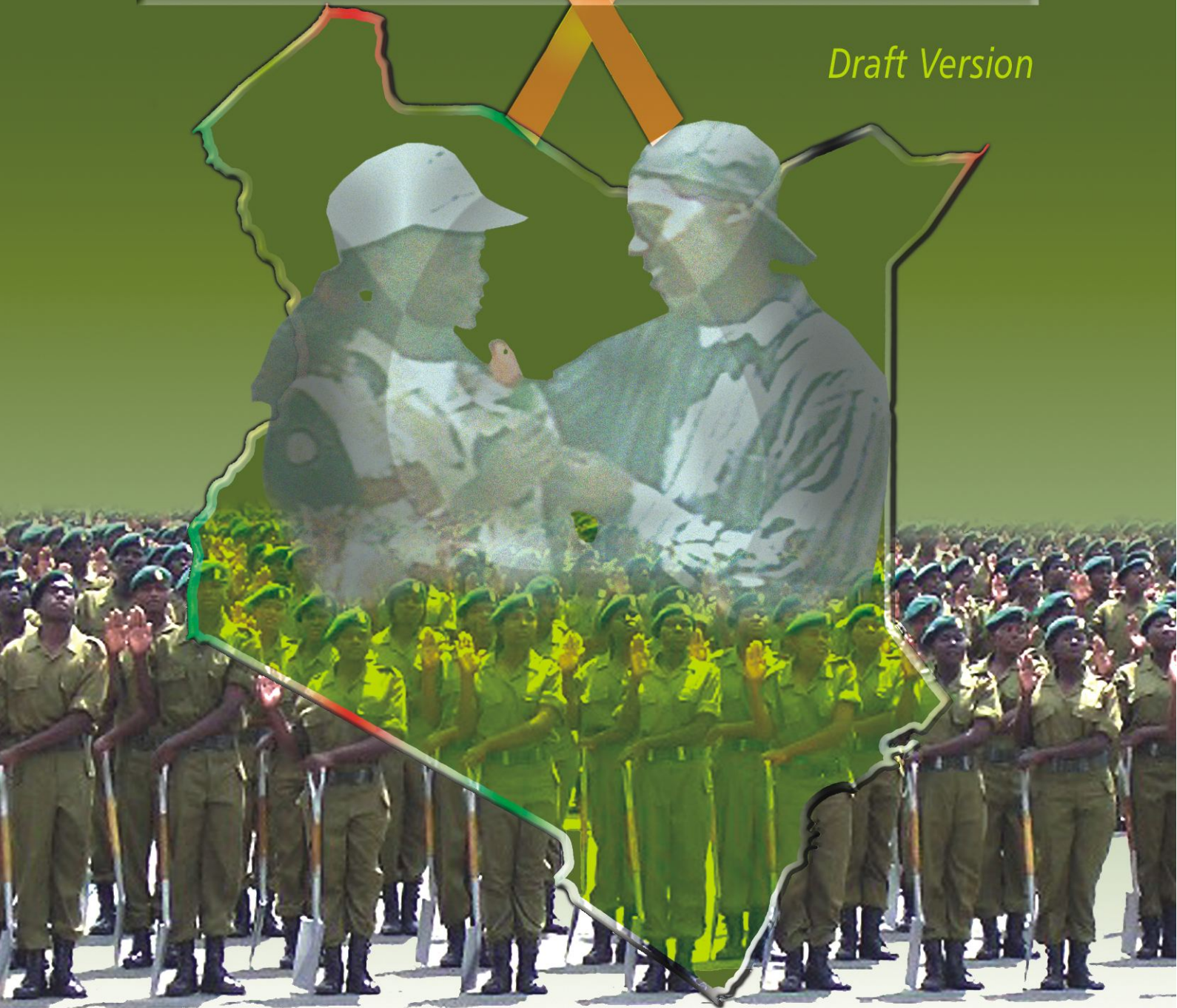


Men as Partners in HIV Prevention

A Training Manual for the Kenya National Youth Service

Draft Version



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CONTENTS

Acknowledgments	iv
Foreword	v
Introduction	vi
Facilitation Skills: Tips and Suggestions	ix

DAY 1: Exploring Gender Issues

Day One Agenda	1
Welcome / Logistics / Introductions: “Learning about Each Other”	2
Review of Agenda, Expectations, and Ground Rules	3
Pre-test	6
Icebreaker: “That’s Me!”	10
Learning the Rules of Being a Boy or a Girl	11
Gender Norms: Act Like a Man, Act Like a Woman	15
Gender Values Clarification	18
Social Construction of Masculinity and Femininity (Options One and Two)	20-22
Power, Gender and Roles	23
Understanding the Opposite Sex: Gender Fishbowl	25
Close of day review	28

DAY 2: Sexuality, Sexual Health, and Sexual Relationships

Day Two Agenda	29
Recap	30
Understanding Sexuality	31
Human Sexual Development through the Life Span	34
Male and Female Reproductive Anatomy and Physiology	38-46
Male and Female Reproductive Anatomy and Physiology Myths and Facts	47
Defining the Ideal Partner	51
Romantic Relationships, Loving Relationships	53
The Advantages and Disadvantages of Different Styles of Relationships	55
Healthy and Unhealthy Relationships	58
Close of Day Review	60

DAY 3:	Sexual Decision-Making, Abstinence, and Communication Skills	61
	Day Three Agenda	61
	Recap	62
	Sexual Decision-Making	63
	Defining Abstinence	71
	Communication: Assertive Skills	73
	Practising Negotiation Skills	82
	Power and Control in Relationships	85
	Close of Day Review	88
DAY 4:	HIV and AIDS	89
	Day Four Agenda	89
	Recap	90
	Addressing the Gaps in HIV Knowledge	91
	Burning Questions about STIs	95
	HIV Myths and Facts	99
	The Personal Impact of HIV	104
	HIV Risk Assessment and Reduction	108
	Learning about Male and Female Condoms	111
	Talking about Alcohol and Other Drugs	116
	Close of Day Review	122
DAY 5:	Putting It All Together	123
	Day Five Agenda	123
	Recap	124
	Sexual Jeopardy	125
	Sexual Rights and Responsibilities	129
	Case Studies and Role Plays	133
	HIV Personal Risk Assessment	138
	Action Steps	142
	Group Closing Activity	143
	Post-Test	144
	Training Evaluation	149
	Appendices	151

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Foreword

National Youth Service (NYS) was established to relieve the youth of unemployment; create a pool of trained and disciplined human resource to undertake work of National development projects of real economic significance; to create national cohesion and support the armed forces at war times and during national emergencies.

The National Youth Service youth on recruitment, undergo a paramilitary type of training, to instill self-discipline. National Youth Service Volunteers are aged between 18 and 22 years. This is the most vulnerable age when the youth have not fully matured to responsible adults. It is the responsibility of the service to equip them with life skills, which will enable them fight the temptation of irresponsible sexual behaviour.

About three thousand one hundred and fifteen skilled manpower, are released to the job market annually to engage in economic development of the nation. The servicemen and women contribution to the socio-economic development of our country is of great importance, hence the reason why good health is paramount. I have highly appreciated the assistance of EngenderHealth in trying to bring about behavioural change in our youth, through Men As Partners (MAP) training.

The HIV/AIDS pandemic is continually posing a threat in all areas of social and economic development of our nation, especially because it is mostly affecting the most productive population-“the youth”.

As a department, we have joined hands with the rest of Kenyans to fight this pandemic. This is why the training manual for National Youth Service is appreciated and it is a big step in trying to bring about behavioural change, by looking at our cultural stereo-types through a window glass to help us appreciate the role of each gender, and thereby bringing a change in our perception of men and women.

This manual shall positively contribute to the fight against the scourge and I encourage the youth to exploit their full potential in developing our great nation, by ensuring that they are not infected by the scourge already declared by our nation as a disaster.



J.K MWANIA, CBS
DIRECTOR
NATIONAL YOUTH SERVICE

Introduction for the trainer

Course Overview

Course Purpose

The purpose of this training is to help young people understand how gender norms and their perceptions of sex and sexuality can impact their reproductive health lives in both negative and positive ways. The course also provides skills for young people to develop healthier gender norms and skills to prevent HIV and STIs. The course can be adapted for use with those who need only reinforcement or updating of previous trainings.

Course Participants

This course is aimed at young service men and women in the National Youth Service (NYS). However, it can be modified to provide an orientation on gender, reproductive health and HIV prevention to staff and management at the NYS.

All course participants should bring to this training the desire to learn about or update their knowledge about gender, reproductive health, and HIV prevention and ways to strengthen skills in order to ensure good reproductive health.

Trainers for This Course

This trainer's manual has been designed for use by skilled, experienced trainers. While the book contains information to guide the training during a workshop and to assist the trainer in making decisions that will enhance the learning experience, it is assumed that the trainer understands adult learning concepts, employs a variety of training methods and techniques, and knows how to adapt materials to meet the participants' needs.

Ideally, it would be useful to have two trainers for this course. The two trainers might split the responsibilities of training in a way that best meets the participants' needs and best utilizes the trainers' particular experience and areas of expertise. In addition, having two trainers is useful when teaching sensitive material and when conducting training activities in which both writing and facilitation/observation are required.

The training team should include one male and one female trainer, if possible. A mixed-sex training team provides an opportunity for each trainer to speak from the perspective of his or her gender. This may help build trust with the participants, especially when presenting sensitive material. The sex of the training team members, however, should not be the main criterion for trainer selection. Trainers should be selected for their knowledge, expertise, and training skills.

Trainer's Resource Book

Format

This trainer's resource book provides guidance, suggestions, and training activities to be used to teach the content of the text in an NYS HIV Prevention Training Workshop.

The beginning of each chapter contains introductory information with essential details about:

- ♦ The purpose and objectives of the chapter
- ♦ The estimated time needed for the chapter's training
- ♦ Advance preparation (including any additional training supplies needed)

Information is provided about the key points to be presented during each training session, content that the participants may have difficulty learning, and ways to present sensitive content. This trainer's resource book also includes the following elements to help trainers customise the training and enhance the learning process:

- ♦ **Training Steps.** These outline how each exercise should be carried out. There are several different types of activities in this manual – large-group exercises, small-group exercises, individual exercises, discussion topics, role plays, and other activities – so it is important to understand how each of the activities can be carried out.
- ♦ **Discussion Questions.** These may be used either as part of a training activity or to assist the trainer in facilitating a discussion as an alternative to another training method.

Training Tools

This manual also includes the following tools the trainer can use to customise training:

Pre and Post Test Survey

This survey is designed to be given at both the beginning and the end of the workshop. When the survey is given at the beginning of the workshop, the trainer can use the results to customise the training to best suit the participants' level of knowledge and experience. When the survey is given at both the beginning and the end of the workshop, the trainer can use the survey to gauge the participants' change in knowledge and attitudes over the course of the workshop. The trainer must make and distribute copies of the survey to the participants.

Participant Handouts

These are provided to assist the trainer in conducting training activities during the training workshop. When reviewing the training activities that he or she will be conducting during each chapter, the trainer should review the participant handouts to determine whether they can be copied and used as they are or whether they should be adapted to meet the needs and interests of the participants.

The trainer must make copies of the handouts that he or she will be using before the session. Alternatively, if the trainer cannot or does not wish to make copies of all the handouts, he or she may write the content of selected handouts on flipcharts or the chalkboard. This option is more appropriate for some of the handouts than others. When deciding which handouts to distribute, the trainer should bear in mind that the participants may find it useful to keep copies of handouts containing material that is not provided in the text. This will enable them to review the material after the training is over.

Training Materials, Supplies, and Equipment

The trainer should obtain training aids, such as flipchart paper, masking tape/blue tack, and colored markers or any other supplies indicated, for use during the course.

Use of Training Methods

The content of the text may be presented through a combination of training methods: trainer presentation and training activities. Although the trainer will need to present some of the material through lecture, he or she can use more participatory methods, such as large- and small-group exercises, role plays, and discussion. The trainer should never lecture for more than 15 to 20 minutes at a time. Even while lecturing, the trainer should use visual aids to illustrate the narrative.

In some cases, a choice of training activities is presented to teach the same content. Often one activity is recommended, and an optional or alternate activity is presented. (The sample agenda provided at the beginning of each chapter indicates those activities that are recommended.) For some activities, options for conducting the activity are included. The trainer may choose activities that best suit the particular training workshop, taking into consideration the audience, available time, training location, and trainer's teaching style. In many cases, a discussion may be used to lead into the presentation of a particular topic or a case study may be used to introduce the content of an entire chapter.

Evaluation

Evaluation is an important part of the training. Evaluation gives the trainer and participants an indication of what the participants have learned and helps the trainer determine whether the training strategies used were effective.

The true test of how successful this training has been is whether or not the young men and women in the NYS have increased knowledge about HIV prevention and are practicing behaviors and skills that lead to this outcome. This emphasises the importance of good follow-up of all training workshops. More immediate evaluation is, however, needed, including an evaluation of the trainer and the course itself. Because this course covers both knowledge- and attitude-based material, the participants' progress will be measured largely by assessing changes in their knowledge and attitudes.

The trainer should include appropriate evaluation options to:

- ◆ Assess the participants' progress during the training. For example, the trainer may:
 - Ask questions to individuals or groups of participants to test their knowledge and comprehension.
 - Present case studies for discussion and assess the participants' solution of cases.
- ◆ Assess the participants' cumulative knowledge and attitudes at the end of the training. For example, the trainer may:
 - Use the pre and posttest.
 - Observe the participants during role-play exercises.

- ◆ Assess the outcome or results of the course after the training. For example, if possible the trainer should follow up with the participants to learn how they have applied the knowledge taught during the training.

For evaluation during and at the end of the training for participants whose literacy skills are good, the trainer may use the written material in the participant handouts, such as the exercises or case studies. If some participants have poor literacy skills, observing them during oral discussion is likely to be a better assessment tool than written exercises.

It is also important to have an end-of-training evaluation, in which the participants evaluate the overall process and results of the training course. This evaluation should also include an assessment of the trainer's performance. The trainer should check with the institution with which he or she is working to see if there is a form it prefers to use. (Alternatively, the trainer may have a form that he or she has used before or may prefer to design one specifically for this course.) A sample form can be found in the Evaluations Session (page 149) of this trainer's manual.

Developing a Training Agenda

Since the topics in the chapters are presented in a logical order, the trainer should try to follow the sample training agenda that has been prepared. If that is not possible, the trainer may change the order of the activities, but should follow the order of the various topics: Exploring Gender Issues; Sexuality, Sexual health and Sexual relationships; Sexual decision-making, Abstinence, and Communication skills; HIV and AIDS, and Putting it All Together,

When preparing a course for *any* audience, the trainer should be sure to include all essential content and activities required to give the participants a strong base of knowledge about gender and reproductive health and its relationship to HIV prevention. It may be useful for the trainer to discuss possible adaptations with other trainers experienced in using this material; even the most experienced trainers have found it helpful to review their ideas for adapting materials with others.

The trainer will need to use his or her discretion about which specific activities to include in the training. For example, if time is limited, the trainer may ask the participants to do some of the training activities or read the text in advance of the course or at home for review in the morning as appropriate and as time allows.

The times in the agendas are approximate. The actual length of time needed and the number and type of training activities used to teach the content will depend on several factors, including the participants' level of knowledge and experience. Therefore, the trainer will need to adapt the course carefully, review the lesson plan after the first training day to see if the time allowed for each chapter still seems sufficient, and modify it, if needed.

During the Training Course

Create a Positive Learning Environment

Many factors contribute to the success of a training course. One key factor is the learning environment. The trainer can create a positive learning environment by:

- ◆ **Respecting each participant.** The trainer should recognize the knowledge and skills the participants bring to the course. He or she can show respect by remembering and using the participants' names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- ◆ **Giving frequent positive feedback.** Positive feedback increases people's motivation and learning ability. Whenever possible, the trainer should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" "Good work!" The trainer can also validate the participants' responses by making such comments as "I can understand why you would feel that way...."
- ◆ **Keeping the participants involved.** The trainer should use a variety of training methods that increase participant involvement, such as questioning, case studies, discussions, and small-group work.
- ◆ **Making sure the participants are comfortable.** The training room(s) should be well lit, well ventilated, and quiet and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.

Presenting Sensitive Content

This training course addresses many topics that may be difficult for the participants to discuss. While this trainer's resource book provides suggestions for ways to discuss many topics in a group setting, the trainer may face situations in which individual (or groups of) participants hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, the trainer may use the following techniques:

- ◆ Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
- ◆ Begin with less-sensitive content, and build up to content that is more sensitive. Similarly, avoid scheduling sensitive discussions after breaks or at the very beginning of a session or day, if possible, to ensure a more trusting and cohesive atmosphere.
- ◆ Use icebreaker activities at the beginning of the training workshop and during breaks to encourage team-building and comfort.
- ◆ Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, split the groups up by sex, if appropriate.
- ◆ Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.

