. Because girls are often taught to defer to boys and men, they may feel that they must agree to have sex regardless of their own desires. Such instances are not examples of meaningful, informed, and freely given consent.
- Good relationships are based on love, respect, and willingness to put effort into the relationship. In a good relationship both people are honest with each other. Both people feel safe in the relationship and do not worry that the other will betray their trust. Both people usually find enjoyment and pleasure in the relationship, and neither person tries to control the other person to pressure them into doing things. Neither person exploits or uses the other in any way.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

Why are good friendships important?

What is a healthy versus unhealthy relationship?

It is important to differentiate between healthy and unhealthy relationships. Choosing friends who are positive influences in our lives is very important.

- They can affect how we see ourselves.
- They can influence the choices we make in our behaviours.
- They can either help us live by what we believe or can pressure us to act in ways we don't think are right.

We need to be able to distinguish between a friend influencing us in a positive way versus a negative way. Anytime a friend makes us feel badly about ourselves or pressures us to make a choice that do not feel right, they are influencing us in a negative way.

Making and keeping good friendships are important skills that help young people grow up to be healthy and safe. In this session, participants will discuss what makes a good friend and how to be a good friend.

Friends have a responsibility to each other. And they must ALWAYS treat each other with respect.

Someone who makes you feel bad about yourself isn't a friend!

What is a Healthy Relationship? Good relationships are based on love, respect, and willingness to put effort into the relationship. In a good relationship both people are honest with each other. Both people feel safe in the relationship and do not worry that the other will betray their trust. Both people usually find enjoyment and pleasure in the relationship, and neither person tries to control the other person to pressure them into doing things. Neither person exploits or uses the other in any way.

What is an Unhealthy Relationship? A relationship is unhealthy when it involves mean, disrespectful, controlling, or abusive behaviour. Some people live in homes with parents who fight a lot or abuse each other emotionally or physically. For some people who have grown up around this kind of behaviour it can seem normal or okay. It's not! Qualities such as kindness and respect are requirements for a healthy relationship.

Boyfriends and Girlfriends

What is different in these relationships other than sexual feelings?

- Gender norms and roles tend to play a more prominent role in romantic relationships than with same sex friends.
- Sexual feelings and desire can make a person overlook a lot about the other person or the ways in which they are treated in the relationship.
- All the things that can keep you silent, or have you give into peer pressure in friendships tend to be even stronger in a relationship with a boyfriend or girlfriend.

Questions to ask yourself:

- What are the qualities that I want in a girlfriend or boyfriend, how do they differ from qualities I want in a friend?
- Can I be myself, or do I feel like I need to keep silent on some things so that he/she will like me?
- Do I feel pushed into things that I don't feel ready for, such as sex or drinking alcohol?
- Especially if you are in a relationship with someone older, are you able to speak up for yourself?
If not,

Considerations with social media and relationships: phones and messages can seem like fun ways to communicate. However, they pose risks that are important to keep in mind:

- If you wouldn't want anyone to see this, don't send it, it may not stay private
- Internet is not secure—we've all seen videos on internet of drunk people, people performing sexual acts etc...that person didn't think the pictures would go viral—it could be you if you're not careful
- An angry ex-boyfriend or girlfriend can share your messages and photo
- Phones can be hacked, or stole
- Basically, do not do or say anything on social media that you wouldn't want public!

Sexual risk

As discussed in the SRH sessions, in adolescence you will feel sexual urges and an interest in the opposite sex. You will also become sexually attractive to the opposite sex as your body matures. Along with the emotional closeness and pleasure that a sexual relationship can bring, there are also significant risks. It is important that you understand these risks and make your choices very carefully.

Checklist

Below is a checklist for girls to think about when making decisions related to sex, whether for the first time or if she has started having sex.⁶⁷

If you are considering having sex for the first time, the questions below are good ones to ask yourself to help decide if you are ready.

- Would my parents approve of me having sex now if they knew?
- If I get pregnant, am I responsible enough to provide for the baby's emotional and financial support?
- Does the man I'm with make me feel good about myself?
- If the relationship breaks up, will I be glad I had sex with this person?
- Am I sure no one is pushing me into having sex?
- Am I able to comfortably talk to my partner about sex and his sexual history?
- Am I absolutely sure my partner is not infected with an STI or HIV?
- Do I know how to talk about using condoms or other methods to prevent pregnancy, HIV and STIs?
- Do I know what I will say if my partner says no to condoms?
- Do I feel safe with my partner?

What is date rape?

⁶⁷ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

Rape is usually defined as an assault involving sex that is forced or that takes place without consent. **Date rape** is committed by someone with whom the victim has gone on a date or gone out with.

What is sexual coercion?

Sexual coercion occurs when someone forces (or attempts to force) another individual to engage in sexual activity against her/his will. In a coercive situation, a person may be physically forced to have sex. Or he or she may fear social or physical consequences for refusing unwanted sex.

Creating mutually respectful and responsible sexual relationships⁶⁸

Various factors contribute to having mutually satisfying, responsible, and safe sexual experiences. This is true throughout your life. These factors include:

- knowing that you and your partner both have the same rights, and cooperating to ensure mutual respect, consent, and responsibility;
- treating each other as equals, and as people, not just as bodies;
- feeling comfortable in communicating what each partner wants or does not want
- respecting a partner's right not to do anything that feels uncomfortable or unsafe;
- being honest with each other;
- feeling intimacy;
- feeling cared for;
- using safe and effective ways to protect yourself and your partner from unwanted pregnancy and sexually transmitted infections, including HIV
- working to protect yourself and your partner from emotional harm
- being aware of your own desires and comfort level and those of your partner; and
- being able to give and to accept pleasure.

All of us can learn to develop greater respect, responsibility, and satisfaction in our relationships.

⁶⁸ Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

Session 20: What are sexually transmitted infections and how do they spread?

Essential Questions:	<ol style="list-style-type: none"> 1. What is an STI and how is it spread? 2. What can I do to avoid an STI? 3. How can avoiding an STI, such as HIV, help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain how HIV and other STIs are transmitted • Describe the main drivers that cause transmission of HIV and other STIs in Swaziland, including harmful cultural practices that contribute to the spread of HIV and other negative health outcomes • Explain how conventional gender roles can increase the likelihood that women and girls will face HIV or other sexually transmitted infections and unintended pregnancy.
Time:	125 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Large paper for posters and markers Fact Sheet on STIs Fact Sheet on HIV/AIDS</p>
Facilitator Preparation:	Read facilitator notes

Activity 1: The facts about STIs (90 MIN)⁶⁹

Step 1: Explain that this session is about sexually transmitted infections — also called STIs — including HIV and AIDS.

Step 2: Divide the class into six groups. Assign each group a topic from the list. Explain the following:

- In your group, you will create an informative poster about your topic. Use your imagination!
- Use the STI and HIV factsheets and other materials we have discussed in previous POY club sessions to prepare your poster. Be as thorough as possible. Include information about testing, treatment, and prevention. In some cases (such as for the posters about “myths”) you may want to interview classmates to gather ideas.
- Assign each group one of the following:
 - Myths about STIs
 - Myths about HIV and AIDS

⁶⁹ Adapted from It’s All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

- Five important facts about HIV and AIDS
- STIs and gender
- How do STIs affect future fertility?
- What harmful cultural practices in Swaziland contribute to the spread of HIV?