- ◆ Share your own experiences, including situations in which you were and were not successful.
- ◆ Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

Participant Feedback

The trainer should set aside a segment of time at the *beginning* of each training day to permit the participants to raise issues that can interfere with learning, such as those related to personal situations, accommodations, or content. Depending on the size of the group, a period of 10 to 15 minutes may be needed.

Similarly, the trainer should set aside a segment of time at the *end* of each training day to allow the participants to share their learning insights and their assessment of what did and did not go well for them that day. This assessment will enable the trainer to make any needed adjustments in the agenda and give the participants the opportunity to comment on the way the training course is progressing. One effective way for the trainer to do this is to conduct a “plus/delta” exercise, which is described in the curriculum.

The trainer may also use some time at the end of each training day (or the end of each chapter) to see if the objectives were met for each of the chapters covered that day. If not, the trainer might ask the participants to review some of the material in the text that evening or might note the topics that are problematic for follow-up.

At the end of the day before the last training day, the trainer might ask the participants if they would like clarification of anything discussed in the training or if they would like to include anything else on the last day.

Adjusting the Curriculum

As the course progresses and the trainer gets to know the participants’ learning styles and level of knowledge, he or she may need to make adjustments to the course content or the agenda. Time requirements will vary depending on the participants’ experience and interests and on the trainer’s experience.

Adjustments to the curriculum should not compromise the quality of the training. The trainer should cover all important content and allow sufficient time for discussion.

At the End of the Training Course

It is important to summarise the content and activities of the course. The trainer should highlight key points and be sure to review any specific concerns or difficulties that were raised during the course.

The trainer may choose to use the posttest to evaluate the training. By comparing the results of the pretest and posttest, he or she can determine changes in the participants’ knowledge and attitudes.

It is also important for the participants to complete an end-of-workshop evaluation so that the trainer may look at overall processes and results.

Facilitation Skills: Tips and Suggestions

The success of any educational or training event can be greatly enhanced by a skilled facilitator. Below are a few suggestions on how to make the most of a group presentation.

General Tips and Suggestions for Presenting to Groups

- Prepare yourself before any presentation by practising.
- Learn the participants' names.
- Interact with the audience.
- Move in front of the podium or table.
- Move around and into the audience.
- Look at and listen to the person asking a question.
- Be interested and energetic.
- Involve the participants through eye contact and discussion whenever possible.
- Be sensitive to the sensitivities of your audience. Identify the participants' "nerve endings," such as age, gender, locality, and language.
- Use humour, but do not wait for laughs.
- Never give a "generic" presentation. Always try to customise it for the group you are working with. There are many different ways to cover the same material.
- Articulate clearly the relationship between the presentation and earlier and future learning activities.
- Use linkages and repetition: Provide the same message in many ways so that people with different learning styles can understand it.

Responding to Difficult Statements

This manual addresses many topics that are very sensitive and difficult to discuss. The activities in this guide create ways for these topics to be discussed openly in small groups. A problem that facilitators will surely face is having some participants make statements that do not accord with their views. For example, a participant might say, "If a woman gets raped, it is because she asked for it. The man who raped her is not to blame." **As an educator, you must realise that it is important to challenge such opinions and to offer a viewpoint that reflects the philosophy of the United Nations Declaration on Human Rights and the 20 year Action Plan adopted by 179 governments at the 1994 International Conference on Population and Development (ICPD).**

This can be a difficult challenge, but it is essential for helping the participants to work toward positive change.

Difficult statement from a participant:

“If a woman gets raped, it is because she asked for it. The man who raped her is not to blame.”

After the participant makes a difficult statement, the facilitator can respond with the following four steps:

Step 1: Ask for clarification

“I appreciate your sharing your opinion with us. Can you tell us why you feel that way?”

Step 2: Seek an alternative opinion

“Thank you. So at least one person feels that way, but others may not. What do the rest of you think? Who has a different opinion?”

Step 3: If an alternative opinion is not offered, provide one

“I know that many people disagree completely with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person’s right to say ‘no’.”

Step 4: Offer facts that support a different point of view

“The facts are clear. The law states that every individual has a right to say ‘no’ to sex. Regardless of what a woman wears or does, she has a right not to be raped. The rapist is the only person to be blamed for a rape.”

Please note that even after the facilitator uses these four steps to address the difficult statement, it is very unlikely that the participant will openly change his or her opinion. However, by challenging the statement, the facilitator has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt at a later period.

Day One

Agenda for Day One

Exploring Gender Issues

8.30 – 9.00	Welcome/Logistics/Introductions: “Learning about Each Other”
9.00 – 9.30	Review of Agenda/Expectations and Ground Rules
9.30 – 9.50	Pre-test
9.50 – 10:00	Ice breaker
10.00 – 10.30	Learning the Rules of Being a Boy or a Girl

10.30 – 11.00 BREAK

11.00 – 11.45	Gender Roles: Act Like a Man, Act Like a Woman
11.45 – 12.30	Gender Values Clarification
12.30 – 13.00	Discussions and Clarifications

13.00 – 14.00 LUNCH

14.00 – 14.50	Social Construction of Masculinity and Femininity
14.50 – 15.30	Gender, Power and Roles

15.30 – 15.50 BREAK

15.50 – 16.50	Gender Fishbowl
16:50 – 17:00	Close of Day Review

Welcome/Logistics/Introductions: Learning about Each Other

Objectives

1. To provide an opportunity for the participants to get to know one another.
2. To appreciate the breadth of experience of the group members.

Time

30 minutes

Materials

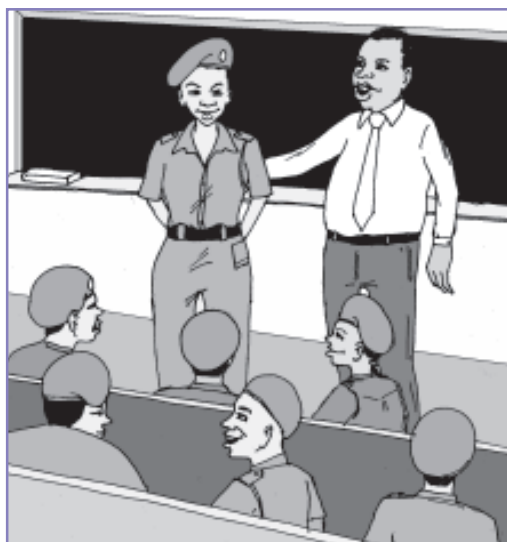
- Paper and pens (optional)

Note to the Facilitator

The participants may be reluctant to participate in this activity at the beginning of the workshop. You may want to model this activity by sharing information about yourself before asking the participants to do the same.

Steps

1. Introduce yourself and welcome participants to the training. Go over any logistics about rest rooms, breaks, etc. Talk briefly about the 5-day programme and expectations about attendance.
2. Ask the participants to divide into groups of two.
3. Tell each participant that he or she will need to introduce himself or herself to the other person and to share three things about himself or herself. Allow a few minutes for the pairs to share this information with each other.
4. Have the small groups re-join. Next, go around the room, and ask each person to introduce his or her partner to the group and to share one of the three things that he or she has learned about that person.



“Asks each person to introduce his or her partner to the group.”

Review of Agenda, Expectations, and Ground Rules

Objectives

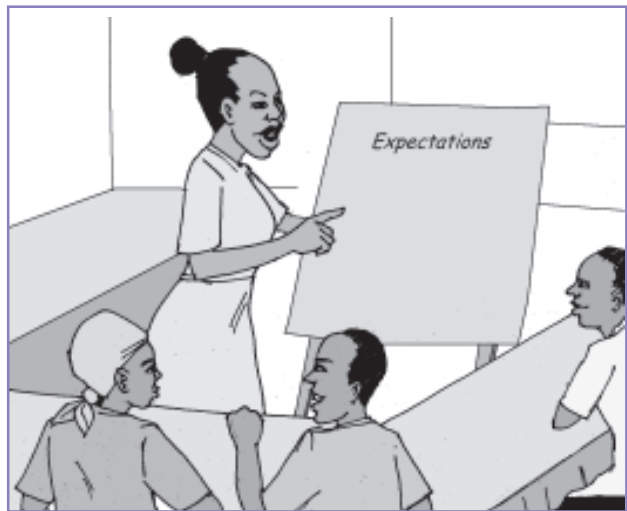
1. To establish clear expectations of what will and will not be accomplished in the training.
2. To establish expectations for behaviour during the training.

Time

30 minutes

Materials and Advance Preparation

- Flip chart paper
- Markers
- Handout: "How to Get the Most from This Workshop"
- Enough copies of the agenda for all participants (or have written up and posted on the flipchart).



Note to the Facilitator

This activity is critical for climate setting and establishing clear, shared expectations. Be sure to allow ample time! This activity should be included in all workshops. Use it very early (it may follow an icebreaker and/or individual introductions, but it should precede all other activities).

Steps

1. Ask the participants, "What do you hope to gain from this session?"
2. Ask the participants to take a moment to think about the question. Acknowledge that some of them might have chosen to attend and that others might have been sent by a supervisor. Depending on the group size, you might ask all the participants to respond or you might invite input from the group at large. If your icebreaker has not included individual introductions, ask everyone to say his or her name and then answer the above question. Another option is to ask the participants to discuss this in pairs first, and then invite individual responses.
3. As the participants respond, write their input on the flip chart.

4. Hand out the agenda and the list of objectives to the participants. Compare the answers with your agenda and objectives for the session. Point out which topics or areas of interest that you will address and those that you will not address. Undoubtedly, the participants will mention some topics that you have not included in your plans; you should address this.
5. Offer additional resources, as appropriate, for those topics that you will not address during this training.
6. Point out that being honest and clear about what you can and cannot cover in a training helps you to establish realistic expectations. Likewise, it is important for the participants to be honest and clear about their own expectations and one another's behaviour while together as a group.
7. Write "Ground Rules" on the flipchart, and invite the participants to call out what they can promise for their own behaviour throughout the course, as well as what they would like from others.

Note to the Facilitator

You should have minimum ground rules in mind and offer them if the participants do not. For example:

- Honour confidentiality.
- Participate at your level of comfort.
- Be on time after breaks.
- Ask questions.

8. List all input. Ask the participants to look over the list and reflect on these expectations. Then ask:
 - "Do we need to revisit or clarify any?"
 - "Are we all comfortable with these? If not, how can we change this rule so that it is okay?"
9. Post the ground rules in a spot visible to all or most participants.
10. Distribute the handout "How to Get the Most from This Workshop" to all the participants. Either go over it briefly or give the participants a few moments to look it over.

How to Get the Most from This Workshop

This workshop is a unique opportunity to explore issues concerning reproductive health. The workshop is designed to challenge and actively involve you in the training activities.

To get the maximum benefit from this training, try the following suggestions:

- If you usually speak a lot in a group, count to 10 and listen before you speak. If you usually do not speak much in a group, consider sharing more of your important views.
- Listen to the other participants.
- Ask for help if you need it. Assume that all of your questions and needs are important to the group.
- You have the right to excuse yourself from the training room at any time, as do the other participants.
- Be candid, and speak your mind. Do not wait to express concerns or problems until the very end of the workshop.
- Welcome and learn from your mistakes. Forgive others' mistakes quickly and completely.
- Resolve conflicts when and with whom they arise.
- Do not criticise or complain about anyone. Before judging what someone else has said or done, ask yourself:
 - What can I learn from this?
 - Why is this making me feel that I need to complain?
 - How can I take more effective leadership?
 - How can I be a better ally to this person?
- Distinguish the feelings you have as an individual from those you have as a professional. Both sets of feelings are important. It is helpful to know which role you are assuming when you are responding.

(Adapted from the Equity Institute.)

Pre-Test

Objectives

1. To determine the level of knowledge about HIV/AIDS and sexuality that participants have before attending the training.
2. In conjunction with the post-test, to help facilitators evaluate the effectiveness of the content-focused pieces of the training.

Time

20 minutes

Materials and Advance Preparation

- Handout: "Pre-Training Questionnaire"

Steps

1. Explain the purpose of a pre-test (to help the facilitators determine how well they did in conveying the information in the training). Ask them to NOT put their names on the tests; that it is an anonymous process. (They can use numbers so as to enable measuring change).
2. Let them know that, even though you have not yet discussed sexuality-related topics, there will be some questions about sexuality on the test. Ask the participants to complete the test, even if it may feel a bit uncomfortable doing so. Let them know that they have 15 minutes in which to do this.
3. After 15 minutes, collect the pre-tests. If participants have questions about the answers, let them know that they will learn about it during the training.

Pre-Training Questionnaire for Participants

– NYS HIV Prevention Programme

Date:

NYS Unit:

Trainers:

Age?	Sex?
How long have you been in the NYS?	

Section 1

In this section please read the statements and circle the option you most agree with. You can either "strongly agree", "agree"; "disagree", or "strongly disagree" with the statement. There are no right or wrong answers.

1.1	Men are more intelligent than women.	Strongly Agree	Agree	Disagree	Strongly disagree
1.2	Women are better suited to carry out household chores than men.	Strongly agree	Agree	Disagree	Strongly disagree
1.3	Real men do not cry.	Strongly agree	Agree	Disagree	Strongly disagree
1.4	In a family, it is a woman's responsibility to take care of the children and cook for the family.	Strongly agree	Agree	Disagree	Strongly disagree
1.5	It is okay for a woman to suggest using a condom.	Strongly agree	Agree	Disagree	Strongly disagree
1.6	It is a woman's job to take care of family members living with HIV/AIDS.	Strongly agree	Agree	Disagree	Strongly disagree
1.7	A man is only a real man if he has had sex with a number of different women.	Strongly agree	Agree	Disagree	Strongly disagree
1.8	If a man buys you gifts, he has a right to expect sex	Strongly agree	Agree	Disagree	Strongly disagree
1.9	A man has the right to have sex with another woman if his partner refuses him sex	Strongly agree	Agree	Disagree	Strongly disagree
1.10	A man should find out what his partner likes and wants during sex.	Strongly agree	Agree	Disagree	Strongly disagree
1.11	It is the woman's responsibility to take precautions against pregnancy.	Strongly agree	Agree	Disagree	Strongly disagree
1.12	It is okay for a man to have sex outside marriage if his wife does not know about it.	Strongly agree	Agree	Disagree	Strongly disagree
1.13	Only a monogamous relationship is a healthy relationship.	Strongly agree	Agree	Disagree	Strongly disagree
1.14	In a relationship, if a partner is jealous it means that s/he really loves you.	Strongly agree	Agree	Disagree	Strongly disagree

1.15	A healthy relationship is one in which the partners never disagree.	Strongly agree	Agree	Disagree	Strongly disagree
1.16	Beating one's wife is private matter which should stay between husband and wife.	Strongly agree	Agree	Disagree	Strongly disagree
1.17	It is culturally acceptable for a husband to hit his wife.	Strongly agree	Agree	Disagree	Strongly disagree
1.18	A woman who is beaten by her husband must have done something to provoke him.	Strongly agree	Agree	Disagree	Strongly disagree
1.19	Some women ask to be raped because of the way they dress and act.	Strongly agree	Agree	Disagree	Strongly disagree

Section 2

Please read the statements below and indicate whether you think each of the statements is true or false.

2.1	A person experiences his or her sexuality from a very early age.	True	False
2.2.	Sex and gender are two different things.	True	False
2.3.	Gender roles can change over time.	True	False
2.4.	A person's sexuality can be influenced by many things.	True	False
2.5.	Children start learning about gender roles between the ages of three and five.	True	False
2.6	Sperm are made in the testicles.	True	False
2.7.	The entire female genital area is called the clitoris.	True	False
2.8.	A woman can release more than one egg (called "ovulation") at one time.	True	False
2.9	The penis is one body part that continues to grow throughout an adult male's life.	True	False
2.10	The fallopian tubes release eggs in a woman's body on a monthly basis.	True	False
2.11	A person who has HIV should not have sex at all.	True	False
2.12	A HIV positive mother can pass HIV to her child during pregnancy, labuor, and delivery.	True	False
2.13	A person can have a STI even if they do not show any signs or symptoms.	True	False
2.14	Anal sex is the most risky form of sexual contact.	True	False
2.15	It is possible to become infected with HIV after one sexual contact with a HIV positive person.	True	False
2.16	It is not necessary to use a condom if you are having sex with only one man or woman.	True	False
2.17	A person cannot be forced to disclose his/her HIV/AIDS status.	True	False
2.18	An NYS staff person has a right to expect sexual favours in return for providing special opportunities for recruits.	True	False

2.19	Women often say 'No' to sex when they want men to try harder to have sex with them.	True	False
2.20	A man has the right to have sex with his wife even if she does not want to have sex.	True	False

Section 3

Please remember that there are no right or wrong answers in this section. You do not have to answer the questions you do not like to. Remember that these questions are meant to help us when we are evaluating the programme and not the individuals who are taking part in the programme. Also remember that no one, other than the evaluator and the trainers, will see this questionnaire.

	1	2	3
3.1. In your last sexual relationship, if you did not know your partner's HIV status, did you use condoms every single time you had sexual intercourse?	Yes	No	Not applicable
3.2. Have you ever gone to a clinic for a VCT test?	Yes	No	Not applicable
3.3. In your last sexual relationship, did you and your partner discuss ways in which to prevent HIV/AIDS?	Yes	No	Not applicable
3.4. Would your partner have to have sex with you even if s/he does not want to?	Yes	No	Not applicable
3.5. Would you tell your partner if you found out that you have a STI?	Yes	No	Not applicable
3.6. Would you tell your partner if you had another partner?	Yes	No	Not applicable
3.7. In your last sexual relationship, did you and your partner discuss ways in which to protect yourself against STI?	Yes	No	Not applicable
3.8. In your last sexual relationship, did you expect certain things from your partner in exchange for sex?	Yes	No	Not applicable
3.9. Is it your partner's job to make sure that she takes precautions against pregnancy?	Yes	No	Not applicable
3.10. Have you used drugs in the past six months?	Yes	No	Not applicable

Icebreaker: That's Me!

Objective

1. To help the participants gain an insight into the group members' personal backgrounds, which might help them understand individual points of view during workshop discussions.

Time

10 minutes

Materials

No materials needed



Steps

1. Have each participant give his or her name and position within NYS.
2. Read aloud from the following comments, and tell the participants to stand up and say, "That's me!" if a comment describes them. Also explain that it is fine to pass if they would rather not admit to something.

Icebreaking Comments

Mix general comments with comments on people's backgrounds. Check them off as you go.

Comments

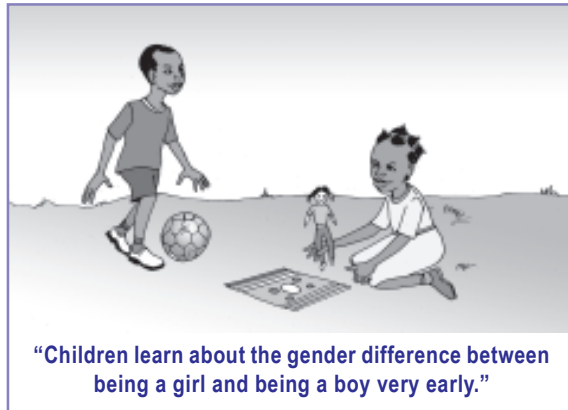
- Ate *ugali* for supper last night.
- Have at least one electric appliance, TV, radio, or phone that needs repair.
- In the past two weeks, have spent more than five minutes looking for my keys.
- Have at least one family or romantic relationship that needs improving.
- Grew up with a brother.
- Grew up with a sister.
- Grew up in a village

Learning the Rules of Being a Boy and a Girl

Objectives

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

1. How children learn and what children are taught about the differences between being a boy and being a girl.
2. How gender differences can impact on an individual's personal life positively and negatively.



Time

30 minutes

Materials

- Flipchart paper
- Markers and tape
- Handout: Sex and Gender

Steps

1. Ask each participant to think as far back as possible in their lives and remember one incident when they first realised that boys and girls were treated differently and were meant to behave differently. Make clear that this is not about physical differences between women and men.
2. Break participants into groups of three, and ask each person to tell their partners about this incident. Explain that each person in the group has 5 minutes to tell their story. Ask participants to try to answer the following questions in their story (and write these questions on a flipchart):

What was the incident about? How old were you? Who was involved? Where did the incident take place? How did you feel?

3. After 15 minutes, bring everyone back together. Allow a few groups to share if willing. Lead a general discussion about how children learn the difference between what it means to be a boy and what it means to be a girl. Use the following questions:

- *How old are children when they first learn about the differences between being a boy and being a girl?*
 - *How do children learn about the differences between boys and girls?*
 - *Who is most involved in teaching children about the differences between girls and boys?*
 - *What impacts does this teaching have on the lives of boys and girls?*
4. Give out Handout and go through the definitions and the examples of “sex difference” and “gender difference”. Make clear that children are taught the rules of “gender difference” as they are growing up – the rules of how boys should be different from girls.
 5. Discuss what actions need to be taken to improve the ways that boys and girls are raised, noting these actions on the Action Chart. Sum up this discussion, making sure that all the points in the **key points** section are covered.

Note to the Facilitator

Some participants may be reminded of painful memories when you ask them to remember the first time that they learned about being a boy or being a girl – these could be memories of child sexual abuse or physical abuse. Be aware of how participants are reacting to the activity and remind them that anyone is free to step out of the activity if it is becoming uncomfortable for them.

Key points

Girls and boys are raised very differently in different parts of Kenya

These differences are called gender differences because they are based on society’s definition of the difference between men and women, not on the natural differences between female and male biology.

Children learn about the gender difference between being a girl and being a boy very early – usually between the ages of 5 and 10

Family members, peers, teachers, church leaders and community leaders are some of the most important people in children’s lives. It is these people who teach children about gender differences.

From an early age, children are taught that boys and girls have different responsibilities

This includes the kind of household chores that girls are expected to do compared to boys. Girls work inside and around the home and boys outside. Girls work for others in the home, for example cooking, washing dishes, cleaning the house and washing clothes; boys are sent out on errands. Girls do things for boys such as serving food, cleaning up utensils and doing their washing. In some cultures, boys are asked to escort girls in public.

Girls and boys are taught to behave differently

Girls are not encouraged to play games such as football, which involve vigorous physical activity and physical contact with one another; boys are often not allowed to play with dolls or play as homemakers. Boys who do not engage in rough physical games are thought to be “sissies”. Children are often told not to play with members of the opposite sex, or not to get involved in any activity that will bring one into physical contact with people of the opposite sex. Girls and boys are expected to respond differently to the same experience. For example, while it is acceptable for girls to cry, crying is seen as a weakness in boys.

Girls and boys are expected to think differently

Girls are expected not to talk back or to express their opinions but boys are encouraged to speak up and often. For example, research has shown that teachers pay more attention to boys in class because they expect more of boys.

Class, ethnic and other differences affect what girls and boys are taught about gender difference

It is important to understand how class, caste, ethnicity and nationality may all affect how girls and boys are expected to behave.

The fact that girls and boys are raised very differently in Kenya affects their later risks of becoming infected with HIV

Gender differences in the way that girls and boys are raised can have a huge impact on their later risk of becoming infected with HIV. Young women are at high risk of HIV infection because they are taught, as girls, to follow men’s leadership and to rely on men for protection. This often means that they grow up lacking the confidence to make their own decisions about their own lives.

What is Sex and Gender?

Sex

- ◆ Refers to the biological characteristics that make us male or female (anatomical, physiological and genetic).
- ◆ Sex also refers to sexual activity, including sexual intercourse.

Gender

- ◆ **Gender:** How an individual or society defines “female” or “male”.
- ◆ **Gender roles:** Socially and culturally defined attitudes, behaviours, expectations and responsibilities for males and females.
- ◆ **Gender identity:** The personal, private conviction each of us has about being male or female; it defines the degree to which each person identifies himself/herself as male, female, or some combination.

Gender Norms

Act Like a Man, Act Like a Woman

Objectives

1. To recognise that it is difficult for both men and women to fulfil the gender roles that society establishes.
2. To find out how messages about gender can affect human behaviour.

Time

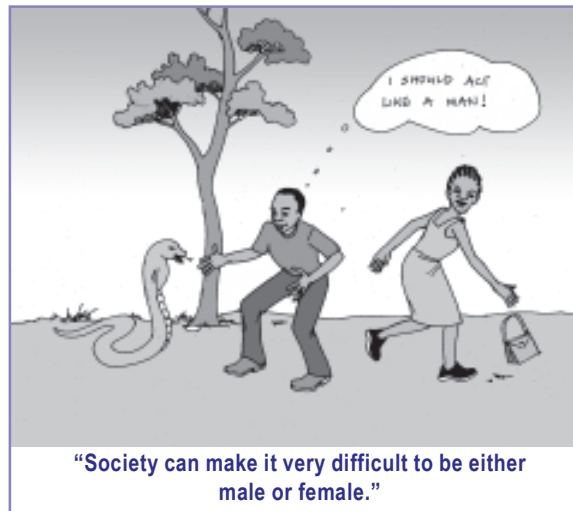
45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Steps

1. Ask the participants if they have ever been told to “act like a man” or to “act like a woman” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?



2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

In large letters, print on a piece of flipchart paper the phrase “Act Like a Man”. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box as illustrated below:

ACT LIKE A MAN

- ◆ Be tough.
- ◆ Do not cry.
- ◆ Yell at people.
- ◆ Show no emotions.
- ◆ Take care of other people.
- ◆ Do not back down.

3. Once you have brainstormed your list, initiate a discussion by asking the following questions:

- Can it be limiting for a man to be expected to behave in this manner? Why?
- Which emotions are men not allowed to express?
- How can “acting like a man” affect a man’s relationship with his partner and children?
- How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
- Can men actually live outside the box (the facilitator needs to explain what this means)? Is it possible for men to challenge and change existing gender roles?

Now in large letters, print on a piece of flipchart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “Act Like a Woman” inside this box as illustrated below:

ACT LIKE A WOMAN

- ◆ Be tough.
- ◆ Be passive.
- ◆ Be the care giver.
- ◆ Act sexy but not too sexy.
- ◆ Be smart but not too smart.
- ◆ Be quiet.
- ◆ Be the homemaker.

4. Once you have brainstormed your list, initiate a discussion by asking the following questions:

- Can it be limiting for a woman to be expected to behave in this manner? Why?
- What emotions are women not allowed to express?
- How can “acting like a woman” affect a woman’s relationship with her partner and children?
- How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
- Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?

5. Close the activity by summarising some of the discussion and sharing any final thoughts. A final comment and question could be as follows:

The roles of men and women are changing in our society. It has slowly become less difficult to step outside the box. Still, it is hard for men and women to live outside these boxes. What would make it easier for men and women to live outside of the boxes?

Gender Values Clarification

Objectives

1. To examine the participants' attitudes and beliefs about gender.
2. To create a forum for discussion of gender issues.

Time

45 minutes

Materials and Advance Preparation

- Four forced-choices signs ("Strongly Agree," "Agree," "Disagree," and "Strongly Disagree")
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree."
 2. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.
 3. Review the statements provided below, and choose five or six that you think will generate the most discussion.

Steps

Begin by reminding the participant on what gender and values means.

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. Explain that this workshop will focus on gender issues, and that this is the group's first opportunity to discuss the issue. Remind the participants that everyone has the right to his or her own opinion, and that no response is "right" or "wrong".
2. Read aloud the first statement you have selected, and ask the participants to stand near the piece of paper that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements you have selected.

3. After discussing all of the statements, facilitate a discussion by asking the following questions:
 - Which statements, if any, did you find challenging to form an opinion about? Why?
 - How did it feel to express an opinion that was different from that of some of the other participants?
 - How do you think people's attitudes about some of the statements might affect the interactions between service men and women at the NYS?

Note to the Facilitator

For the sake of discussion, if the participants express a unanimous opinion about any of the statements, play the role of "devil's advocate" by expressing an opinion that is different from theirs.

Statements

- It is easier to be a man than a woman.
- Women make better parents than men.
- Family planning is a woman's responsibility.
- A man is more of a "man" once he has fathered a child.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of marriage if his wife does not know about it.
- A man cannot rape his wife.
- Men are cleverer than women.

Social Construction of Masculinity and Femininity

Option One

Objectives

1. To further explore how boys and girls are socialised to behave based on their gender.
2. To discuss how this gender socialisation process can be harmful.

Time

50 minutes

Materials

- Small Group Handout: Ideas for Role Plays

Steps

1. Divide participants into four small groups.
2. Explain that each group will be asked to carry out a role play, based on the “Act Like A Man, Act Like A Woman” activity that was just completed.
3. Explain that participants will have an opportunity to create two or three scenes that demonstrate how males and females are socialised. The first group will show examples of how a young boy is socialised, the second group will show examples of how a young girl is socialised, the third group will show examples of how a teenage boy is socialised, and the last group will show examples of how a teenage girl is socialised.
4. Participants will be given a handout that provides each group with a few ideas of situations that can be acted out. Small groups will have 15 minutes to create their role-plays and five minutes to act them out in front of the other participants.
5. After each group acts out their role-play, the facilitator will ask the participants discussion questions in order to reflect on the situations that were presented.

Discussion Questions

- What messages about gender were demonstrated in the role-plays?
- How can these messages about gender be problematic?
- How could the certain characters have acted differently in order to challenge the existing messages about gender?

Small Group Handout

Ideas for Role Plays

The following are some examples of situations, to act out, that show how society treats girls and boys differently. Each group can act out these situations or come up with new situations.

Group 1: Young Boy

- ♦ A young boy wants to play with dolls but he is discouraged from doing so. Instead he is given a toy car to play with.
- ♦ A young boy is upset and begins to cry. His father scolds him for showing his emotions and informs him that boys are not supposed to cry
- ♦ A young boy is teased because he acts in a feminine manner. He continues to be teased and is challenged to a fight. When he declines to fight, he is teased even more. He eventually gives in and fights.

Group 2: Young Girl

- ♦ A young girl is discouraged from playing football outside with the other children because it is not lady-like.
- ♦ A young girl's achievements in school are ignored, while her brother is given special attention. The family informs her that they will soon need to withdraw her from school, even though she has better grades than her brother.
- ♦ A young girl is given less food than her baby brother, even though she is older and taller.

Group 3: Adolescent Boy

- ♦ A teenage boy is pressured to drink alcohol and to smoke with his friends. When he declines, he is laughed at, and is said to be afraid. He eventually gives into the peer pressure.
- ♦ A teenage boy reveals that he is a virgin. His friends encourage him to visit a commercial sex worker. He expresses uncertainty about this, and his friends claim that he must be gay if he wants to remain a virgin.
- ♦ A teenage boy is told that he is not a man unless he has money. Meanwhile, he sees other older guys hanging out with lots of girls because they have cars and money. He tries to get honest work, but nobody will hire him because he is young. He and another boy finally decide to rob a house in order to get some money.

Group 4: Adolescent Girl

- ♦ A teenage girl is given a long list of household duties, while her older brother is not expected to do a single act of housework.
- ♦ A teenage girl applies for a job. Although she is extremely qualified, she is ignored. Another extremely unqualified girl is hired instead because she is attractive and flirts with the man that interviews her.
- ♦ A teenage girl is not allowed to receive any information about sex, sexuality or HIV prevention. Later that day, she is propositioned by an older man who invites her to become his girlfriend in exchange for gifts and money.

Social Construction of Masculinity and Femininity

Option Two

Objectives

- To further explore how boys are socialised through the use of a video.

Time

50 minutes

Materials

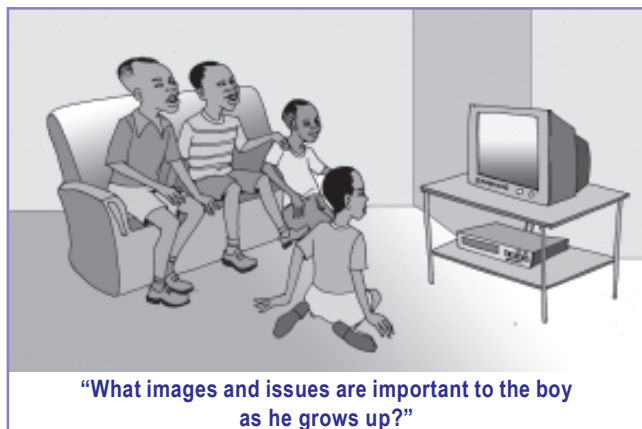
- TV and VCR
- Video: "Once Upon A Boy"

Note to the Facilitator

1. Show the group the video entitled "Once Upon A Boy"
2. After the video, facilitate a discussion about the boy's experience growing up using the following Discussion Questions.

Discussion Questions

- What did you learn from the video?
- What scenes did you find interesting? Why?
- How similar are these issues to the ones boys in Kenya face as they grow up? What is different?
- What do you think the pencil represented?
- What did the boy experience that the pencil told him was wrong?
- What images and issues are important to the boy as he grows up?
- What does the flower represent?
- What things is the boy concerned about before he first has sex with his girlfriend?



Power, Gender and Roles

Objectives

1. To recognise that men and women are treated differently in society.
2. To examine the participants' attitudes, beliefs and values about gender.
3. To identify the different groups that have power and the groups that are targeted for unfair treatment in Kenya.

Time

40 minutes

Materials and Advance Preparation

- Flipchart paper
- Markers
- Masking tape

Steps

Define power and sexuality.