Step 3: Distribute STI/HIV fact sheets and poster supplies. Remind participants to take about ten MIN to gather their information, ten MIN to discuss it and plan a poster, and 15 MIN to produce the poster. Circulate to support groups while they research, discuss, and produce their posters.

Step 4: Ask each group to present its poster and take questions from the class. Correct or explain any information as necessary.

Step 5: Posters should then be displayed around the classroom for as long as possible so that participants can use a gallery walk to view.

Activity 2: Group Discussion (30 MIN)⁷⁰

Step 1: Discuss the following questions:

- What are the main ways that STIs, including HIV/AIDS, are transmitted?
- What information did you already know?
- What information was new or helpful for you?

Activity 3: Session Wrap-Up (5 MIN)⁷¹

Step 1: Summarize how to prevent and/or lower the risk of HIV transmission: abstinence, be with only one partner and that partner is only with you, and always use a condom and use it correctly every time.

Step 2: Offer resources to participants about how they can learn more about HIV/STIs and testing.

Step 3: Tell participants that it's normal to feel uneasy or embarrassed when discussing these topics, but it's important to get correct information about sexuality regardless of how embarrassing it may be to get it.

Step 4: Discuss the logistics of the next meeting.

⁷⁰ Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

⁷¹ Adapted from Go Girls! Community-based Life Skills for Girls: A Training Manual, John Hopkins Center for Communication Programs, 2011

FACILITATOR'S NOTES⁷²

Regardless of whether young people are sexually active, it is important that they have access to accurate information so they can make informed decisions now and in the future about practicing safe sexual behaviour. This can help young people protect themselves from exposure to HIV, other STI/Ds and unintended pregnancy. In addition to pregnancy, there are other serious risks associated with sex.

HIV and AIDS

HIV (human immunodeficiency virus) is the virus that causes **AIDS**. AIDS stands for *Acquired Immuno Deficiency Syndrome*

HIV destroys part of a person's immune system – the part of the body that fights off sickness. People get HIV by coming into direct contact with bodily fluids, such as blood, semen, vaginal secretions and breast milk, of a person who has the virus. This means that HIV can be transmitted through sexual intercourse or exchanging blood (for instance, through needles or shared razors) with someone who is HIV-positive or during birth or breastfeeding by a woman who is HIV-positive.

HIV does not have a cure, but people that have HIV can take medication called ARTs (antiretroviral therapy) or ARVs (antiretroviral drugs), to help keep them healthy. It is important to remember that these medications do not cure the disease and they do have other side effects on your body – so keeping yourself safe from HIV is very important!

HIV can be prevented and is NOT transmitted through casual contact (hugging, sharing an apartment, using the same dishes, playing basketball, etc.)

People with HIV can infect others as soon as they are infected with the virus.

It is impossible to tell from looking at someone if he or she is infected. The only way to tell for sure if a person is infected with HIV is through testing,

If you have intercourse even once with someone who is infected with HIV, whether they know they have the virus or not, you can contract HIV.

Other Sexually Transmitted Infections (STIs)

HIV is not the only infection you can get by having sex with an infected person. STD/Is are infections that are spread from person to person through sexual contact and adolescents are at greater risk of STD/Is due to:

- 1) their lack of awareness of risks and protective measures such as condoms
- 2) lack of access to protection and/ or inability to negotiate safe sex
- 3) lack of access to SRH counselling and testing services, and
- 4) their tendency to have multiple sexual partners at one time.

⁷² Adapted from Draft Tanzania Protect Our Youth Club Facilitator's Manual Form 3, WEI/Bantwana Tanzania, 2017

Some, but not all STIs can be cured with antibiotics. Some infections that are viral—like herpes and HIV—have no cure but are treatable.

It is rare, but possible to be infected by syphilis through kissing if the infected person has small sores in or around the mouth. The herpes virus can be spread by kissing if sores are present. HIV is not passed through saliva, and could only be transmitted through kissing if both people had open sores in their mouths or bleeding gums.

Careful and consistent use of condoms is a highly effective way to prevent the spread of STIs. But, **abstinence from sexual intercourse is the only method that is 100 percent effective.**

A person can look healthy and clean, but still be infected with an STI. The only way for someone to know for sure that they are infected with an STI is to be tested.

Both women and men may have HIV and STIs and may pass it to their sexual partner. Our society often blames women for spreading STIs, but a woman must first become infected from her partner before she can pass it to someone else.

Why are girls more at risk?

- Women are at higher risk for and more affected by STIs than men. The lining of the vagina is thinner and more delicate than the skin on a penis, so it is easier for bacteria and viruses to penetrate.
- Differences in women's bodies also may make detection more difficult as compared to men.
- Women are less likely to have symptoms of common STIs as compared to men.
- Because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection.
- Due to traditional gender norms, women often have less power to negotiate safe sex (e.g., use of condoms, saying 'no' to sex), particularly with older men.
- Younger women are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

Safer Sex?⁷³

The only certain way to protect yourself against HIV transmission is to abstain from sexual activity. People who have decided to be sexually active can make choices to practice safer sex. Safer sex describes a range of ways that sexually active people can protect themselves from infection of all STIs, including HIV. Practicing safer sex also provides protection against pregnancy. Using a condom correctly during every act of sexual intercourse is called protected sex because when used correctly condoms can significantly reduce the risk of HIV infection. Safe medical male circumcision may also reduce risk of HIV transmission. In addition to using protection, practicing monogamous relationships (just one partner) and knowing your status and your partners' status are also important practices for maintaining safe sexual relationships.

UNPROTECTED SEX IS NEITHER SAFE NOR SMART. If someone pushes you to have sex without using a condom, they do not have your best interest at heart. They are also someone who puts themselves at risk, so are more likely to have acquired an infection they can pass on to you

High risk relationships

⁷³ Adapted from AYEDI Club Package Guide, WEI/Bantwana

Another type of high risk relationship is an **age disparate relationship** between a young person and an individual at least five years older. Age disparate relationships put young people at heightened risk of STI/HIV transmission because they often have less power to negotiate if/when to have sex and whether or not to use condoms with older partners. **Transactional sex**, in which gifts of money or other goods are exchanged for sex, are also high risk because the power dynamic that exists within these relationships often makes it difficult to negotiate safe sex. Age disparate and transactional relationships may go hand in hand with one another, for example with *'sugar daddies'* who offer gifts/money in exchange for sex with younger girls

Main Drivers of HIV in Swaziland⁷⁴

MULTIPLE CONCURRENT SEXUAL PARTNERS (MCP): This is generally defined as sexual behaviour characterised by having more than one sexual partner in the same time period. Implicit in some prevailing cultural norms about manhood, social standing in the community and wealth, MCP is tacitly accepted in the Swazi socio-cultural dynamic and men are more likely to have multiple sexual partners than women.

EARLY SEXUAL DEBUT: For both men and women, first sexual intercourse is in the age range 15–19, but this tends to occur earlier in rural females and urban males. There is a dramatic increase in HIV prevalence between the age ranges 15–19 and 20–24. These are also the age ranges wherein HIV prevalence amongst young women increases sharply from 12% (in 15–19 year olds) to 38% (in 20–24 year olds) and 49% (in 25–29 year olds). These sharp increases in HIV prevalence for younger women can be attributed to the fact that they willingly or coercively engage in sex with older, more sexually experienced men.