1. **Introduction:** The participants are going to discuss gender roles. Gender roles are defined as society's expectations of people based on their gender. Men and women are treated differently in Kenyan society and throughout the world. Ask the participants to give some examples of the different forms of treatment men and women receive.
2. **Systems of oppression:** In Kenya, men have more power than women do. Often, when groups have power, they treat those with less power poorly. This poor treatment of groups with less power is called "oppression." Ask for some examples of "Powerful" groups and "Targeted" groups in different countries. List them on a sheet of flipchart paper. Help the participants come up with examples of these two groups by suggesting categories that may have a power and a target group. These include sex, race, age, religion, financial status, and sexual orientation. The chart should look similar to the one that follows:

Powerful	Targeted (explain to participants what targeted means)
Men	Women
Adults	Youth
Wealthy	Poor
Heterosexuals	Homosexuals

3. After having the participants complete the chart, lead a discussion that includes the questions: "Why do these groups have more power?" and "What bad things can happen because of this power?" Give examples (rape, war, land clashes, abuse, neglect etc.).
4. Break the group into smaller groups of no more than four or five people. Provide each group with a blank sheet of flipchart paper and a marker. Define what values means. Ask them, together, to come up with two or three values around sexuality and gender that they think should be embraced to avoid people using power for negative ends. One example might be, "Relationships should be about what both people want, not just what one person wants," or "People have the right to love who they love, regardless of whether they are heterosexual, homosexual, or bisexual."
5. After a few minutes, ask the groups to present what they have developed. Be sure to post these on the wall, and if possible, leave them up for the remainder of the training.
6. Advice for our children: Ask the participants these questions:
 - "If you were to have a daughter, or if you do have one, tell us one piece of advice you would give her about growing up as a female that would help her fight unfair treatment"
 - "If you were to have a son, or if you have one, tell us one piece of advice that you would give him related to gender equality or misusing power."

Conclude the session by linking power, values, gender and sexuality.

Understanding the Opposite Sex: Gender Fishbowl

Objectives

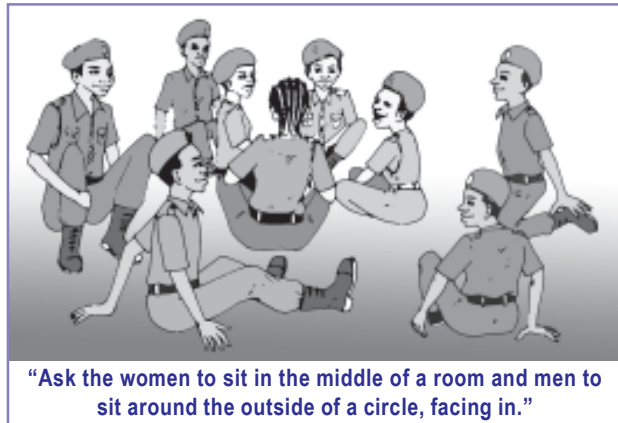
1. To give women and men an opportunity to speak out and be heard about gender issues.
2. To develop a better sense of understanding of and empathy for the opposite sex.

Time

60 minutes

Materials

No materials needed



Steps

1. Divide the participants into a male group and a female group. (Tips for large groups – have two fish bowls. Another tip in case you notice distractions – reduce the time or swap the groups).
2. Ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle, facing in.
3. Begin a discussion with the women by asking the questions listed below.
4. The men’s job is to observe and listen to what is being said. They are not allowed to speak out.
5. Once the women have talked for 30 minutes, close the discussion. Then ask the men to switch places with the women and lead a discussion with the men while the women listen. They are not allowed to speak out. The questions for the men are also listed below.
6. Discuss the activity after both groups have completed the discussion. Some things to discuss: How did you feel being in a fishbowl? How did you feel watching the other group through a fishbowl? What have you understood or appreciated about the opposite sex?

Training Option for Male-Only or Female-Only Groups

This activity works best with a mixed-gender group of participants. However, you can conduct it with an all-male or all-female group. Simply divide the participants into two smaller groups. Ask the first group to answer the first three questions from the list of questions for men/women. You might also ask a fourth question: "What do you think is the most difficult part about being a woman in Kenya?" Then ask the second group to answer the final four questions from the list of questions for men/women.

Fishbowl Questions

Questions for Women

- ◆ What do you think is the most difficult thing about being a woman in Kenya?
- ◆ What do you think men need to better understand about women?
- ◆ What do you find difficult to understand about men?
- ◆ How can men support and empower women?
- ◆ What is it that you never want to hear again about women?
- ◆ What rights are hardest for women to achieve in Kenya?
- ◆ What do you remember about growing up as a girl? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?
- ◆ Who are some of the positive male influences in your life? Why are they positive?
- ◆ Who are some of the positive female influences in your life? Why are they positive?

Questions for Men

- ◆ What do you think is the most difficult thing about being a man in Kenya?
- ◆ What do you think women need to better understand about men?
- ◆ What do you find difficult to understand about women?
- ◆ How can men support and empower women?
- ◆ What do you remember about growing up as a boy? What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?

- ◆ Who are some of the positive male influences in your life? Why are they positive?
- ◆ Who are some of the positive female influences in your life? Why are they positive?

Close of Day Review: Plus-Delta-Action

Objectives

1. To review the day and to give participants an opportunity to reflect on what they learned over the course of the day.
2. Participants to inform the facilitators about what they found useful and what they would do differently.

Time

10 minutes

Materials

- Flip chart
- Marker

Note to the Facilitator

This is a quick but important activity that offers participants an opportunity to reflect on what they've learned during the day. In doing a close of the day review of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce the major lessons learned. Doing this thus increases the likelihood of knowledge and values retention.

Steps

1. Draw two lines down the middle of the flipchart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ —the Greek sign for change) and on the third column write "ACTION".
2. Ask participants to identify what they liked, what they would change and what action they plan to take as a result of the day's activities. Write their comments down in the appropriate column.
3. Draw the discussion to a close by offering a brief summary of the major points mentioned as well as any other points you feel are important but weren't mentioned.
4. Remind the participants to reflect on the day during the evening and to be ready to discuss any insights the next morning.

Day Two

Agenda for Day Two

Sexuality, Sexual Health, and Sexual Relationships

8.30 – 8.45 Recap

8.45 – 9.45 Understanding Sexuality

9.45 – 10.30 Human Sexual Development through the Life Span

10.30 – 11.00 BREAK

11:00 – 12:10 Male and Female Reproductive Anatomy and Physiology

12:10 – 13:00 Male and Female Reproductive Anatomy and Physiology Myths and Facts

13:00 – 14:00 LUNCH

14:00 – 14.30 Defining the Ideal Partner

14:30 – 15:00 Romantic Relationships, Loving Relationships

15:00 – 15:30 Disadvantages and Advantages of Different Styles of Relationships

15:30 – 15:50 BREAK

15:50 – 16:20 Disadvantages and Advantages of Different Styles of Relationships (continued)

16:20 – 16:50 Healthy and Unhealthy Relationships

16:50 – 17:00 Close of Day Review

Recap

Objectives

1. To provide a space for participants to ask any questions or to express any concerns that may have been raised from the previous day.
2. To review the plans for the day.

Time

15 minutes

Materials

- Enough copies of the day - two agenda for everyone, or a sheet of newsprint posted on the wall with the agenda written on it.

Steps

1. Welcome everyone back. Ask whether there are any questions or anything anyone wants to say either about yesterday, or about getting started today.
2. Distribute and go over agenda (or go through using posted flipchart paper). Answer any questions about the agenda. Encourage the participants to provide any suggestions on how things can be done differently (if need be) based on the previous activities.

Understanding Sexuality

Objective

To gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality.

Time

60 minutes

Materials

- Flipchart paper
- Markers

Steps

1. Write “Sex” and “Sexuality” in separate columns on a sheet of flipchart paper.
2. Ask the participants what the term *sex* means to them. Allow participants to share their thoughts, and record their responses in the “Sex” column on the flipchart. Then read aloud the following definitions of *sex* and *sexual intercourse* and ask the participants for any comments on the definitions.

Sex refers to one’s biological characteristics—anatomical (breasts, vagina, penis, testes), as a male or female. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

3. Ask the participants what the term *sexuality* means to them. Allow participants to share their thoughts, and record their responses in the “Sexuality” column on the flipchart. Then read aloud the following definition and ask the participants for any comments on the definition.

Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviours of being male or female, being attractive and being in love, as well as being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout the course of one’s life. A person’s sexuality is shaped by his or her values, attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialised. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.

4. Explain that while people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. To help the group understand the complexity of sexuality, discuss five different aspects of sexuality in a brief mini-lecture. One way to present these five aspects is to draw five circles that all touch each other. Each circle represents one of the elements of sexuality. When all of the circles are placed together, they suggest the total definition of sexuality. After each concept is described to the participants, see if they have any examples to demonstrate their understanding of each element:

Sensuality – Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses when enjoyed can be sensual. Ask the participants to provide examples of how a person might enjoy each of the five senses in a sensual manner. The sexual response cycle is also part of our sensuality because it is the mechanism that enables us to enjoy and respond to sexual pleasure. Provide examples of sensuality.

Intimacy/relationships – Intimacy is the part of sexuality that deals with relationships. Our ability to love, trust, and care for others is based on our levels of intimacy. We learn about intimacy from those relationships around us, particularly those within our families.

Sexual identity – Every individual has his or her own personal sexual identity. This can be divided into four main elements:

- a. *Biological sex* is based on our physical status of being either male or female.
- b. *Gender identity* is how we feel about being male or female. Gender identity starts to form around age two, when a little boy or girl realizes that he or she is different from the opposite sex. If a person feels like he or she identifies with the opposite biological sex, he or she often considers himself or herself transgender. In the most extreme cases, a transgender person will have an operation to change his or her biological sex so that it can correspond to his or her gender identity.
- c. *Gender roles* are society's expectations of us, based on our biological sex and the ways in which we do and don't fulfil these expectations. Remind the group of the previous day's activities about gender. Ask them for some behaviours we identified as being expected of men and expected of women. These expectations are "traditional" gender roles. Ask them to consider what the consequences can be when someone doesn't fulfil a traditional gender role.
- d. *Sexual orientation* is the final element of sexual identity. Sexual orientation refers to the biological sex that we are attracted to romantically. Our orientation can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes), or homosexual (attracted to the same sex). People often confuse sexual orientation and gender roles. For example, if a man is very feminine or a woman is very masculine, people often assume that these individuals are homosexual.

Actually, however, they are expressing different gender roles. Their masculine or feminine behaviour has nothing to do with their sexual orientation. A gay man (explain that gay means homosexual) may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behaviour and not consider himself or herself homosexual. For example, men in prison may have sex with other men but may consider themselves heterosexual.

Sexual health – Sexual health involves our behaviours with regard to producing children, enjoying sexual behaviours, and maintaining our sexual and reproductive organs. Issues such as sexual intercourse, pregnancy, and sexually transmitted infections (STIs) are part of our sexual health. Ask the group to identify as many aspects of sexual health as possible.

Sexuality to control others – This element is not a healthy one. Unfortunately, many people use sexuality to violate someone else or get something from another person. Rape is a clear example of sex being used to control somebody else. Sexual abuse, incest, sexual harassment, coercion and prostitution are others. Advertising often uses sexual messages in order to get people to buy products.

Discussion questions

- ◆ Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition?
- ◆ How does culture influence the various circles of sexuality?
- ◆ Which circles of sexuality are very different between males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?

Human Sexual Development through the Life Span

Objectives

1. To gain knowledge of human sexual development from birth to death.
2. To explain the relationship between human stages of development and their sexuality.

Time

45 minutes

Materials and Advance Preparation

- Large chalkboard or three pieces of flipchart paper
 - Cards (or pieces of paper) with aspects of sexual development written on them (see below)
 - Chalk and eraser
 - Markers
 - Tape
 - Facilitator's Resource: "Milestones in Male and Female Sexual and Social Development"
1. Draw a time line on the three pieces of flipchart paper, and write the numbers from 0 to 100, in increments of five, on them. (Alternately, draw the time line and numbers on the chalkboard during the session.) Leave some space between the numbers to account for the numbers in between those written in. Be sure to leave enough room for participants to paste cards on the timeline.



2. In large letters, print each of the following milestones of sexual development on cards, one milestone per card: (Participants need to be informed that there is no order in these milestones).
 - Begins to have sexual responses.
 - Explores and stimulates one's own genitals (masturbates) for the first time.
 - Shows an understanding of gender identity.
 - Shows an understanding of gender roles.

- Asks questions about where babies come from.
- Begins to show romantic interest.
- Shows the first physical signs of puberty (the transition from childhood to maturation).
- Begins to produce sperm (boys).
- Begins to menstruate (girls).
- Begins to engage in romantic activity.
- Has sex for the first time.
- Gets married.
- Begins to bear children.
- Experiences menopause.
- Experiences male climacteric (decreased male hormone levels).
- Experiences sexuality in later life.

Steps

1. Tell the participants that they are going to engage in an activity to determine when certain aspects of sexual development begin in a person's life. The numbers 0 to 100 will account for the ages of an individual throughout his or her lifetime.
2. Pass out the cards with the milestones of sexual development to the participants, and ask them to place the cards on the time line at the ages at which they think the events occur. Encourage the participants to seek help from the other participants, if they desire.
3. Once all the cards are placed on the time line, ask the participants to discuss whether or not they agree with the placement of each card. After the participants have discussed each card, provide the correct answers by referring to the facilitator's resource, "Milestones in Male and Female Sexual and Social Development," which follows this activity. Move the cards to the correct place on the time line as needed.
4. Facilitate a discussion by asking the questions below:

Discussion Questions:

- ◆ When on the time line does most sexual development occur?
- ◆ Were you surprised about the placement of any of the cards? Which ones? Why?
- ◆ Which placements were very different for males and females? Which ones were similar?
- ◆ How do the different stages of human development affect sexual health of males and females?
- ◆ Ask participants to give examples of how cultural, social and other beliefs impact on the different milestones of human sexual development.

Facilitator's Resource

Milestones in Male and Female Sexual and Social Development

- ✿ **Begins to have sexual responses:** Occurs before birth. A male foetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females are also present before birth.
- ✿ **Explores and stimulates one's own genitals (masturbates) for the first time:** Occurs between ages six months and one year. As soon as babies can touch their genitals, they begin to explore their bodies.
- ✿ **Shows an understanding of gender identity:** Occurs by age two. Children are aware of their biological sex.
- ✿ **Shows an understanding of gender roles:** Occurs between ages three and five. Children begin to conform to society's messages about how males and females should act.
- ✿ **Asks questions about where babies come from:** Occurs between ages three and five.
- ✿ **Begins to be attracted to the opposite sex:** Occurs between ages five and 12, though this may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- ✿ **Shows the first physical signs of puberty (the transition from childhood to maturation):** Occurs between ages eight and 12. This usually occurs slightly earlier for girls than boys.
- ✿ **Begins to produce sperm (boys):** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and might be delayed when nutrition is severely compromised.
- ✿ **Begins to menstruate (girls):** Occurs between ages nine and 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.

- * **Begins to engage in romantic activity (explain to participants what romantic activity is as it could be misinterpreted to mean sexual activity):** Occurs between ages 10 and 15. This milestone depends heavily on cultural factors.

- * **Has sex for the first time:** Varies greatly by culture, but middle to late adolescence is fairly common across cultures. One study found that the average age of first sexual experience to be 14 for boys and 15 for girls; other data places it at just under 17 for both.

- * **Gets married:** Varies greatly by culture. The Population Reference Bureau Youth Data Sheet (2000) shows the average age of first marriage for Kenyan youth is 19.5 years.

- * **Begins to bear children:** Varies based on individual and community factors.

- * **Experiences menopause.** Occurs in women at around age 50 (it can start in their late 30s or early 40s as well). A woman goes through a process of physiological changes characterised by the end of ovulation, menstruation, and the ability to reproduce.

- * **Experiences male climacteric (decreased male hormone levels):** Occurs between ages 45 and 65. A man goes through a process of physiological changes characterised by a decrease in testosterone production.

- * **Experiences sexuality in later life:** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Though some age-related changes in sexuality take place, the total loss of sexual functioning is not always a part of the normal aging process.

Male Reproductive Anatomy and Physiology

Objective

At the end of the session, participants will have received factual information about the structure and function of the male reproductive system

Time

30 minutes

Materials

- Male Reproductive System Poster
- Handout: "Male Reproductive Anatomy and Physiology"

Note to the Facilitator

This session provides an overview of the male reproductive system. You will need to determine the level of detail appropriate for the group. For some participants, this session will serve as a quick review. However, much of this information may be new to the audience. Also, many participants might have a basic understanding of male anatomy and physiology, but they might never have had a chance to ask specific questions. If the information is too basic for some participants, encourage them to share facts with the other participants who are less familiar with the material.

Steps

1. Display a picture of the male reproductive system. If the picture does not have the names of the reproductive system indicated, ask the participants to identify various parts as you discuss the illustration.
2. Make sure to cover the following information about the parts of the male reproductive system:

Penis

- The penis is a tubular structure protruding from the body.
- The penis is used for urination and for sexual stimulation.
- When a man is sexually excited, blood fills the spaces in the penis, causing an erection.

- A skin called the *foreskin* covers the tip of the penis. When the foreskin is left intact, the penis is *uncircumcised*. When the foreskin is removed, the penis is *circumcised*.
- When the foreskin is present, it is important to clean underneath it daily.
- Penis size is often a concern in males. Non-erect penises vary in size, but when they are erect, differences are much less noticeable. The length of the average erect penis is 5-7 inches (12.5 - 17.5cm) (*Kingsley Institute 1990*) and the circumference of the average men's erect penis is 4-5.5inches (10-13.8cm).
- Sexual function is not affected by penis size.

Testes

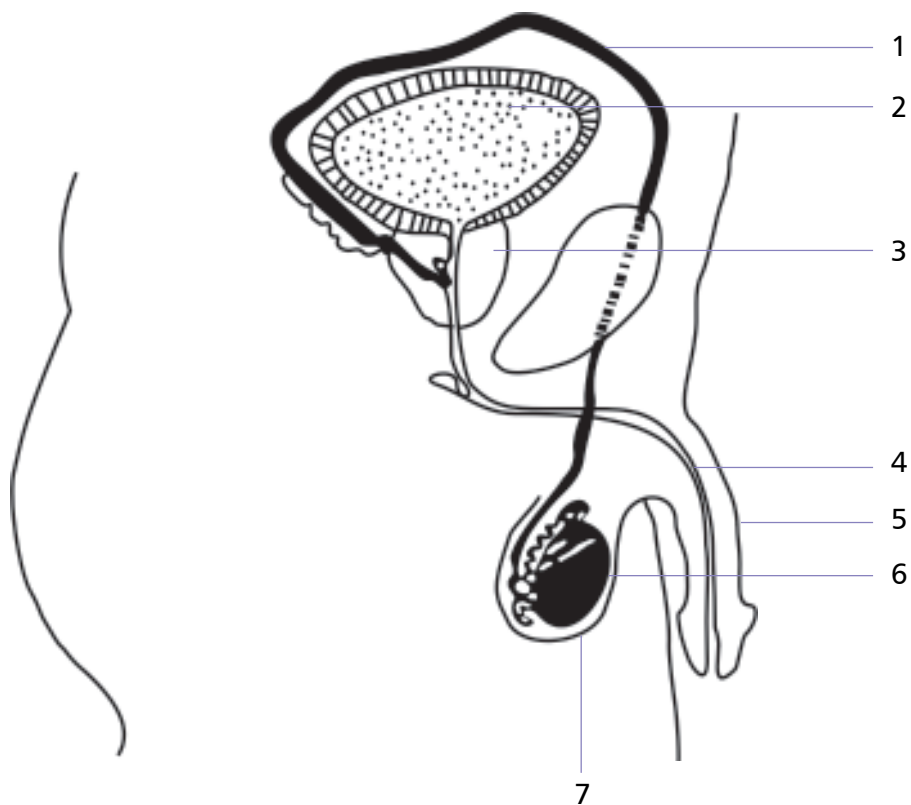
- These ball-shaped organs are held in the *scrotum* and produce sperm. The male hormone testosterone is also produced in the testes.
- One testicle usually hangs lower than the other.
- The testes are positioned outside the body because sperm can be produced only at a temperature lower than the body's normal temperature. The scrotum actually relaxes away from the body when warm and shrinks toward the body when cold in order to regulate the perfect temperature for sperm production.
- Testicular self-examination once a month is an important health safeguard. Roll the testes between the fingers. Any lumps, swelling, or pain should be examined immediately by a doctor.



The Path of Sperm

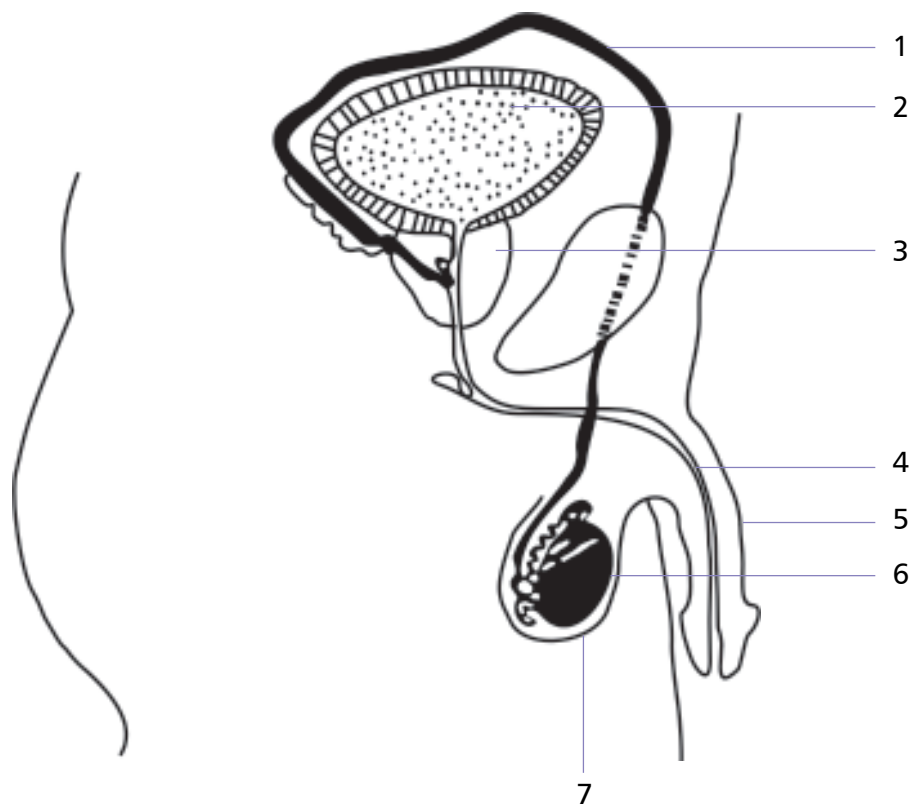
- Sperm travel from the testes to the *epididymis*, where they remain to mature for about 14 days.
- From here, sperm travel into the *vas deferens*, which carries the sperm toward the *urethra*.
- At this point, *seminal vesicles* produce a nourishing fluid that gives the sperm energy. The *prostate gland* also produces a fluid that helps the sperm swim. The mixture of sperm and the two fluids is called *semen*.
- During sexual arousal, the *Cowper's gland* secretes a clear fluid into the urethra. This fluid, known as *pre-ejaculate* or "*pre-cum*," acts as a lubricant for the sperm and coats the urethra.
- During sexual excitement, an ejaculation of semen may occur. The small amount of semen that is ejaculated (one or two teaspoons) can contain up to 400 million sperm.

Male Reproductive Anatomy and Physiology



1. Vas deferens
2. Bladder
3. Prostate gland
4. Urethra
5. Penis
6. Testicle
7. Scrotum

Male Reproductive Anatomy and Physiology



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Female Reproductive Anatomy and Physiology

Objective

At the end of the session, participants will have received factual information about the structure and function of the female reproductive system.

Time

30 minutes

Materials

- Female Reproductive System Poster
- Handout: "Female Reproductive Anatomy and Physiology"

Note to the Facilitator

This session provides an overview of the female reproductive system. You will need to determine the level of detail appropriate for the group. For some participants, this will serve as a quick review. However, much of this information might be new to the audience. Also, many participants might have a basic understanding of female anatomy and physiology, but they might never have had a chance to ask specific questions. If the information is too basic for some of the participants, encourage them to share facts with the other participants who are less familiar with the material.

Steps

1. Display a picture of the female reproductive system. If the picture does not have the names of the reproductive system indicated, ask the participants to identify various parts as you discuss the illustration.
2. Make sure to cover the following information about the parts of the female reproductive system:

Ovaries

- These two round organs begin to produce hormones and release an ovum (egg cell) once a month when a girl reaches puberty.

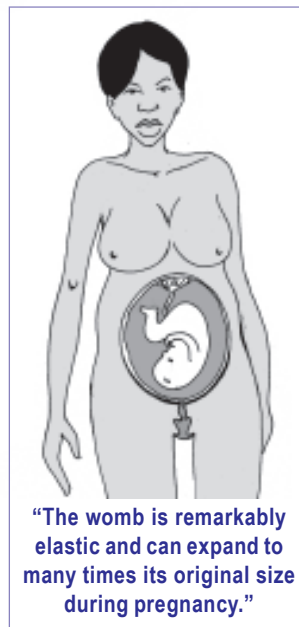
Fallopian Tubes

- These two tubes provide a passage between the ovaries and the uterus.

- An ovum passes through the fallopian tubes once a month. If sperm are present in the fallopian tubes, the ovum might become fertilised, travel down to the uterus, and implant in the uterine wall. It is then a pregnancy.

Uterus

- The uterus is also known as the *womb*. It is a small, pear-shaped organ about the size of a woman's fist.
- The lining in the uterus thickens each month as it prepares for a potential pregnancy. If an egg is fertilised, it will be implanted in the lining of the uterus.
- The womb is remarkably elastic and can expand to many times its original size during pregnancy.



Cervix

- The cervix is considered the *neck* of the womb and connects the uterus and the vagina.
- The cervix is a potential site for cancer. Therefore, it is important for women to be tested for cervical cancer by having a pap smear test annually, or whenever possible.

Vagina

- The vagina is a muscular area, about 7–10 cm long. It has soft walls that rest against each other when a woman is not aroused sexually.
- The vagina is often referred to as the birth canal because it is the passageway for a baby during a normal delivery.
- The vagina is also where sexual intercourse takes place.
- If a woman is not pregnant, the *menses* will pass out of the vagina once a month. The menses consist of cells, mucus, and blood.

Mons Pubis

- This cushion of fat covers the pubic bone. Pubic hair grows on this area.

Vulva

- This is the term for the external genitalia between a woman's legs, including the labia, clitoris, and vaginal opening.

Labia Majora

- These thick folds of skin protect the rest of the genital area.

Labia Minora

- These small, thin skin folds lie within the labia majora.

Clitoris

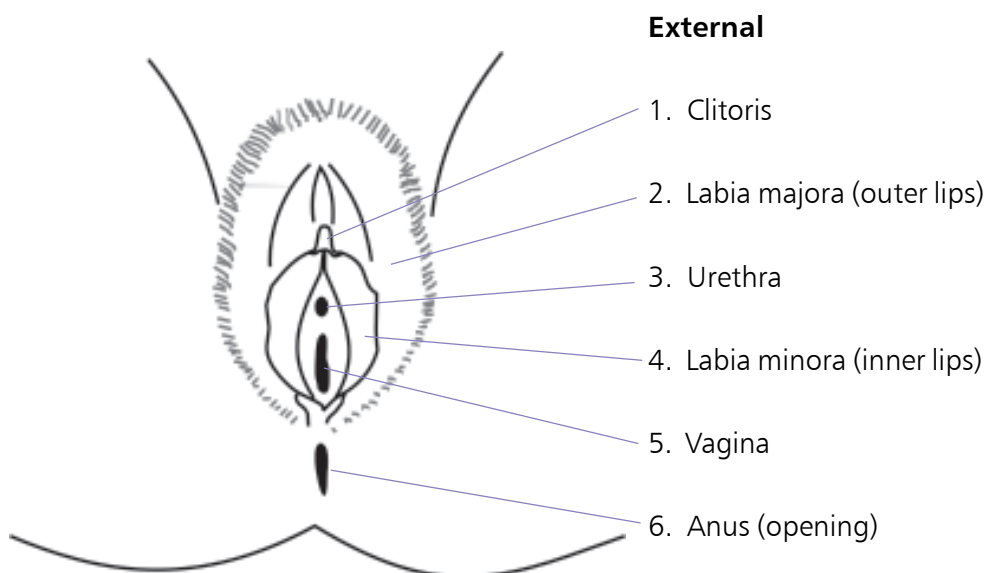
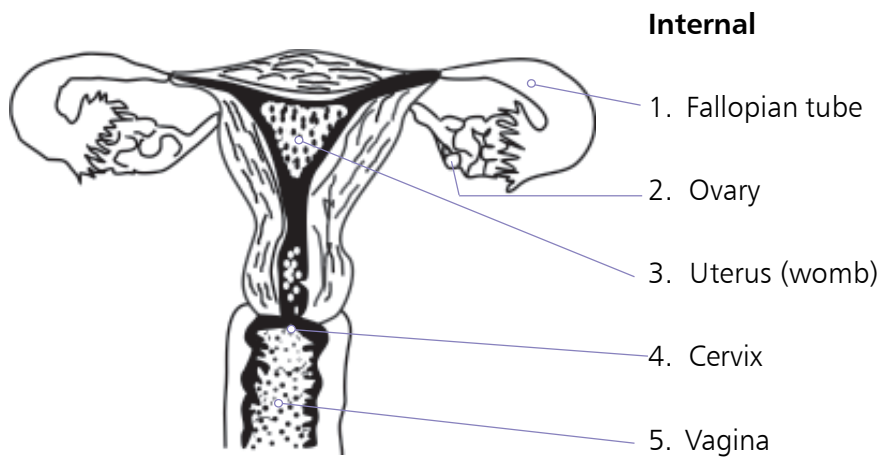
- This small, erectile organ is found above the opening to the urethra, where the folds of the labia majora meet and surround it. The clitoris is very sensitive and it gives intense sexual pleasure when it is stimulated.

Urethral Opening

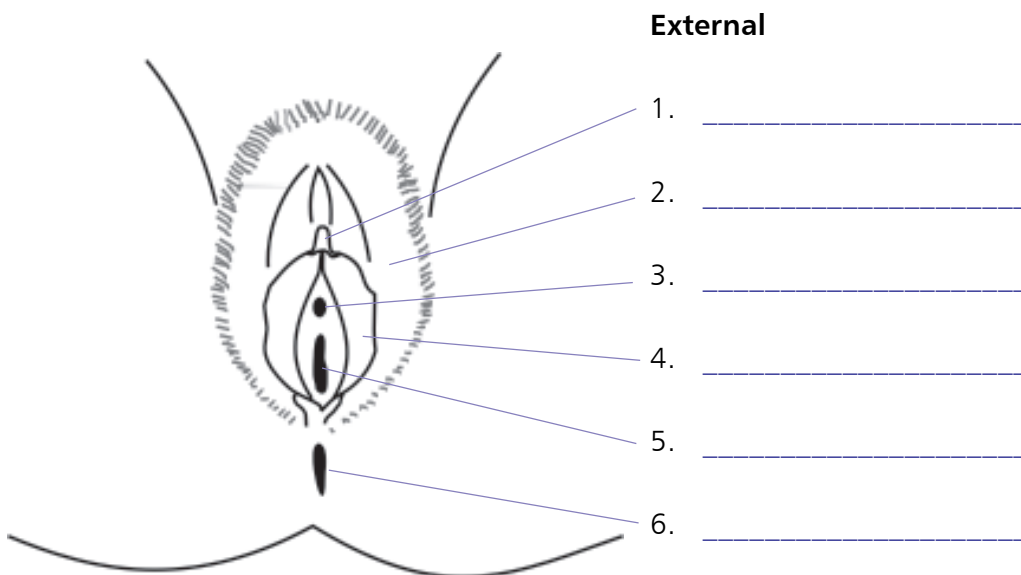
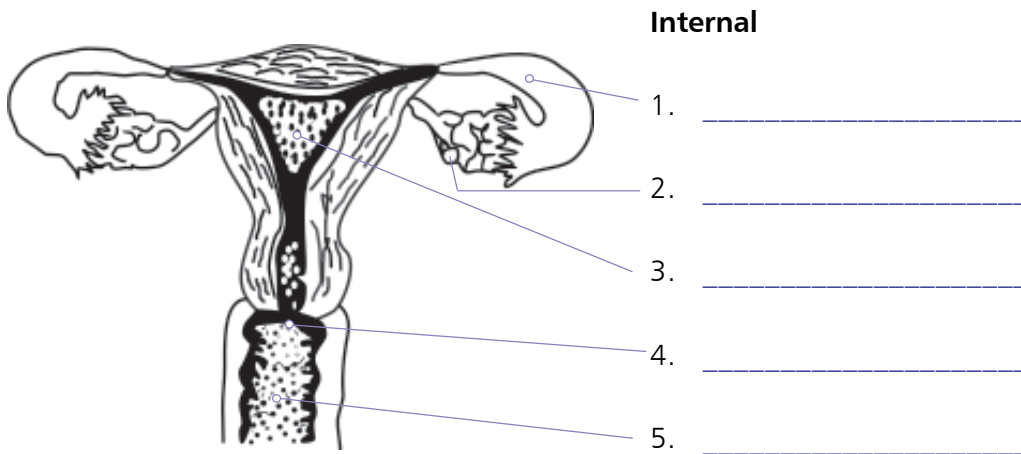
- This small opening, which is located below the clitoris, is a passage for urine.
- The urethra is a tube inside the body that leads from the bladder to the outside of the body.