LOW AND INCONSISTENT LEVELS OF CONDOM USE: In general there are low levels of condom use. Due to increased risk perception, the more casual the sexual encounter, the more likely that a condom will be used. One of the major factors affecting condom use amongst both young people and adults is trust between partners. As levels of trust increase, the likelihood of

LOW LEVELS OF MALE CIRCUMCISION: Male circumcision (MC) in Swaziland remains low with only 19.1% of men circumcised (MICS 2010). MC has been shown to be an important prevention strategy in very high prevalence countries.

INTER-GENERATIONAL SEX: According to the MICS 2010, 14.1% of young women aged 15-24 who had high risk sex, had sex with a partner who was 10 years or older. This figure has doubled from 7% in 2007 (SDHS 2007). On the other hand, less than 1% of men aged 15-24 had high risk sex with women who are 10 or more years older than themselves. Among older girls living in rural areas, this proportion is higher but decreases with higher levels of education.

INCOME INEQUALITY (POVERTY): Various studies show that income inequality, which is high in Swaziland drives the epidemic. Income inequality is associated with more young girls engaging in what has been referred to as transactional sex, thus exposing themselves to greater HIV risks in the process.

COMMERCIAL SEX: In the past, commercial sex was associated with females, however, male sex workers are reportedly emerging. According to the BSS MARPS (2010) HIV prevalence among women aged 15-49 who participate in commercial sex and consider themselves to be sex workers is very high at 70%, more than double that of the general population of the same age bracket (31%). The majority of

⁷⁴ National HIV Prevention Strategy, Government of Swaziland, 2012.

female sex workers are young women under the age 25. The study also found that there are some male sex workers. With an average of one client per day and a part-time approach to sex work, 28% of sex workers reported having other jobs.

GENDER INEQUALITIES AND SEXUAL VIOLENCE: Many cultural norms and values shape negative gender relations that help drive the epidemic. Culturally, men have a large degree of control over women and prevailing values and norms uphold men’s privileges and have tended to constrain women’s autonomy. These values and norms are deep-rooted and facilitate the tacit acceptance of multiple and concurrent sexual partnerships. The National Study on Violence against Children and Young Women in Swaziland (Lancet 2007) found that violence against female children is highly prevalent, with about one in four females having experienced physical violence as a child. Among 18–24 year old females, nearly two in three had experienced sexual violence. According to this study, 48% of females reported that they had experienced some form of sexual violence in their lifetime, and 21% said they had experienced some form of sexual violence in the preceding 12 months. Over half of all incidences of sexual violence were not reported and less than one in seven incidences resulted in a female seeking help from available services.

ALCOHOL AND DRUG ABUSE: Men are more likely to drink and engage in higher risk behaviours, whereas women’s risks were often associated with their male partner’s drinking. Alcohol and sexual risks are also linked with sexual coercion and poverty.

Harmful cultural practices in Swaziland that contribute to the spread of HIV include:

- intergenerational relationships (including “blessers” that are akin to sugar daddies but under the guise of “blessing” the young person)
- multiple concurrent sexual partnerships (including kungenwa: when men wants to take a wife they can take the younger girl in the wife’s family);
- cultural norms that contribute to gender inequality whereby women and girls have less negotiating power in sexual relationships

Session 20 Fact Sheet on STIs⁷⁵**What are sexually transmitted infections?**

Sexually transmitted infections (STIs) are infections passed primarily by sexual contact, including vaginal, oral, and anal intercourse. A variety of different organisms may cause an STI. Certain parasites such as pubic lice and scabies also may be transmitted by sexual contact.

Are these infections transmitted only through sex?

Some STIs can be transmitted by skin-to-skin contact. Some are transmitted through the exchange of bodily fluids. Some can be passed to a baby before it is born, during childbirth, or via breastfeeding.

What are the consequences of STIs?

STIs can have serious health consequences for men and women. Many common STIs are difficult to detect among women, however, and some have more serious consequences for women than for men. For example, the spread of chlamydia or gonorrhea to the upper reproductive organs is a common cause of infertility among women. Infection with certain STIs increases the likelihood of acquiring or transmitting HIV infection. Some, but not all, STIs are curable. Others, such as HIV, are not. Early treatment eliminates or reduces the consequences of most STIs.

How can people prevent acquiring or transmitting STIs?

- Find out if you have an STI by being tested by a health care provider.
- If you have an STI, obtain treatment, and notify all of your recent sex partners so that they can also be tested.
- Find out whether your partner has an STI, and if so, make sure that he or she is tested and treated.
- Talk with your partner about ways to be sexually intimate that do not involve the risk of transmitting an infection.
- Use male or female condoms and avoid sexual contact that allows transmission of an infection
- Condoms protect against most STIs (including HIV). They do not protect against all STIs.
- Obtain a vaccination for those STIs that can be prevented. At the present time, a vaccine exists for hepatitis B and human papilloma virus (HPV).

When should a person obtain an STI test?

A person is at risk of acquiring an STI and should be tested if he or she has one or more of the following:

- symptoms of an STI;
- a sex partner who has an STI, or who has signs of an STI
- more than one sexual partner;
- a new partner in the past three months;
- a partner who has or may have other sex partners; and
- a partner who lives elsewhere or travels often.

Early testing is important. A person diagnosed with an STI can obtain treatment and can help their recent partners to be tested as well. A couple should not resume sexual activity until both partners have been tested and have completed any necessary treatment. Because some STIs do not show up in test results right away, a repeat test may be necessary.

⁷⁵ Adapted from It's All One Activities and Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Population Council, 2011

Methods of Protection Against STIS and HIV

1. All STIs, including HIV infection, are preventable.
2. Every person has the right to protect himself or herself against STIs. There are various ways to protect oneself and one's partners against STIs. This is true whether one's partner is of the same or the other sex.
3. The surest way to prevent an STI is not to have vaginal, oral, or anal sex. Everyone has the right to refuse unsafe sex (or sex that is unwanted for any reason). Many people, however, cannot or do not exercise this right. This situation is especially common among women and girls who lack the power to insist that their male partners use condoms.
4. Both partners can agree to engage in forms of sex (such as mutual masturbation) that do not carry the risk of infection transmission.
5. Both partners can agree to use male or female condoms. Both partners can practice mutual monogamy. This means not having any sex partners outside their primary relationship and is also known as "being faithful." However, a person can already be infected (even without knowing it), or may not be completely faithful. Hence promising to be faithful does not necessarily eliminate the need for practicing safer sex.
6. A common STI is human papilloma virus (HPV). Many strains of HPV exist; some cause genital warts and others lead to cancer — most commonly, cervical cancer. HPV vaccines can protect both males and females against many of these strains of the virus.
7. Male circumcision offers some protection against HIV for males, but no direct protection for females.
8. Having a foreskin on the penis seems to make it easier for various viruses and bacteria — including HIV — to establish an infection in the man.
9. Even if they are circumcised, men can still get infected by HIV and can still infect their partners.
10. Because circumcision provides no direct benefit to females and provides only partial protection for males, circumcision does not eliminate the need for condoms.

STIs and Gender

Both women and men may have HIV and STIs and may pass it to their sexual partner. Our society often blames women for spreading STIs, but a woman must first become infected from her partner before she can pass it to someone else.

Why are girls more at risk?