Include a discussion on reproductive health concerns for women, including Female Genital Cutting and its effects on Sexual and Reproductive Health.

Female Reproductive Anatomy and Physiology



Female Reproductive Anatomy and Physiology



Male and Female Reproductive Anatomy and Physiology

Myths and Facts

Objectives

1. To provide factual information about male and female reproductive anatomy and physiology.
2. To correct misinformation about male and female reproductive anatomy and physiology.

Time

40 minutes

Materials

- Pencils or pens
- Handout: "Male and Female Reproductive Anatomy and Physiology Myths and Facts"

Steps

1. Distribute the handout "Male and Female Reproductive Anatomy and Physiology Myths and Facts" to all the participants.
2. Give each participant a pencil or pen.
3. Ask the participants to read each statement to themselves, and write *M* (for *myth*) or *F* (for *fact*) next to each one, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of an answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
4. Ask for volunteers to read aloud the statements and provide their responses and explanations for them. After a participant responds, ask the other participants whether they agree with the response. Allow them to discuss their views.
5. Provide the correct answer, and clarify any responses by referring to the text.

Training Options

- Divide the participants into four small groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by having one participant at a time read aloud a statement, and then have that participant and the large group respond.
- If time is limited, choose and read aloud selected statements, and ask the participants to respond to them.

Handout

Male and Female Reproductive Anatomy and Physiology Myths and Facts

Review the statements below, and write the letter *M* (for *myth*) or *F* (for *fact*) in the space provided.

1. _____ It is normal for a man to sometimes be unable to achieve or maintain an erection.
2. _____ A man can urinate and ejaculate at the same time.
3. _____ Women urinate from their vaginas.
4. _____ A longer penis is more likely to satisfy a woman than a shorter one.
5. _____ Most women have orgasms from intercourse alone.
6. _____ Even as men get older, they still can have erections.
7. _____ A man always knows whether his female partner has had an orgasm.
8. _____ Just like women, most men are capable of having multiple orgasms.
9. _____ A woman can release more than one egg at one time.
10. _____ A woman can still reproduce into older age.
11. _____ In men, ejaculation and orgasm are the same process.
12. _____ Once a man has an erection, it is physically harmful to him if he does not ejaculate.
13. _____ A man cannot impregnate a woman while she is menstruating (is having her period).
14. _____ You can tell how long a man's penis is by looking at the size of his hands, feet, or nose.
15. _____ A woman's vagina stretches out and becomes loose once she starts having sexual intercourse.
16. _____ A man's penis grows longer with frequent use.

Male Reproductive Anatomy and Physiology Myths and Facts

Answer Sheet

1. **It is normal for a man to sometimes be unable to achieve or maintain an erection. – FACT**

Sometimes a man can have difficulty achieving or maintaining an erection. This can result from such conditions as fatigue, illness, and nervousness, or it can be a side effect of certain medications. This does not necessarily mean that something is physically or emotionally wrong with him. He will most likely be able to achieve and maintain an erection at another time.

2. **A man can urinate and ejaculate at the same time. – MYTH**

Although urine and semen are both expelled through the penis, a special muscle controls the flow of urine and semen. The body can expel only one of them at a time.

3. **Women urinate from their vaginas. – MYTH**

Just above the opening to the vagina is a small hole called the urethral opening. This is the hole through which urine leaves the female body. The vagina is where blood comes out during menses, a finger or penis goes in during sexual behaviours, and a baby comes out of during childbirth.

4. **A longer penis is more likely to satisfy a woman than a shorter one. – MYTH**

A woman's vagina is most sensitive in the first third of its length. Therefore, many women report that the length of the penis does not affect their sexual stimulation or satisfaction during vaginal penetration.

5. **Most women have orgasms from intercourse alone. – MYTH**

Most women need some kind of clitoral stimulation to reach orgasm, whether that's alone or in combination with something inside the vagina. The sole function of the clitoris is sexual pleasure.

6. **Even as men get older, they still can have erections. – FACT**

It may take longer for an older man to achieve an erection, but most older men can still achieve and maintain erections.

7. **A man always knows whether his female partner has had an orgasm. – MYTH**

Although some women ejaculate during orgasm, most women experience muscular contractions without ejaculation. As a result, it may be difficult for a woman's partner to know whether or not she has had an orgasm.

Male Reproductive Anatomy and Physiology Myths and Facts Answer Sheet (continued)

- 8. Just like women, most men are capable of having multiple orgasms. – MYTH**
Most men can have only one orgasm during an act of sex and must wait through a period of time after ejaculation before they can have another orgasm.
- 9. A woman can release more than one egg at one time. – FACT**
It does not happen often, but when a woman releases more than one egg during ovulation, her chances for conception go up. If both eggs are fertilized by different sperm, the result will be fraternal twins (twins who do not look exactly alike).
- 10. A woman can still reproduce into older age. – MYTH**
Women stop releasing eggs after menopause, while men produce sperm and can reproduce throughout their entire lives. However, men's hormone levels and the amount of ejaculate they produce might decline as they get older.
- 11. In men, ejaculation and orgasm are the same process. – MYTH**
In men, orgasm is the muscular contraction of the pelvic muscles right before ejaculation. Ejaculation is the expulsion of semen through the penis. Although these two processes usually occur in tandem, they are indeed separate functions. It is possible for a man to have an orgasm without ejaculating, as well as for a man to ejaculate without having an orgasm.
- 12. Once a man has an erection, it is physically harmful to him if he does not ejaculate. – MYTH**
While some men may claim this is true, achieving an erection or engaging in sexual activity without ejaculating is not harmful in any way.
- 13. A man cannot impregnate a woman while she is menstruating (has her period). – MYTH**
Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, around the middle of her menstrual cycle—not when she is menstruating.
- 14. You can tell how long a man's penis is by looking at the size of his hands, feet, or nose. – MYTH**
The size of a man's hands, feet, or nose or any other body part bears no relation to the length of his penis.
- 15. A woman's vagina stretches out and becomes loose once she starts having sexual intercourse. – MYTH**
Intercourse does not cause the vagina to become loose. The vagina is lined with very strong muscles. After giving birth, particularly several times, the muscles can become weaker; but like any other muscles, they can be strengthened again, too.
- 16. A man's penis grows longer with frequent use. – MYTH**
Use has nothing to do with how long a penis might or might not become.

Defining the Ideal Partner

Objective

1. To identify the personal qualities the participants would want in a romantic partner.

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Paper
- Pencils or pens
- Tape



Steps

Begin by defining what a romantic partner means.

1. Divide the group of participants into smaller groups based on their sex.
2. Give each participant a piece of paper and a pencil or pen.
3. Have the male and female groups write on a piece of paper all of the qualities they would want in the ideal romantic partner. Let them write as many possible qualities as they can for five minutes. Observe the groups. Check in with the groups as they write their responses, and make suggestions (concrete examples of qualities) when they get off track. If the groups are focusing on only physical characteristics, encourage them to consider other qualities that they would want in a partner.
4. After the participants have written their lists, ask them to decide in their small groups what they think the three most important qualities are. Ask the groups to place a star next to these qualities.
5. When the groups are through, have each group present its lists to the rest of the participants. After each group has presented its lists, process the activity with the following

Questions:

- ◆ What, if any, are the differences between the ideal partner as defined by the male group and the ideal partner defined by the female group?
- ◆ What similarities existed between the two groups?
- ◆ Do you think that men and women want the same things in relationships?
- ◆ Do men and women have different roles in relationships or are the roles equal?
- ◆ If the roles are not equal, why is this so? Is this fair?
- ◆ Do you think men and women communicate with each other about what they want from a romantic relationship? If not, why do you think men and women don't communicate about this? Is it important to? Why?

Ask the participants to give some examples of the qualities of a good partner.

Romantic Relationships, Loving Relationships

Objectives

1. To enable the participants to share their values and opinions about romantic relationships.
2. To examine the expectations placed on men and women in romantic relationships.

Time

30 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
 - Flipchart paper
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
 2. Tape the signs in order in a line on the floor, leaving enough space between them to allow a group of participants to stand near each one.
 3. Review the statements provided below, and choose five or six that you think will generate the most discussion.

Steps

1. Tell the participants that they will be asked to discuss romantic relationships during this activity. Begin by explaining that every person has his or her own opinions about romance and love, and remind the participants that everyone has a right to his or her own opinion.
2. Read aloud the first statement you have selected, and ask the participants to stand in a line near the sign that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Repeat this process for each of the statements you have selected.

3. Lead a discussion on what the participants feel they learned from this session. Ask the following questions during this discussion:
 - Did this activity give you any insight into relationship issues? If so, what did you discover?
 - What do you think are the most difficult issues that couples face in relationships?
 - What challenges and difficulties do men face when dating or being in romantic relationships?
 - What challenges and difficulties do women face when dating or being in romantic relationships?
4. Conclude this session by acknowledging that romantic relationships can be a very difficult issue to discuss. People have their own ideas about what they want from a romantic relationship. It is important that people are clear about what is acceptable and what is unacceptable to them. This will help individuals as they search for relationships that will make them happy.

Statements

- A person can fall in love many times.
- When a partner gets jealous, it means that he or she really loves you.
- People can prove that they are in love with someone by having sex with the person.
- A guy should usually pay on dates.
- The best romantic partner is one who is also a good friend.
- There are some things that a person should never tell his or her lover.

The Advantages and Disadvantages of Different Styles of Relationships

Objective

By the end of the session, the participants should be able to define different types of relationships, their strengths and limitations.

Time

60 minutes

Materials

- Newsprint
- Markers
- Tape
- Flipchart paper with different kinds of relationships listed on them, posted around the room

Advance preparation

Create six flipchart papers, each of which has one of the following types of relationships listed at the top:

- Monogamy
- Serial Monogamy
- Polygamy
- Open Relationship
- Secret Affair (one partner)
- Secret Affair (both partners)

Each header should be underlined, and a vertical line drawn down the centre of the sheet, dividing it in half. At the top of the left half should be a "+" sign, and at the top of the right half, a "-" sign.

Sample:

Monogamy

+		-

Steps

1. Start the session by introducing the topic at hand – the positives and negatives of different types of relationships.

2. Write the six types of relationships to be discussed on newsprint, and ask the group to discuss definitions for each. Provide the following information if it is not contributed by participants:

Monogamy: When two people are in an exclusive sexual relationship, i.e., both partners have only one lifetime sexual partner. Neither partner has any other sexual partners.

Serial Monogamy: When in a sexual relationship, both partners do not have any other sexual partners. One or both partners, however, may have more than one sexual partner during their life.

Polygamy: When someone marries more than one person simultaneously; more commonly, a man has more than one wife (polygyny). (When a woman is married to more than one man, the arrangement is called "polyandry").

Open Relationship: When there is a committed relationship, but either or both partners are free to have sexual relationships with other people. The partner or spouse knows about this, and is agreeable to the arrangement.

Secret Affair: When one or both partners secretly have one or more sexual relationships behind their partner's back.

3. Break the large group into six smaller groups. Have one group go to each newsprint sheet on the wall with a marker. Give them about 5 minutes in which to brainstorm, together, some of the **positive** aspects of that type of relationship, and some of the **negative** aspects. Suggest that they think of all aspects of a relationship in doing this. (*Note: Ask people to write small so they can leave room for others to write additional ideas*).
4. After 5 minutes, ask each group to move one sheet of paper to the right. There, they should read what the previous group wrote, and add anything to the "+" or "-" sign. After about 5 minutes, ask them to rotate again, and continue until each group has visited each newsprint sheet.
5. Once they have visited all sheets, ask a volunteer from each group to bring the sheet to the front of the room, and to read what all six groups have brainstormed. Ask for general reactions.
6. Process by asking the following questions:
 - Do you notice any themes in these lists? What themes?
 - Where did you see mention of safer sex/condom use? What do you think of that?
 - Which relationship structures are more or less conducive to avoiding HIV and other STIs? Why? What factors come into play in each situation?

7. Discuss with participants why people choose relationship structures other than monogamous ones. Record ideas on a flipchart paper. Ideas may include:
 - Traditional cultural /religious beliefs.
 - Emotional incompatibility with one's original sexual partner over the long term.
 - Having a different sex drive from partner/spouse.
 - Physical disability preventing one partner from being in a sexual relationship.
 - Excitement of having a sexual encounter with a stranger.

8. Once ideas are generated, discuss each with respect to emotional stability, potential for HIV/STI infection, pregnancy, children, etc. Talk about how potential risks for HIV infection in each type of relationship can be minimised, which should include condom use and/or other lower risk sexual behaviours, both of which will be discussed during the next day's session.

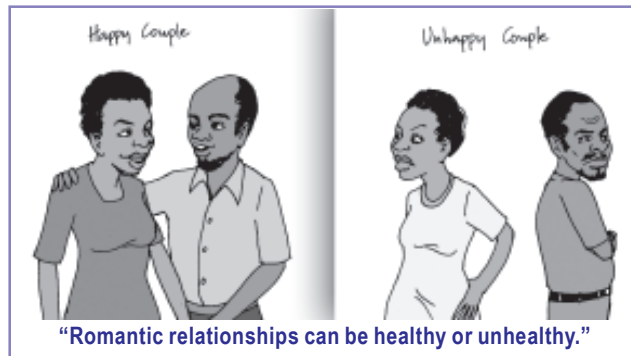
Healthy and Unhealthy Relationships

Objective

1. To identify healthy and unhealthy behaviours that exist within relationships.

Time

40 minutes



Materials and Advance Preparation

- Cards with situations written on them
 - Flipchart paper
 - Markers
 - Tape
1. Print each situation below on a small card.
 2. Print in large letters "Healthy", "Unhealthy", and "Depends" on separate pieces of paper in the front of the room. Place these signs on the wall.

Steps

1. Pass out the cards to the participants.
2. Tell the participants that romantic relationships can be healthy or unhealthy. In healthy relationships, the partners are happy to be with the other person(s). In unhealthy relationships, one or more partners are unhappy with the relationship because of one or more problems.
3. Ask the participants to develop a short list of the qualities that describe healthy relationships. See if the participants can agree that respect, equality, responsibility, and honesty are among these qualities.
4. Ask the participants to examine the following situations in a relationship and determine if they fall under the category of "Healthy," "Unhealthy," or "Depends." Have the participants move to the front of the room and place their situation cards under the sign of the category they think is most appropriate.

Situations

- The most important thing in the relationship is sex.
 - You never disagree with your partner.
 - You spend some time by yourself without your partner.
 - You have fun being with your partner.
 - Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
 - You feel closer and closer to your partner as time goes on.
 - You will do anything for your partner.
 - Sex is not talked about.
 - One person usually makes every decision for the couple.
 - You stay in the relationship because it is better than being alone.
 - You are in control and you are able to do what you want to do.
 - One person hits the other in order to have this person obey him or her.
 - Partners are members of the same religious/ethnic group
 - Partners are members of different religious/ethnic groups.
 - You talk about problems when they arise in the relationship.
 - You argue and fight often.
 - One partner is much older than the other.
5. After all of the cards have been placed in the front of the room, review each card and discuss with the entire group whether the situations fall in the “Healthy,” “Unhealthy,” or “Depends” category.

Note to the Facilitator

If you do not have cards, you can simply read aloud each situation to the participants and ask them to determine if that situation falls in the “Healthy”, “Unhealthy”, or “Depends” category. The key purpose of this activity is to define what is healthy and unhealthy. When the participants are divided on this issue, return to the qualities of a healthy relationship (respect, equality, responsibility, honesty, and happiness) and see if these apply to the situation.

6. Conclude this activity by asking the group the following questions:
- Why do you think people stay in unhealthy relationships?
 - How can friends and family help people in unhealthy relationships?
 - Can relationships get better? Can they change from unhealthy to healthy over time?
 - Can relationships get worse? Can they change from healthy to unhealthy over time?

Close of Day Review: Plus-Delta-Action

Objectives

To review the day and to give participants an opportunity to reflect on what they learned over the course of the day, and to inform the facilitators about what they found useful and what they would do differently.

Time

- 10 minutes

Materials

- Flip chart
- Marker

Note to the Facilitator

This is a quick but important activity that offers participants an opportunity to reflect on what they've learned during the day. In doing a close of the day review of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce key lessons learned. Doing this thus increases the likelihood of knowledge and values retention.

Steps

1. Draw two lines down the middle of the flipchart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ —the Greek sign for change) and on the third column write "ACTION".
2. Ask participants to identify what they liked, what they would change and what action they plan to take as a result of the day's activities. Write their comments down in the appropriate column.
3. Draw the discussion to a close by offering a brief summary of the key points mentioned as well as any other points you feel are important but weren't mentioned.
4. Remind the participants to reflect on the day over the course of the evening and to be ready to discuss any insights the next morning.

Day Three

Agenda for Day Three

Sexual Decision-Making, Abstinence, and Communication Skills

8:30 – 8:45 Recap

8:45 – 9:45 Sexual Decision-Making

9.45 – 10.30 Defining Abstinence

10.30 – 11.00 BREAK

11.00 -12.00 Communication: Assertive skills

12.00 – 13.00 Practising Negotiation Skills

13.00 – 14.00 LUNCH

14.00 – 15.30 Power and Control in Relationships

15.30 – 15.45 Close of Day Review

16.00 – 17.00 Video shows on STIs / HIV / AIDS

Recap

Objectives

1. To provide a space for participants to ask any questions or express any concerns that may have been raised from the previous day.
2. To review the plans for the day.

Time

10 minutes

Materials

- Enough copies of the day three agenda for everyone, or a sheet of flipchart posted on the wall with the agenda written on it.

Steps

1. Welcome everyone back. Ask whether there are any questions or anything anyone wants to say either about yesterday, or about getting started today.
2. Distribute and go over agenda (or go through using posted flipchart paper). Answer any questions about the agenda.

Sexual Decision-Making

Objectives

By the end of this exercise participants should be able to:

1. Explain how to make effective decision, and the consequence of such decisions.
2. Identify the variety of reasons why individuals have sex or engage in sexual activity.

Time

60 minutes

Materials

- Flipchart
- Handout: "Am I Ready for Sex?"
- Handout: Illustration: Three Cs to Decision-Making
- Paper and pens
- Flipchart markers
- 4 small dark plastic or paper bags
- Banana; condom (or cigarette); bottle filled with water, small cabbage; Ksh 100/- note; stapler

Advance Preparation

Number the bags 1 through 4 using a large marker. Put the objects in the corresponding bags: In bag 1 the banana and cigarette for younger groups; in bag 2 the bottle filled with water, in bag 3 the cabbage; and in bag 4 the Ksh 100/- shut the bags tight and staple them so that no one can see inside.

Part One: Introduction To Decision Making (20 minutes)

Steps

1. Ask the young people to state the decisions they have made that day. *Possible responses might include: what time to get up ,what time to get to the class, what to wear, etc.*

List their responses on the flipchart paper. Point out that people make decisions every day. However, with big important issues, it is best to make what you feel is the best decision.

2. Put the four bags on the table or floor where everyone can see them.

Ask for three volunteers to stand at the front of the room. Explain that the rest of the youth are the audience and that they are going to try to influence the volunteers to choose a particular bag. Ask the audience to start offering suggestions or reasons why each volunteer should choose one bag over another. After a few minutes, ask each volunteer to choose one of the bags by standing behind the one they have chosen, leaving one extra bag. *Tell the volunteers they cannot touch any of the bags.*

Once they have selected their bag, ask the volunteers how they made their choice. Possible answers might include: *"it's my lucky number," "it was closest to me," "they told me to," etc.*

Point out that volunteers have **no information** about what is in each bag. Ask, "Without information how easy is it to make a well thought-out decision?" (Not very).

3. Now tell the volunteers to lift the bags by the tops only, just a bit off the floor or table, and then put them down. Ask if any volunteer would like to exchange bags or pick the remaining bag. Ask any volunteers who change bags to explain why they decided to do so.
4. Tell the volunteers to pick up the bags one more time and do anything they want **except look inside** to find out what is there. Once more, give the option to exchange bags, then tell them to make their final choice.
5. Ask if a new volunteer wants to come up and take the remaining bag. Then have all volunteers open their bags and take out the contents, displaying them for the entire group to see. Discuss the contents of each bag, using the following as a guide:
 - ♦ Bag 1 looked interesting because it was leaning over. People often decide to do something because they are curious. Bag 1 had a banana in it, something good to eat, and that was a positive consequence. But there was a cigarette in the bag as well and this could be a potentially embarrassing consequence. Sometimes the decisions we make can also have an unknown consequence or it might be embarrassing or worse.
 - ♦ Bag 2 appeared to contain a bottle of soda, but did not. Sometimes we are fooled by "misinformation." In this case, without looking in the bag, you could not make an informed decision. The consequence was disappointment.

Some decisions are like that — we do the best we can with the information we have but the result can be less than anticipated.

- ♦ Bag 3 felt a lot like it had pawpaw or melon in it. This would be appealing because they are sweet. Sometimes we make a decision too quickly because we are distracted by the idea of getting something good out of it. As a result, we can overlook some piece of information that is essential to making the best decision. In this case the consequence is not very negative, since you can eat the cabbage, and it is nutritious, just as the pawpaw or melon would have been. The cabbage is just not as sweet.
- ♦ Bag 4 was always an unknown. It probably felt like it was empty. Upon closer examination, you could hear something made of paper rattling inside. But there was no way of knowing what the paper was. In this case, you really took a risk by deciding to choose Bag 4. It could have been Ksh 10/ note or Ksh 1000 note, US\$ or other foreign currency, or just a piece of paper cut to feel like money. Taking a risk is okay when you are in a safe situation like this, but there are times when taking a risk can be a lot more dangerous than just losing a little money.

6. Ask the following questions:

- What was it like to do that?
- How did it feel to be one of the volunteers? How did it feel to be in the audience, trying to influence the volunteers?
- From doing this activity, what are important parts of making a well thought-out decision? (*Possible answers might include: Getting more information, taking the time to think things through, examining your options, perceived benefits and consequences, etc.*)
- In our daily lives how do most decisions get made? Why do you think this is so?

Part Two: Sexual Decision-making (15 Minutes)

Steps

1. Tell the participants they will be discussing “sexual decision-making.” People make decisions about sexual activity throughout their lives.

In this activity, you are going to look at the things that influence this decision-making process and how individuals can make their own decisions about sexual activity.

2. Ask the participants to think of as many reasons as they can for why people decide to have sex. Any reason is possible. Some reasons might include love, pregnancy, pleasure, money, making a partner happy, keeping a relationship, etc. Remind the participants that the reasons they give do not have to be ones they personally believe in. List the reasons on one side of the flipchart pad.
3. Next, ask the participants to list as many reasons as they can that people might have for deciding *not* to have sex. Reasons might include fear of pregnancy, not being emotionally ready, not caring for the person enough, just not wanting to, etc. List the reasons on the other side of the flipchart pad.
4. Once the two lists have been written, ask the participants, "What do you notice about these two lists?" Possible responses might include which list has more statements, that there are a lot of similarities (or differences) between the two, etc.
5. Discuss the list of reasons people might give for having sex. Allow for discussion among those who disagree with one another about whether some reasons are acceptable or not. As a facilitator, you must stress that some reasons will be acceptable to some people and not to others. What is important is that everyone has a right to his or her reasons for having sex as long as he or she does not hurt or harm other people. If a person's action violates another person's rights, then it is absolutely not acceptable.
6. Once the participants have discussed the first list, discuss the reasons why people decide to not have sex. Ask the participants if they think any of the reasons are not acceptable. Some of the participants might feel that some reasons are not acceptable, but it is important to stress that any reason to say "no" to sex is acceptable. In fact, a person does not even need a reason to say "no."

Part Three: Three Cs To Good Decision-Making (25 Minutes)

Steps

1. Explain that making decisions and knowing the consequences are important skills young people need. Ask the group members to take out a blank piece of paper and write down a serious decision that they are or someone they know is currently facing. The decisions can be about anything - school, a job, a family situation, or a social situation. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. **Assure them that what they write will remain confidential.**
2. Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions. Write them on the flipchart paper, editing them as necessary to keep confidentiality.

3. Explain to the group that these are the kind of challenges many young people face, especially as they become independent. Young people must make decisions and learn to live with the consequences.
4. Using flipchart paper, display the “Three Cs to Good Decision Making” showing the words, **challenges, choices, and consequences**, and distribute the handout of the same name. Point to the word “challenges (as illustrated handout on “Three Cs To Good Decision Making”), and ask them to define what that means (something that is difficult). Ask the youth to choose one of the challenges listed on the flipchart paper, and then write it on the first line of their handout.
5. Now point to the word “choices” on the flipchart paper. Again, ask them to define “choices” (things you can opt to do in a particular situation). Ask the group to brainstorm several choices or options that a person making this decision has. List those beside the word “choices” and add any others that you can think of. Be sure there are at least three choices.
6. Point to the word “consequences,” and ask what that means (something that happens as a result of doing something, either positive or negative). Ask them to think of possible negative and positive consequence for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.
7. Tell the group to look at the choices and consequences and make a choice together. Try consensus or take a vote to determine the outcome. Clarify that decision-making is usually done by an individual; people may seek other people’s opinion before making a decision.

Summarise what is on the newsprint and help learners to articulate the three steps in making a good decision when facing a challenge.

Discussion Points

- What do you think about the “three C’s”? How effective do you think it will be when you are back in your day-to-day life?
- What are some of the most powerful influences in our lives when we make decisions? How does it feel when we decide to do something that disagrees with any of those influences?
- When facing a tough challenge, and unsure of the decision to take, who could you turn to for help?

Explain to the participants that when it comes to making decisions about sexual behaviours, regardless of what a person's values may be, there are some questions that a person should ask before entering into a sexual relationship. Pass out the handout entitled "Am I Ready for Sex?" which has several questions a person should ask himself or herself before making a decision about sex. If there is time, read a few questions out loud and ask the participants for comments about each situation.

Note to the Facilitator

Making decisions about sex is related to "who you are" and "what you believe in." This influences "how you behave." With this in mind, it is important to recognise that all individuals have a right to make their own decisions about sex. No one can make those decisions for them. In the end, individuals will do what they value.

The role of sexuality education programmes is to guide individuals in making healthy decisions that will help them lead full and productive lives. One responsibility that comes with this is assisting individuals to understand that they have personal rights that enable them to make their *own* decisions about whether or not when, and how to have sex.

Under no circumstances should these rights be denied to an individual. The decision to have sex or not should not be determined by others. In relationships, every individual has the right to decide when and if he or she wants to become sexually active with his or her partner.

(Parts of this session have been adapted from *Sexual Violence in Teenage Lives*, Planned Parenthood of Northern New England, 1995, *Family Life and Sexual Health*, the Seattle-King County Department of Public Health, 1998 and 'A Training Manual on Life Planning Skills for Young People in Kenya' PATH in collaboration with FPAK 1997)

Three Cs to Decision-Making

1. Challenge or decision you are facing:

.....

.....

.....

2. Choices you have:

Choice 1:

Choice 2:

Choice 3:

3. Consequences of each choice:

Positive

Negative

1).....

1).....

2).....

2).....

3).....

3).....

Your decision is:

Your reason(s) is/are:

Am I Ready for Sex?

That depends on many things. It is a decision only you can make. If you don't feel ready, you aren't. If you feel confused and are having a hard time figuring out how you feel, ask yourself the following questions:

- ◆ Do you feel pressured by a specific person or your friends?
- ◆ Have you considered the 3 Cs
- ◆ Does it contradict your values (personal, cultural or religious)?
- ◆ What do you hope to get out of it?
- ◆ How will making the relationship a sexual one change the relationship?
- ◆ Are you ready to use condoms and contraception in order to protect yourself and your partner from a sexually transmitted infection and unintended pregnancy?
- ◆ Could you handle it if the person you have sex with loses interest in you or talks about it with other people?
- ◆ Could your partner handle it if you lost interest?
- ◆ Is sex a way to prove something?
- ◆ Are you trying to "get back" at someone (a friend, ex-partner, parent, teacher) for some reason?
- ◆ What has your family told you about when people are ready for sex?
- ◆ You have the right to wait until you feel ready and have no reservations about it. You don't need to feel that you have to give a reason. You have the right to say no, just because that's how you feel. Wait until the person and the situation are right for you.

(ADAPTED FROM *Straight from the Heart*, Carol Cassell, 1987.)

Defining Abstinence

Objective

To define abstinence and to explore a range of safer sexual activities

Time

45 minutes

Materials

- Flipchart paper
- Flipchart markers
- Masking tape
- Index cards of two different colours (optional; see instructions below)

Advance Preparation

Create a scoreboard on flipchart similar to the one below:

	Agree	Disagree
Hugging		
Deep kissing		
Sexually aroused		
Rubbing bodies together with clothes on		
Masturbating		
Oral sex		
Pleasure and orgasm		
Sexually touching without intercourse		

Steps

1. Tell the group that they will examine some options for responsible sexual behaviour that young people can consider. Without any further introduction, write the word “abstinence” on the flipchart. Ask participants to call out words or phrases that describe what the word means to them.
2. List their responses on the flipchart. When you have a considerable list of responses, ask:

- Do the words seem mostly positive or mostly negative?
 - Does this view of abstinence sound desirable or undesirable? Why? Explore the concept of abstinence.
3. Invite the group to vote on a series of statements about abstinence. Explain that they will vote using hand signals: thumbs up means “yes,” thumbs down means “no.” (Or, you can distribute index cards in two colours to indicate yes or no.)
 4. Post the scoreboard you have prepared on flipchart. Ask the following questions and record the numbers of “yes” and “no” votes for each behaviour.

If you’ve decided to abstain:

- Can you hug?
 - Can you deep kiss?
 - Can you get very sexually aroused?
 - Can you rub against your partner’s body with clothes on?
 - Can you masturbate?
 - Can you have oral sex?
 - Can you experience sexual pleasure, and perhaps, reach orgasm?
 - Can you do all kinds of sexual touching that both people agree on as long as it excludes sexual intercourse of any kind (oral, anal, or vaginal)?
5. Comment on the participants’ responses to the various behaviours, saying something like, “It seems most of you agreed that…” or “You were evenly divided on…”. Summarise what the group seems to be saying about abstinence, then conclude with the following questions:
 - How do you think teens, in general, feel about abstinence as an option?
 - Is abstinence only for when you haven’t yet had sex, or can people choose to abstain at different times in their lives?
 - Is practising abstinence any different for gay or lesbian couples than for heterosexual couples? If so, how?
 - How would you define virginity? How is virginity different from abstinence?

Adapted from *Our Whole Lives: Sexuality Education for Grades 7-9* by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999.

Communication: Assertive Skills

Objective

1. To define the difference between Assertive, Aggressive and Passive.
2. To gain experience in practising Assertive skills.

Time

60 minutes

Materials

- Refusal lines handouts – one per small group
- Writing material for each group

Steps

Note: Begin by defining assertive, aggressive and passive (Provide a scenario and ask participants to act out / suggest ways this could have been handled in respect to the three: aggressive, assertive or passive)

1. Break the group up into small groups of no more than five people per group. Ask them to decide who in the group is going to be the writer, and make sure that person has a pencil or pen.
2. Distribute one worksheet to each group. Explain that the group is to read the first line, from Partner A, who is someone who wants their partner to have sex with them. Explain that they are to pretend they are Partner B, and do NOT want to have sex with Partner A. Have them write an assertive response to Partner A on the next line. They are to stop with one response, and not write any further. Tell them they only have about 2 – 3 minutes in which to do this.
3. After two minutes, ask each group to pass their sheet clockwise to the group next to them. Instruct them to read the first line of Partner A, and then the response from Partner B. Tell them that they are now to pretend they are Partner A, and develop an assertive response to Partner B that will persuade that person to have sex. Again, they are only to have about two minutes to do this, and only write on that one line, not complete the rest of the sheet.
4. After a few minutes, stop the participants and again ask them to pass their sheet, clockwise, to the group next to them. There, they will become Partner B again and come up with a response to Partner A. Continue the activity until all the sheets have been filled. (Allow a little more time with each round so

that participants can read through the previous lines before writing their responses). Before the last line available for Partner B, be sure to emphasise that this is their “last chance” for Partner B to resist the pressure, so they should really think carefully.

Remind the group that their responses should be assertive, rather than passive or aggressive. Once the sheets have been filled, give the groups one minute to read their completed sheets within their small group.

5. Ask each group to select two volunteers who will come to the front of the room to read their dialogues. After each group has read their sheet, be sure to have the large group applaud for each. Take a moment to ask the entire group how realistic a discussion they thought this was, and whether Partner B was effectively assertive in refusing Partner A’s pressure to have sex.
6. After all the groups have read their dialogues, process by asking the following questions:
 - “What was it like to do that?”
 - “Was there anything that surprised you in what you heard?”
 - “What did you think of the ways in which partner A and partner B communicated? What are some specific examples you heard?”
 - “What were some of the things you heard partner B say that you really liked, or thought would be particularly effective?”

In most cases, the two people participants will select will be male and female – with the male being cast as Partner A. If this happens, point it out to the participants:

- “What did you notice about the pairs that came up to the front of the room?”

Ask the students whether they assumed Partner A to be male or female. Ask if they think it is realistic for a girl or woman to put pressure on someone to have sex or for a boy or man to want to refuse it. Talk about what it is like when people do not act as people expect them to.

Note to the Facilitator

It is possible that you will not have an equal gender representation in your small groups, which means that two students of the same gender will come to the front of the room from time to time.