- Women are at higher risk for and more affected by STIs than men. The lining of the vagina is thinner and more delicate than the skin on a penis, so it is easier for bacteria and viruses to penetrate.
- Differences in women's bodies also may make detection more difficult as compared to men.
- Women are less likely to have symptoms of common STIs as compared to men.
- Because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection.
- Due to traditional gender norms, women often have less power to negotiate safe sex (e.g., use of condoms, saying 'no' to sex), particularly with older men.
- Younger women are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

Session 20 Fact Sheet on HIV/AIDS

HIV/AIDS MYTHS AND FACTS ⁷⁶	
Medicines exist that can treat HIV/AIDS. However, there is no cure for the disease.	FACT. Explanation: Several medications can delay the development of HIV into AIDS. Other medicines can treat infections that someone with AIDS may have. These medicines, however, are only treatments for existing symptoms. There is no medicine that will actually cure someone of HIV/AIDS.
The people most at risk of contracting HIV/AIDS are girls and women.	FACT. Explanation: Girls and women are more likely than boys and men to be infected by HIV/AIDS for a variety of biological, social, and cultural reasons. Almost 60 percent of those infected with HIV in sub-Saharan Africa are women, and girls are two to six times more likely than boys to become infected.
You will not get HIV or AIDS if you eat out of the same bowl or drink out of the same cup as someone who is infected.	FACT. Explanation: Unless an HIV-infected person has an open, bleeding wound in his/her mouth, eating with him or her does not put you at risk of becoming infected.
Sub-Saharan Africa is the region the most affected by HIV/AIDS in the world.	FACT. Explanation: Of the 33.2 million people infected with HIV, an estimated 22.5 million live in sub-Saharan Africa. In Swaziland, approximately 28% of people are living with HIV (UNAIDS).
Abstinence is the only 100 percent effective method for preventing the sexual transmission of HIV.	FACT
Having unprotected sex with certain people, such as young girls or virgins, will cure someone who has HIV/AIDS.	MYTH. Explanation: There is no cure for HIV/AIDS. If someone who has HIV/AIDS has sexual intercourse and does not use a condom, he or she could spread the virus to another person.

⁷⁶ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

	The age of the person having sex does not affect HIV/AIDS transmission.
Because people with AIDS will eventually die, it is better if they do not know they have the disease.	MYTH. Explanation: There are several advantages to knowing your HIV/AIDS status. First, a person who knows he has HIV/AIDS can obtain medicine that will help treat infections and increase the person's quality of life. The person may live longer and be able to take care of his or her family. However, if a person does not know that he is infected with HIV, he or she may spread it to other people. He or she will also develop AIDS sooner.
Some types of mosquitoes transmit AIDS.	MYTH. Explanation: No mosquitoes can transport HIV/ AIDS. HIV cannot survive in a mosquito's body.
If a pregnant woman is infected with HIV, her baby will become infected as well.	MYTH. Explanation: Not all women who are HIV-infected will transmit the virus to their babies. Transmission depends on several factors, such as how much of the virus is in the mother's body during pregnancy. In addition, some modern medicines can prevent HIV transmission from a mother to her unborn child. While these medicines are not 100 percent effective in preventing HIV transmission, it is very important that a pregnant woman with HIV visit a health clinic to learn more about preventing mother-to-child transmission
Some people have been cured of AIDS.	MYTH. Explanation: No one has ever been cured of HIV/AIDS. No traditional or modern medicines cure the disease.
Kissing someone is one of the most common ways to get HIV.	MYTH. Explanation: HIV is primarily transmitted through blood, semen, vaginal fluids, and breast milk. You cannot get it from closed-mouth kissing or kissing someone on the cheek. Deep, open-mouth kissing can carry a low risk if open sores or bleeding gums are present.

Only people who have sex with many people are likely to get HIV.

MYTH. Explanation: Anyone who has unprotected sex (sex without using a condom) is at risk for getting HIV. People who have sex with only one partner can become infected if the person they have sex with is HIV-positive. For example, a married woman who has sex only with her husband may become infected with HIV if her husband is having sex with other people.

Session 20 Fact Sheet on HIV/AIDS in Swaziland**Main Drivers of HIV in Swaziland⁷⁷**

MULTIPLE CONCURRENT SEXUAL PARTNERS (MCP): This is generally defined as sexual behaviour characterised by having more than one sexual partner in the same time period. Implicit in some prevailing cultural norms about manhood, social standing in the community and wealth, MCP is tacitly accepted in the Swazi socio-cultural dynamic and men are more likely to have multiple sexual partners than women.

EARLY SEXUAL DEBUT: For both men and women, first sexual intercourse is in the age range 15–19, but this tends to occur earlier in rural females and urban males. There is a dramatic increase in HIV prevalence between the age ranges 15–19 and 20–24. These sharp increases in HIV prevalence for younger women can be attributed to the fact that they willingly or coercively engage in sex with older, more sexually experienced men.

LOW AND INCONSISTENT LEVELS OF CONDOM USE: In general, there are low levels of condom use. Due to increased risk perception, the more casual the sexual encounter, the more likely that a condom will be used. One of the major factors affecting condom use amongst both young people and adults is trust between partners. As levels of trust increase, the likelihood of

LOW LEVELS OF MALE CIRCUMCISION: Male circumcision (MC) in Swaziland remains low with only 19.1% of men circumcised (MICS 2010). MC has been shown to be an important prevention strategy in very high prevalence countries.

INTER-GENERATIONAL SEX: According to the MICS 2010, 14.1% of young women aged 15-24 who had high risk sex, had sex with a partner who was 10 years or older. This figure has doubled from 7% in 2007 (SDHS 2007). On the other hand, less than 1% of men aged 15-24 had high risk sex with women who are 10 or more years older than themselves. Among older girls living in rural areas, this proportion is higher but decreases with higher levels of education.

INCOME INEQUALITY (POVERTY): Various studies show that income inequality, which is high in Swaziland drives the epidemic. Income inequality is associated with more young girls engaging in what has been referred to as transactional sex, thus exposing themselves to greater HIV risks in the process.

COMMERCIAL SEX: In the past, commercial sex was associated with females, however, male sex workers are reportedly emerging. According to the BSS MARPS (2010) HIV prevalence among women aged 15-49 who participate in commercial sex and consider themselves to be sex workers is very high at 70%, more than double that of the general population of the same age bracket (31%). The majority of female sex workers are young women under the age 25. The study also found that there are some male sex workers. With an average of one client per day and a part-time approach to sex work, 28% of sex workers reported having other jobs.

GENDER INEQUALITIES AND SEXUAL VIOLENCE: Many cultural norms and values shape negative gender relations that help drive the epidemic. Culturally, men have a large degree of control over women and prevailing values and norms uphold men's privileges and have tended to constrain women's autonomy. These values and norms are deep-rooted and facilitate the tacit acceptance of multiple and concurrent sexual partnerships. The National Study on Violence against Children and

⁷⁷ National HIV Prevention Strategy, Government of Swaziland, 2012

Young Women in Swaziland (Lancet 2007) found that violence against female children is highly prevalent, with about one in four females having experienced physical violence as a child. Among 18–24 year old females, nearly two in three had experienced sexual violence. According to this study, 48% of females reported that they had experienced some form of sexual violence in their lifetime, and 21% said they had experienced some form of sexual violence in the preceding 12 months. Over half of all incidences of sexual violence were not reported and less than one in seven incidences resulted in a female seeking help from available services.

ALCOHOL AND DRUG ABUSE: Men are more likely to drink and engage in higher risk behaviours, whereas women’s risks were often associated with their male partner’s drinking. Alcohol and sexual risks are also linked with sexual coercion and poverty.

Harmful cultural practices in Swaziland that contribute to the spread of HIV include:

- intergenerational relationships (including “blessers” that are akin to sugar daddies but under the guise of “blessing” the young person)
- multiple concurrent sexual partnerships (including kungenwa: when men want to take a wife they can take the younger girl in the wife’s family);
- cultural norms that contribute to gender inequality whereby women and girls have less negotiating power in sexual relationships

Session 21: What is living positively with HIV?

Essential Questions:	<ol style="list-style-type: none"> 1. Why is it important for me to know my HIV status? 2. What happens if someone is diagnosed with HIV? 3. How can knowing my HIV status help me to achieve my 5-year life goals?
Learning Objectives:	<p>By the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain what HIV treatment is and its effectiveness • Explain the importance of getting tested, knowing your status, and adherence to treatment • Identify the risks associated with disclosing and not disclosing one's status • Practice disclosing status to others
Time:	95 MIN
Materials Needed:	<p>Chalkboard/chalk or flipchart/marker Paper/pen/pencils Large paper for posters</p>
Facilitator Preparation:	Read facilitator notes.

Activity 1: Overview of HIV testing and treatment (30 MIN)⁷⁸

Step 1: Explain to participants that the only way that a person can find out if he or she is infected with HIV is to get an HIV test. Emphasize to girls that a person cannot tell if another person has HIV/AIDS simply by looking at him or her. Only an HIV test can tell. Everyone who thinks they may have exposed themselves to HIV should get a test.

Step 2: Inform the girls that knowing their status and that of their partner or spouse is one of the most important ways of lowering their risk of exposure to HIV and of passing HIV on to others.

Step 3: Ask participants if they know what HCT stands for. Explain that HCT stands for HIV Counseling and Testing in relation to HIV. Explain that:

- HIV testing is **voluntary**, meaning no one can be forced to go.
- **Counselling** is also part of going for an HIV test. A counsellor at the testing center will talk to you before and after the test to provide support and advice, as well as to answer questions you might have. Once you have received counselling, a nurse or doctor will draw a small sample of your blood for testing. When and how you receive your results depends on the type of testing center you go to.
- **Testing** for HIV is the only way to know one's status

⁷⁸ Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

Step 4: Explain that if a person tests positive for HIV, he or she will then see a doctor. The doctor will determine when the person should begin taking medicine to help the body fight HIV. This medicine is commonly referred to as **ARVs, or anti-retro viral treatment**. This simply means that ARVs are a type of medicine that helps the body fight against HIV. ARVs strengthen a person’s immune system, but they **do not** get rid of HIV. Stress to the girls that ARVs are a form of treatment, but not a cure. **A person who takes ARVs can live many years even though he or she is HIV-positive.** This is why it is very important that people get tested for HIV—the sooner they know their status, or whether they are HIV positive, the sooner they can take ARVs and live longer.

Step 5: Explain that if you have been infected with HIV, it important to “live positively.” That means you:

- take good care of yourself, being sure to eat a healthful, nutritious diet;
- take your ARVs as prescribed if they are available;
- take all precautions so that you do not transmit HIV to any other person.

Activity 2: Disclosure Role Play (60 MIN)⁷⁹

Step 1: Explain to participants that they will practice disclosing their status to one another.

Step 2: Divide participants into pairs and give them the following two scenarios. They should each take turns practicing both role plays and disclosing their status as described. They should also consider the questions with each role play:

- **Scenario 1: A young woman aged 19 does not know her HIV status** and has a steady boyfriend whose HIV status she does not know. She decides that she should go for an HIV test. She is now pregnant, but she does not know that she is pregnant yet. She learns that she is HIV+ and now has to tell her boyfriend. She is very afraid.
 - What trigger motivates the young woman to go for an HIV test?
 - What other services does she have access to as a result of HIV test?
 - What are her feelings about getting an HIV test?
 - What challenges does she face, and what enables her to overcome the challenges?
 - How does she approach her boyfriend with the news that she is HIV positive?
 - What is his reaction?
- **Scenario 2: A young girl aged 15 is HIV positive**, but she is not aware of her HIV status. She is generally outgoing, but has no boyfriend and has not had sex. Her mother died, so she lives with her grandmother who is not aware of her HIV status and does not know for sure that her daughter (the girls’ mother) was HIV positive, although she has suspicions to that effect. She discovers her HIV status during a road show, which is part of an HIV testing campaign. She finds out she is HIV positive after being tested at the road show, and is very upset. She wants to tell her best friend but she does not know how and is very fearful of letting anyone know.
 - What trigger motivates the young woman to go for an HIV test?
 - What are her feelings about getting an HIV test?
 - What challenges does she face, and what enables her to overcome the challenges?
 - How does she approach her best friend with the news that she is HIV positive?
 - What is her reaction?

⁷⁹ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

Step 3: Once the participants have gone through their role plays, reconvene the group and ask for each pair to demonstrate one of the role plays. Discuss the following questions:

- What triggered the girl(s) to go for an HIV test?
- In your own opinion, do you think it was good or bad that the girl discovered her HIV status at this time? Explain your answer.
- If you were her, how would you have handled the outcome of your HIV test?
- What are the specific circumstances or factors that worked to her advantage?
- What challenges did she face and how did she overcome the challenges?
- Who provided her with support to cope with the reality of being HIV positive?
- What are the risks associated with disclosing or not disclosing one's status?
- Overall what have we learnt from this role play?

Step 4: Conclude by providing participants with information about where (locally) they can get an HIV test.

Activity 3: Session Wrap-Up (5 MIN)⁸⁰

Step 1: Summarize the session by explaining to participants that the only way to be certain about one's HIV status is to go for HTC. HTC empowers you with knowledge and opens doors to other services. Disclosing your HIV status to your partner, friends and family can enhance trust and support.

Step 2: Discuss the logistics of the next meeting.

⁸⁰ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

FACILITATOR'S NOTES⁸¹

HIV TESTING AND COUNSELLING

What Is it?

HTC is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine one's HIV status. Blood is taken from a small prick on the person's finger and then placed on the test strip to create the results.

When HIV infects a person, it provokes the “soldiers” or antibodies in the body to fight the virus and provide us with protection from diseases. There is technology that can detect whether these “soldiers” have reacted to HIV in the body, and if this reaction is seen in the test result, a person is considered to be HIV positive. This technology is available in every public health facility and it is reliable. The test and screening process take only a short time before the results are known, and a health-care professional will share the result with you and explain what it means.

You can also go for couples counselling at the health facility where you and your partner are counselled and tested together. This is a way for both you and your partner to learn your own status, as well as your partners, so you can make a plan to stay healthy together.

How Does HTC Reduce HIV Risk?

Part of HTC is counselling that allows you to assess your risk with a professional and talk through ways to reduce it. Ideally, counselling should take place both before and after taking an HIV test. The counselling provides you with basic knowledge about HIV and AIDS, and enables you to have sufficient information to make healthy choices. HTC also helps to reduce risk because, by knowing your status, you can take the appropriate steps to protect yourself and your partner. If you are positive, for example, you can monitor your HIV viral load and be sure to take ARVs, while using condoms to protect your partner(s). If you are negative, you can confidently take steps to remain that way by using a condom and learning your partner's status, as well.

Benefits of HTC

An HIV test provides you with the “freedom of knowing” your HIV status. Not knowing one's HIV status can cause people to worry and have anxiety about their past, current and future sexual relationships.

By knowing your HIV status, you can make plans to continue to lead a healthy life, whether positive or negative. HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of your HIV test, a health-care provider will discuss with you strategies for protecting yourself and possibly refer you to other services such as ART and PMTCT.

⁸¹ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

ANTIRETROVIRAL THERAPY

What Is ART?

ART is a combination of drugs given to people who have been diagnosed with HIV and whose test results and evaluation by a health-care provider indicate they are ready to begin treatment. ART suppresses multiplication of the virus in a person's body.

How Does ART Reduce HIV Risk?

ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body, which boosts a person's ability to fight off disease.

ART makes a person with HIV less likely to pass on HIV to other people by lowering the amount of the virus in a person's body. The amount of virus detected in a person's blood is known as viral load. Having a low viral load reduces the chances of an HIV-positive person passing HIV to his partner(s). With correct and consistent use of a condom, the risk becomes even lower.

The viral load of an HIV-positive person that is on ART can reach undetectable levels. This does not mean that they have been cured of HIV, but rather, that ART has limited HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

Benefits of ART

ART strengthens the body's defense system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ART does this by slowing down the multiplication of HIV and is highly effective.

ART helps to suppress viral load. This makes it less likely for you to transmit HIV to your sexual partner. If your partner is HIV positive and on ART, the risk of her/him infecting you is also reduced. It is always advisable to use a condom, even if you, your partner or both of you are on ART.

Eligibility for ART

To begin taking ART, you need to be HIV positive and meet other criteria that your health-care provider will assess. The only way to determine your HIV status is to go for HTC. You must get your own prescription for ART from an authorized health-care provider. Never share your ART with other people. Do not buy ART from unauthorized outlets.

Adherence to ART

For ART to be most effective, you must take it correctly and consistently. If you do not, it is possible you might develop resistance. Resistance is a condition whereby the virus is no longer affected by the ART or, in other words, the ART stops working. When this happens, y

Key Definitions

AIDS (Acquired Immuno-deficiency Syndrome): A collection of diseases caused by HIV

ART (Anti-retro viral therapy): Treatment for HIV, which can include several different ARVs

ARVs (Anti-retro virals): A type of medicine used to treat (but not cure) people with HIV. There are several different types of ARVs.

Disclosure: The outcome of your HIV test is confidential. However, you can choose to disclose your HIV status to your family and friends. In turn, family and friends can provide you with psychological support and also support you in making healthy

Discordancy

It is important to be aware that two people in a sexual relationship can have different HIV statuses from one another– one can be HIV positive, while the other is HIV negative. This is called a discordant couple.

It is possible for either a man or woman to be the HIV-positive partner. This holds true even in a polygamous union where one or two partners can be HIV positive, while the others can be HIV negative.

Discordant couples can protect each other by using a condom correctly and consistently and, if the HIV-positive partner is on treatment, adhering to that treatment to reduce their viral load and, in the process, reduce the chances of transmitting HIV.

HIV (Human Immuno-Deficiency Virus): The virus that causes AIDS.

Immune system: The body’s natural defence mechanism against sickness

Treatment: A form of medicine that can decrease the effects of a certain disease, but not eliminate the disease. As the treatment for HIV, ARVs can make an HIV-positive person healthier but not cure or get rid of the disease.

HCT (HIV counselling and testing): The process whereby a person goes for an HIV test and receives pre- and post-test counselling

Session 22: How do you care for people living with HIV?

Essential Questions:

1. What kind of care do people living with HIV need?
2. What strategies can I use to deal with trauma and grief?
3. How can learning how to deal with trauma and grief help me to achieve my 5-year life goals?

Learning Objectives:

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

- Identify the different ways to provide care and support for HIV positive relatives
- Learn techniques for managing grief, loss, and stigma

Time: 95 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pen/pencils
Large paper for posters

Facilitator Preparation: Read facilitator notes.

Activity 1: Caring for people living with HIV (45 MIN)⁸²

Step 1: Explain to participants that understanding how HIV is transmitted and what it does to the body is important, but we also need to think about how it affects families and communities. Now that girls know how HIV is transmitted and how it can be prevented, you will talk about the larger impact of HIV/AIDS.

Step 2: In small groups or as one large group, ask the girls to imagine a community or a nation where 25 percent of the population is infected with HIV/AIDS. Ask them to consider the following questions and discuss:

- **What happens to people infected with HIV/AIDS?** (*Possible answers:* They may become sad, lose hope, be ignored or stigmatized by their family and/or community, become sick, lose their job, become too weak to work or take care of their family.)
- **What happens to their families, friends, and children?** (*Possible answers:* Their husband or wife may abandon them or may become infected; they may feel sadness and anger over death of family members; the community may stigmatize the family; family income may decrease because the infected person can no longer work.)
- **What do you think is the overall effect on the community?** (*Possible answers:* Community members become demoralized; order breaks down as social institutions lose staff; sense of fear, anger, or hopelessness.)

Step 3: Next ask:

⁸² Adapted from Ambassadors Girls Scholarship Program Girls' Mentoring Resource Guide, USAID, 2008

- What care and support do you think people living with HIV/AIDS need from their family and friends? (*Possible answers:* showing love, respect and support; helping to reduce stress and stressful situations helping to provide balanced and nutritious meals; encouraging them to get treatment if they are sick).
- Explain that it is possible for people who are infected with HIV to live long healthy lives. Providing whatever comfort and support you are able to provide can go a long way in helping someone who is living with HIV.

Step 4: Invite any volunteers to share with a story about how HIV or AIDS has affected her, her family, or her community. She does not have to share a personal experience, but her observations about what is happening in the community. Suggest the following as possible ideas: how HIV has impacted the relationships of family members, neighbours, or relatives; economic hardship as a result of HIV; stigmatization of someone with HIV; the impact of HIV at school.

Activity 2: Managing grief, loss and stigma (45 MIN)⁸³

Step 1: Explain to participants that caring for people living with HIV may also be accompanied by grief, loss, and feeling stigmatized.

Step 2: Read the following case study aloud and discuss with participants:

- Zanele is a 17-year-old girl who has lost both her mother and father to HIV. Zanele is not HIV positive but is having a hard time dealing with the loss of her parents. She hears rumors about her parent's illness, which make her feel embarrassed and ashamed. She lives with her grandmother and, although she is normally a well-behaved child, since the death of her mother two months ago her behavior has changed. She is quite rebellious and angry. She shouts, does not listen to her grandmother's requests and no longer wants to attend school

Step 3: Ask the group the following questions and discuss:

- How does Zanele deal with her loss?
- What strategies could Zanele use to handle her feelings better?
- How might you advise Zanele's grandmother to deal with her rebellious behavior?

Step 4: Pair participants and ask them to take turns talking about a situation where they had a strong feeling, such as fear, anger, grief, or loss. Have participants:

- Explain how they were feeling and what they did to show the feeling.
- Ask them to also discuss if they could have shown their feelings in a better way or if there was any other way they could have coped with the feeling.

Step 5: Reconvene the group. Participants do not need to share their answers, but ask the whole group what are some positive ways to cope with feelings such as grief, loss, and stigma. After the discussion, explain the following to participants:

- Adolescents and young people experience a range of feelings when they experience grief. This includes sadness, poor appetite, weight loss, difficulty sleeping, crying, guilt, rage, numbness, disorganized thoughts, and a sudden increase in maturity. Review the basic principles of grief (**see facilitator's notes**)

⁸³ Toolkit for Transition of Care and Other Services for Adolescents Living with HIV—Training Manual, USAID, 2014

- Explain that support can include encouraging routine behavior such as school attendance or work, encouraging involvement of other family/caregivers wherever possible, identifying positive role models outside of the home, encouraging the adolescent to be proactive in finding help to address his or her loss, and encouraging independent decision making and healthy friendships

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Explain that understanding feelings and being able to talk about them is healthy.

- Feelings, both good and bad, are a normal part of life.
- Having strong feelings, such as grief or loss are normal, but it is important to learn how to manage them in a healthy way.
- Some feelings can be very strong and painful, perhaps because of something that happened in the past (e.g., if a parent or relative died) or is still happening. When those feelings aren't expressed, it can make one feel angry or depressed.
- Remind participants to seek the help of a trusted adult to help cope with feelings of anger, sadness, loss, or fear.

Step 2: Discuss the logistics of the next meeting.

FACILITATOR'S NOTES

Caring for a Person with HIV/AIDS⁸⁴

The care taker looking after a person with HIV/AIDS may be a member of the family or, if the person lives alone, a neighbour, relative or friend. It is not easy to care for a person with HIV/AIDS and whoever grows, prepares, cooks food and serves it to a person with HIV/AIDS needs support. The task involves meeting the needs of the sick person and balancing these with the needs of other members of the family. Too much help may be overprotective and take away the dignity, independence and self-respect of the person with HIV/AIDS while too little help may not provide the support that is needed to ensure that the person eats well and has the strength to resist infection.

Recommendations for Caretakers

- Spend time with the person living with HIV/AIDS. Discuss the foods they need to maintain and gain weight and manage their illness. Get to know what kind of foods they like and do not like. Involve them in planning their meals.
- Keep an eye on their weight. If possible, weigh them regularly and keep a record. Look out for any unexpected weight loss and take action.
- Check the medicines they are taking. Read the instructions to find out when they need to be taken, what foods to be avoided and any side-effects.
- Be encouraging and loving. If people want to have food of their choice at any time of the day, try to get it for them. They may suddenly stop liking a food, refuse what has been prepared and want something different. They are not trying to be difficult. These sudden changes in taste are a result of their illness.
- Be firm about the importance of eating and encourage them to eat frequently, but do not force them to eat. Giving them too much food at one time may cause them to refuse.
- If they are too sick to leave their beds, make sure that they have something to drink and a snack nearby.
- Keep a watchful eye. Look around to see if the house is clean, that there are no hygiene problems and there is enough food.
- If the sick person lives alone, invite them to join your family for a meal. Encourage others in the community to visit them and invite them out.

Care takers will have their own concerns and worries, fears for the future, for their families and for their own health. It is important that they take care of themselves, get enough rest and have the appropriate information and support to carry out their difficult task. The important messages given below cannot be emphasized enough.

- HIV/AIDS is not spread by food or water.
- HIV/AIDS cannot be spread by sharing food, dishes or cooking utensils such as cups, plates, knives and forks with a person who is HIV positive.
- HIV/AIDS cannot be spread by touching another person, hugging, shaking hands or holding other people in a normal way. There is no need to avoid body contact with a person living with HIV/AIDS.

⁸⁴ <http://www.fao.org/docrep/005/Y4168E/y4168e09.htm>

Adolescents Affected by HIV/AIDS⁸⁵

Talking about grief and bereavement is complicated, but it can be transformational for the adolescent.

Bereavement is the period of sadness after losing a loved one through death.

Grief is the normal process of reacting to the loss of someone or something. People experiencing grief may assume mannerisms of the deceased, regress emotionally, repeat stories of their loved one, say nothing at all, show anger at others for no real reason, feel guilty for being angry at the deceased, exhibit mood changes over the slightest things, and have unexpected outbursts or crying. All of these behaviors are normal.

Many adolescents have lost one or more family members or caregivers, which can result in potential depression, relationship problems with peers, post-traumatic stress disorder, and behavioral problems which may impact the transition process if left unresolved.

In addition, adolescents may not feel that they are able to express their grief surrounding the loss of a loved one due to stigma surrounding HIV—resulting in a sense of shame surrounding the death and potentially worsening the mourning process (Brown, Lourie, and Pao 2000).

Adolescents will understand and respond to grief differently based on their stage of development, their personality, their existing support system, and other losses that they have experienced.

In order to support adolescents, provide an open environment where the adolescent can discuss his or her experiences in an unrushed manner and be sensitive to the adolescent’s needs as this will help him or her to express any feelings of grief.

Additional ways to provide support include allowing the adolescent to grieve at his or her own pace, encouraging routine behavior such as school attendance or work, encouraging involvement of other family/caregivers wherever possible, identifying positive role models outside of the home, encouraging the adolescent to be proactive in finding help to address his or her loss, and encouraging independent decision making and healthy friendships

Basic Principles of Grief

GRIEF IS...	
NATURAL	Grief is a natural reaction to death and other losses. However, grieving does not feel natural because it may be difficult to control the emotions, thoughts, or physical feelings associated with a death and loss. The sense of being out of control that is often a part of grief may overwhelm or frighten some adolescents. Remember that grieving is normal and healthy, but may be an experience adolescents resist and reject. Helping adolescents accept the reality that they are grieving allows them to do work and progress in their grief journey.

⁸⁵ Toolkit for Transition of Care and Other Services for Adolescents Living with HIV—Training Manual, USAID, 2014

<p>UNIQUE</p>	<p>Grieving is a different experience for each person. Adolescents grieve for different lengths of time and express a wide spectrum of emotions. Grief is best understood as a process in which bodily sensations, emotions, thoughts, and behaviors surface in response to the death, its circumstances, the past relationship with the deceased and the realization of the future without the person. For example, sadness and crying may be an expression of grief for one adolescent, while another may respond with humor and laughter.</p> <p>There is no “right” or “wrong” way to grieve. Coping with a death does not follow a simple pattern or set of rules.</p> <p>The way adolescents grieve differs according to personality and the particular relationship they had with the deceased. Adolescents typically react in different ways to the death of a parent, sibling, grandparent, child, or friend. For many peer relationships are primary.</p>
<p>ONGOING</p>	<p>Grief never ends, but it does change in character and intensity. Many grieverers have compared their grief to the constantly shifting tides of the ocean—ranging from calm, low tides to raging high tides that change with the seasons and the years.</p>
<p>WAYS TO SUPPORT THE ADOLESCENT</p>	<ul style="list-style-type: none"> • Follow the basic principles outlined above. • Listen to the adolescent in a compassionate way. • Make time for emoting support, or refer for emotional support services (peer support, group support, etc.) • Ensure confidentiality.

Session 23: How can I access health services in my community and what can I expect?

- Essential Questions:**
1. What kind of youth-friendly health services are available in my community?
 2. How can I make sure I access the services I need?
 3. How can accessing the health services I need when I need them help me to achieve my 5-year life goal?

- Learning Objectives:**
- By the end of the session, participants will be able to:
- List the type of services exist in the community for prevention HIV/STI transmission and unplanned pregnancy (e.g., youth friendly services, FLAS, free clinics, HCT, contraception, etc.)
 - Know what to expect when seeking services (e.g., what information will they ask for, what are the procedures, will payment be required, etc.)
 - Practice interacting with service providers in the community.

Time: 95 MIN

Materials Needed: Chalkboard/chalk or flipchart/marker
Paper/pen/pencils
Large paper for service maps

Facilitator Preparation: Read facilitator notes.

Activity 1: Health services mapping (30 MIN)⁸⁶

Step 1: Divide participants into groups of six to seven people, hand out flip-chart paper and markers to them, then ask them to draw a map of their community. The following is a recommended process:

- Mark a central point that all of them relate to, which can be a combination of the following: road, river, school and inkhundla centre.
- Identify where each one of the members of the group lives, relative to the central point(s), have them draw their houses on the map, as well as the roads and paths that connect the places.
- Have them fill in any other locations that they feel are important to have on the map of their village.
- Mark all points where they access various health services, including where they can access condoms, such as small shops, HCT, emergency health services, etc.

Step 2: Once they are finished, have group then hang up their map on the wall, next to one another.

⁸⁶ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

Step 3: Have all the participants work together to combine the different elements from groups maps and develop one joint map.

Step 4: Engage participants in discussion and ask if the places marked on the map offer any or all of the services that are core to **HIV risk reduction, GBV, and unplanned pregnancy**. Mark the map to show which services are provided where. In addition, engage participants further on where else they feel able to go to access such services. Mark/add these on the map.

Step 5: Make sure that all participants have a chance to participate and be heard. Ask to confirm that all participants agree with what is being put on the larger map and answer any questions.

Activity 2: Health services- what to expect (60 MIN)⁸⁷

Option A:

Step 1: Explain that now we are going to identify the key factors that can facilitate (helping factors) and inhibit (hindering factors) utilization of the identified points of services.

Step 2: First, ask participants if anyone has ever witnessed a person seeking a health service and being treated unfairly or in an embarrassing way? Ask them to share with the group how it made them feel or what they thought of the situation? Next, ask them what they would do in that situation, how do they think they could have reacted or handled the situation? Discuss their answers.

Step 2: Divide participants into groups of five to six people, ideally four groups but make sure there are an even number of groups.

- Assign half of the groups the task of identifying the key factors that can facilitate utilization of the identified points of services (helping factors).
- Assign the remaining groups the task of identifying the key factors that can inhibit utilisation of the identified points of services (hindering factors).

Ask the groups to work together to come up with a list for each service point.

Step 3: Ask everyone who worked on helping factors to make their presentations together. Do likewise for those who worked on hindering factors. Remember to take notes of what the groups present as key helping factors and hindering factors.

Step 4: Discuss with participants the following:

- What information would you be asking for at each service point? (choose the service points for GBV, pregnancy and HIV-related services).
- What are the procedures involved in order to access services once you are at the facility?
- Are any of the services free? If not, what type of payment would be required?

Step 5: Ask for 8 volunteers (4 pairs). Ask each pair develop a skit or a role play seeking the following services. One person should portray the point of view of client and the other the point of view of service provider at the service point.

- Young women seeking support and options for an unplanned pregnancy
- Young women seeking information on how to report gender-based violence
- Young women seeking an HIV test

⁸⁷ Adapted from Swazi Girls4Health: Discussion guide for interpersonal communication with adolescent girls and young women aged 15-24, John Hopkins Center for Communication Programs, 2015

- Young women seeking information on contraceptives

Step 6: Once the pairs have prepared their skits, have them present them to the group and discuss the following:

- Was it clear what service the young woman was seeking?
- Did she ask for the service assertively?
- Did she ask questions about what was involved in the services?

Step 7: Summarize the activity by having a discussion around what action steps girls may take to decrease the factors that may prevent them from utilizing services and how they can take advantage of the facilitators to ensure more girls in their community utilize what is available.

Option B: Have the girls visit a local health clinic, take a health challenge like getting and HIV test, or have a local nurse come to the club to talk about what services are available at the local clinic and how girls can access them.

Activity 3: Session Wrap-Up (5 MIN)

Step 1: Summarize key points.

Step 2: Discuss the logistics of the next meeting.

MODULE 6: POY CLUB CLOSING CEREMONY

Session 24: Review participant presentations and pledges

Learning Objectives:

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

- Review key skills learned and how they hope to use them in the future
- Present their 5-year life plans

Time:

105 MIN

Materials Needed:

Chalkboard/chalk or flipchart/marker
Paper/pen/pencils

Facilitator Preparation:

- Label separate pieces of flipchart paper with the following titles:
 - Goals
 - Protective Assets
 - Gender Roles
 - Communication
 - My Rights
 - Healthy Relationships
 - Healthy Bodies
 - New Skill or Behavior
 - How I Can Apply This New Fact and New Skill in My Life
- Post the flipcharts throughout the room.

Activity 1: What can you do now? (30 MIN)⁸⁸

Step 1: Point out the flipchart papers with the POY Club topics written them.

Step 2: Ask participants to write in their notebooks one new fact that they learned about for each different topic in the POY program. It should be something that they did not know before attending the club.

Step 3: Then, ask participants to write the new fact on the flipchart paper under the appropriate heading.

Step 4: Now ask participants to write in their notebooks one new skill they learned. Remind them of some of the skills they practiced in the program. For example, assertive communication, goal setting, problem-solving skills, managing their emotions, how to resist peer pressure, etc.

⁸⁸ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 5: Next, ask participants to write the new skill on the flipchart paper labeled “New Skill or Behavior.” Explain that, while it is important to learn new things, most of the real learning and practice will come when they are in the “real world” or in their schools and communities.

Step 6: Ask participants how they can apply this new fact and this new skill to help them in their lives beyond the program. Ask them to think for a moment and write their answer in their notebooks.

Step 7: Next, ask participants to write their responses on the flipchart paper labeled “How I Can Apply This New Fact and New Skill in My Life.”

Step 8: Now have participants walk around the room and look at the responses of their peers.

Activity 2: Presenting Life Plans (45 MIN)⁸⁹

Step 1: Divide participants into groups of about 5 to 6 participants. Explain to participants that they will be sharing the 5-year plans/leadership trees that they (**Parts B and Parts C of Handout I**) developed over the course of the program with their peers.

Step 2: In their groups, ask each participant to share their life plan/leadership tree with group members. Each member should take no more than 5 MIN.

Step 3: Once they have finished, discuss the following with participants:

- What did you learn from developing a 5-year life plan?
- Did the exercise help you think differently about the decisions and choices you are making today? If so, how? If not, why not?
- What can you do to ensure that you try to stay on track with the goals you have set?

Activity 3: Session Wrap-Up and Certificates (30 MIN)⁹⁰

Step 1: Thank participants for their participation in the club! Be sure to thank participants for all their hard work and dedication. Remind participants of the following:

- Some of the sessions might have been difficult, but everyone worked together for a very successful program.
- Every day they make decisions—some are big and some are small. They may sometimes make good decisions and sometimes bad decisions, but they should remember that they have the power to make decisions for themselves. If they should make a bad decision or if something bad happens to them, they can get help and they should always keep striving for their goals.
- They may face challenges and obstacles as they go through life, but they have the skills, courage and resiliency to overcome them. Remind them of all the resources that have been discussed that are available to them. Remind them of the trusted adults in their lives and the lists that they were given of important names and numbers to use if they experience violence or abuse.

⁸⁹ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

⁹⁰ Adapted from Doorways I: Student Manual on School-Related Gender-Based Violence Prevention and Response, USAID, 2009

Step 2: Close by reminding participants to support one another to stay safe in school so that all of them can finish their education and reach their goals in life.

Step 3: Provide each girl with a certificate of completion.