If there are two males, one of them may act the way he perceives a girl would act so that there is a male and a female partner, even though the worksheets do not indicate any genders. This may produce some laughter from the others. If this were to happen, it would be important to point out the laughter and ask the class, *“Did the acting portray an accurate picture of how a girl talks or acts?”* Ask the class what they think the actors are trying to convey. When they identify it, ask how this relates to the gender material you covered on day one, and process responses. Don’t be punitive! This can be a great opportunity for discussion if you seem open to exploring this, rather than acting as if someone is in trouble. (This scenario may also happen with two girls, one acting stereotypically like a boy, but this is less likely to cause a stir).

Adapted from *Making Smart Choices about Sex* by Eva S. Goldfarb, PhD and Elizabeth Schroeder, MSW. Rochester, NY: Metrix Marketing, 2004.

Assertive Skills Worksheet 1

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do not complete the entire form.**

Partner A: I just talked with Kamau and Nekesa . They said they've decided to have sex after all. I know you and I said we'd wait, but if they're going to do it, wouldn't it be okay for us too?

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Assertive Skills Worksheet 2

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do not complete the entire form.**

Partner A: You say you love me – so why don't you want to do this with me?

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Assertive Skills Worksheet 3

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions.

Please only fill in one line. Do not complete the entire form.

Partner A: "That movie we saw last night really made sex look good. Aren't you even curious about trying it?"

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Assertive Skills Worksheet 4

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do not complete the entire form.**

Partner A: If you're not willing to have sex with me, then I'll just go find someone else who will.

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Assertive Skills Worksheet 5

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do not complete the entire form.**

Partner A: Everyone says sex feels so good – why shouldn't we feel good, too?

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Assertive Skills Worksheet 6

Instructions: Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. **Please only fill in one line. Do not complete the entire form.**

Partner A: Let's just do it and get it over with. If we're careful, we shouldn't have anything to worry about.

Partner B:

Partner A:

Partner B:

Partner A:

Partner B:

Practising Negotiation Skills

Objective

To help the participants practise communication skills and problem solving with others.

Time

60 minutes

Materials

- Role Plays: "Negotiating Condom Use," "Negotiating 'No Sex'"

Steps

1. Inform the participants that role plays involve two or more people pretending that they are in a certain situation and acting out how those people behave in that situation. Explain that the role plays will involve people in the group, not real actors.
2. Guide the participants through the steps described below, and listen, observe, and comment only when requested. Summarising what happened during the role play when the group discussion is over is useful for the participants.
3. Describe one of the role-play situations listed below. Ask two or more people to volunteer to "act out" the situation in front of everyone. This should take no more than five to ten minutes. People in the audience should closely observe how the situation is acted out and be ready to discuss it.
4. Once the role play is completed, facilitate a discussion of what happened by asking the discussion questions listed after each scenario.
5. Continue by describing another role play, and ask two other people to act it out.

Training Options

- ♦ Sometimes the participants are reluctant to participate in role plays. One way to address this is for you to play one character and allow the entire group to play the other. You can start the role play by making a statement. Then anyone in the group can respond to this statement.
- ♦ Another way to make this activity easier is to have a group of three or four participants stand behind each person playing a character. This enables the people standing behind the character to give advice to the role player about what to say.

Role Play 1: Negotiating Condom Use

A man and a woman want to have sex. The woman suggests using condoms, but the man does not want to. The woman explains that it is not a matter of trust, but safety. The woman encourages her partner, saying that they can make it enjoyable. The man agrees to try it.

Questions for Discussion

- ◆ Did the couple take time to think about their opinions before having sex, get advice from each other, and consider the consequences of their different options?
- ◆ Did they listen to and respect one another?
- ◆ Is faithfulness (or trust or honesty) enough to protect people?
- ◆ How did the woman suggest using condoms? Do you think this was a good approach?
- ◆ What worked well in resolving the problem?
- ◆ Ask the participants to list the excuses people make for not using condoms.

Role Play 2: Negotiating “No Sex”

A young man and woman have been involved for a few months. They have not yet had sex. He would like to, but she is uncertain, saying that she needs to wait until she is sure. After some discussion, he agrees to wait. They leave to go have a drink. After a couple of beers, he tries to seduce her. Although she is feeling less confident about her decision, she says that beer should not make them change their minds, and she suggests that they go sit with friends.

Questions for Discussion

- ◆ Is it okay for a woman to refuse to have sex with her boyfriend?
- ◆ Why did he agree? For men: Would you agree?
- ◆ Do men sometimes feel pressured to have sex?
- ◆ Do men prefer to marry a woman who is a virgin? Why or why not?
- ◆ Do women think men are always after sex, and how do they feel about it?
- ◆ What should the couple do when, after alcohol or drug use, reasonable discussion becomes difficult?

More Role-Play Topics

- ♦ A young man who refuses to believe his friend who says that HIV is a problem for him.
- ♦ A woman trying to convince her boyfriend to seek treatment for an STI.
- ♦ A man trying to persuade his friend to tell his partner that he has HIV.
- ♦ A man trying to persuade his friend that having many girlfriends is not “cool”.
- ♦ A community leader trying to convince a group that condoms are necessary, even for people who are married.
- ♦ A woman whose husband is having sex with other women and not using condoms with her or them.
- ♦ A man who pushes a younger woman to drink alcohol to help her “relax”.
- ♦ A younger woman who is being pursued by a man 15 years older than she is.
- ♦ A teenage woman whose parents want her to marry because they believe that marriage will provide her with financial security.
- ♦ Same sex relationship.

Power and Control in Relationships

Time

1 hour 30 minutes

Materials

- Handout: "Moraa and Onyango" (enough copies for each participant)
- Enough pens/pencils for each participant
- Newsprint chart with characters and rating boxes. Be sure there are enough columns as there are small groups. Sample:

Character	Group 1	Group 2	Group 3	Group 4
Moraa				
Onyango				
Father				
Mother				
Wambua				

Steps

1. Ask groups to explain what they think ethical means, and then provide a dictionary definition.
2. Distribute the handout, "Moraa and Onyango" to participants. Read aloud together, asking a different participant to read each paragraph.

Instruct participants to rate, at the bottom of the page, the characters in the story based on how nobly they acted. A "1" should go to the character whose behaviour they felt was MOST ethical, and a "5" should go to the character whose behaviours was LEAST ethical. All the other characters should be rank ordered from 2 – 4 to indicate the other levels of ethical or unethical behaviour. A number can only be used once; for example, a person cannot rank everyone as a 3, or two people as 4s and two as 2s.

3. Once every participant has filled out a form individually, break the group into smaller groups of 4 – 5 participants (it should be no more than 5 and no fewer than 4). Let them know that their job is, as a group, to reach consensus, or general agreement, on the characters' ratings.

4. After about 15 minutes, ask the groups to finish their discussions. Ask for groups that actually reached consensus to raise their hands, and then for those that did not to do the same.
5. Ask for each group to give their ratings, and record them on the newsprint chart at the front of the room. Take a few minutes to reflect on the similarities or differences between the groups' ratings.
6. Process the activity by asking the following questions:
 - What was it like to do this activity? What was easy or challenging about it?
 - Who in this story had power? How do you know they had power?
 - In what way did power affect Moraa and Onyango's relationship?
 - Is Moraa and Onyango's marriage a healthy one?
 - What, if anything, would you change about this story?
 - How would all the characters have behaved to avert the possibility of HIV infection?

Close of Day Review: Plus-Delta-Action

Objectives

1. To review the day and to give participants an opportunity to reflect on what they learned in the course of the day.
2. To inform the facilitators about what they found useful and what they would do differently.

Time

- 15 minutes

Materials

- Flipchart
- Marker

Note to the Facilitator

This is a quick but important activity that offers participants an opportunity to reflect on what they've learned during the day. In doing a close of the day review of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce the major lessons learned. Doing this thus increases the likelihood of knowledge and values retention.

Steps

1. Draw two lines down the middle of the flipchart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ —the Greek sign for change) and on the third column write "ACTION".
2. Ask participants to identify what they liked, what they would change and what action they plan to take as a result of the day's activities. Write their comments down in the appropriate column.
3. Draw the discussion to a close by offering a brief summary of the key points mentioned as well as any other points you feel are important but weren't mentioned.
4. Remind the participants to reflect on the day in the evening and to be ready to discuss any insights the next morning.

Day Four

Agenda for Day Four

HIV and AIDS

-
- | | |
|--------------|----------------------------------|
| 8.30 – 8.45 | Recap |
| 8:45 – 9:45 | Addressing Gaps in HIV Knowledge |
| 9:45 – 10:30 | Burning questions about STI |
-

10:30 – 11.00 BREAK

- | | |
|---------------|----------------------------|
| 11.00 – 11.50 | HIV Myth and Facts |
| 11:50 – 13.00 | The Personal Impact of HIV |
-

13:00 – 14:00 LUNCH

- | | |
|---------------|--|
| 14.00 – 14.30 | HIV Risk Assessment and Reduction |
| 14.30 – 15.30 | Learning about Male and Female Condoms |
-

15.30 – 15.50 BREAK

- | | |
|---------------|---------------------------------------|
| 15.50 – 16.45 | Talking about Alcohol and Other Drugs |
| 16.45 – 17.00 | Close of Day Review |
-

Recap

Objectives

1. To provide a space for participants to ask any questions or expressing any concerns that may have been raised from the previous day.
2. To review the plans for the coming day.

Time

15 minutes

Materials

Enough copies of the day four agenda for everyone, or a sheet of newsprint posted on the wall with the agenda written on it.

Steps

1. Welcome everyone back. Ask whether there are any questions or anything anyone wants to say either about yesterday, or about getting started today.
2. Distribute and go over agenda (or go through using posted flipchart paper). Answer any questions about the agenda.

Addressing the Gaps in HIV Knowledge

Objectives

1. To help participants identify their own gaps in information about how HIV is transmitted and can be prevented.
2. To clarify misconceptions on HIV.

Time

60 minutes

Materials

- An informational brochure on HIV/AIDS for each participant

Steps

1. Begin the session by asking the participants the questions on the Educator's Resource, "HIV and AIDS: Some Basic Facts".
2. Ask one or two participants to provide their answers. After the participants provide their answers, make sure to clarify any misconceptions that they have.
3. After the discussion, pass out a brochure with basic information on HIV and AIDS so that the participants can refer to accurate information.

HIV and AIDS: Some Basic Facts

What is HIV?

HIV stands for *human immunodeficiency virus*. This virus attacks the body's immune system, which protects the body against illness. HIV infects only humans.

What is AIDS?

AIDS stands for *acquired immune deficiency syndrome*. Becoming infected with HIV leads to a weakened immune system. This makes a person who has HIV vulnerable to a group of illnesses that a healthy person who does not have HIV probably would not get, or would be able to recover from more easily.

What is the difference between HIV and AIDS?

A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. A person with the virus but no symptoms is "HIV-infected" or "HIV-positive."

After a person has been infected with HIV for a long time (often many years), symptoms resulting from the damaged immune system begin to develop. At this stage, people with HIV may develop opportunistic infections (Many opportunistic infections are extremely unpleasant, but they aren't 'life-threatening.). "AIDS" is a clinical definition associated with HIV-infected people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions.



A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection.

What are some of the opportunistic infections that a person infected with HIV can develop?

- Coughing
- Itching/boils
- Tuberculosis
- Fever
- General malaise
- Difficulty in breathing or swallowing
- Chronic diarrhoea
- Swollen glands

Are these symptoms and infections a sign that someone has HIV?

These symptoms are not a sure way of knowing one's HIV status. The only sure way is to have a HIV test in a voluntary counselling and testing centre.

Why is voluntary counselling and testing important?

HIV Voluntary Counselling and Testing (VCT) is an important entry point for both prevention and care as well as reducing stigma. VCT provides the bulk of initial psychological support. It also links individuals, couples and families to follow-up psychological support and other support services such as legal, welfare and spiritual support with communities, peer support groups, appropriate medical care services for early management of TB and other opportunistic infections. It also provides for interventions to reduce mother-to-child transmission of HIV.

VCT has also proven to be an important factor in promoting safer sexual behaviour, thus preventing HIV transmission and enabling people living with HIV and AIDS to disclose to and involve significant others

Where did HIV come from?

Nobody knows where HIV came from, or how to cure it. When AIDS first appeared in each country, people blamed AIDS on certain communities. Often, people think the fault lies with people from "other places" or those who look and/or behave "differently." This leads to blame and prejudice, stigma and discrimination. It also means that many people believe that only people in those groups can be infected with HIV and that "it can't happen to me." Confusion about where AIDS comes from and who it affects also encourages some people to deny that it even exists.

How can someone become infected with HIV?

The HIV virus is found in an infected person's blood (including menstrual blood), breast milk, semen, and vaginal fluids. HIV can pass from one person to another in the following ways:

- During unprotected vaginal, oral, or anal sex, HIV can pass from an infected person's blood, semen, or vaginal fluids directly into another person's bloodstream, through the lining of the vagina, through the mucous membranes of the rectum or through broken skin in the mouth. The virus transmits much more easily if the skin is broken, such as from a sore or a cut.
- HIV can be transmitted by HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.
- HIV can pass from the mother to a baby during pregnancy, delivery, and breastfeeding. If the mother is not taking any treatment, about one third of all babies born to HIV-infected women become infected themselves. Unfortunately, it can take 12 to 18 months to be certain whether or not the child is infected. To prevent this, pregnant women can take medicine during their pregnancy, and have the baby (who gets medicine at birth) delivered by caesarean section.



"HIV can pass from mother to baby during breastfeeding."

What are the needs of people and families living with HIV/AIDS?

Medical needs: People with HIV infection develop “opportunistic diseases” and distressing symptoms such as itching, pain, and difficulty in breathing or swallowing. They require medicines and other forms of health care, such as treatment information and treatment.

Psychological support: They need support to cope with the psychological strain of repeated bouts of illness, and to counter discrimination and social isolation. To help counter these negative experience, there is need to offer spiritual support/pastoral care, social support, psychological support/counselling, and behaviour change counselling. Psychological support is critical for helping individuals, couples, and families affected by HIV to cope with their fears and emotions.

Socio-economic support: Socio-economic needs, such as welfare provisions, help in the household, and orphan support. People with HIV infection and their families need help to alleviate the economic consequences of sickness and death due to AIDS. People living with HIV/AIDS and their families are confronted with additional challenges throughout the course of infection and recurrent episodes of illness. These include isolation, loss of income, medical and transport expenses, funeral costs, and the unmet needs of orphaned children for education, shelter, nutrition, clothing, and other necessities.

Care for the carers: Caring for anyone with a serious chronic illness is a physical and emotional challenge for even the most dedicated caregivers. This is particularly true for nurses, counsellors, volunteers, and caregivers in the home who provide the bulk of care for PLHA. These caregivers also need support to help them do their jobs well, avoid burnout, and keep themselves free of infection. Regular social events, better recognition, incentives and peer support are some of the ways to address the need of caregivers for support.

Why do most people living with HIV and AIDS not benefit from care and support programmes in their community?

Because they are unaware of being infected. Many people hesitant to find out if they have HIV because of the shame a blame that can be associated with AIDS.

Is there a cure for HIV and AIDS?

Currently there is no cure or vaccine for HIV. Some drugs called antiretrovirals or ARVs slow or stop the virus from multiplying in an infected person, but they do not cure the infection. As soon as the person stops taking the medicines, the virus starts to multiply again. Although ARVs improve the health and lives of people who take them, they also frequently cause side effects. Other medicines can prevent or cure opportunistic infections but they do not treat the underlying HIV virus infection.



“People with HIV infection need support to cope with psychological strain.”

Burning Questions about Sexually Transmitted Infections (STIs)

Objectives

1. To help the participants understand basic information about STIs.
2. To help the participants recognise ways to protect themselves from acquiring STIs.

Time

45 minutes

Materials

- Handout: "Burning Questions about Sexually Transmitted Infections (STIs)"

Steps

1. Ask the group to explain what an STI is. Ask the participants to provide examples of STIs.
2. Pass out "Burning Questions about Sexually Transmitted Infections (STIs)."
3. Tell the group that you are going to discuss nine basic questions about STIs. Go through the list, and allow various participants to provide their answers. Correct any misinformation that is shared. Consult the Educator's Resource to make sure all important points are covered for each question.
4. Ask the participants if they have any other questions.

Burning Questions about Sexually Transmitted Infections (STIs)

1. What are STIs, and how do people get them?
2. What are the most serious STIs?
3. How do I know if I have an STI?
4. How can I protect myself from STIs during sexual activity?
5. Can someone without any symptoms of STIs still be contagious?
6. What should I do if I think I have an STI?
7. If I do have an STI, can it be cured?
8. If I ignore my symptoms, will the STI go away?

Talking Points for Answering the Handout "Burning Questions about Sexually Transmitted Infections (STIs)"

1. What are STIs, and how do people get them?

- STI stands for *sexually transmitted infection*. STIs are a group of infections that are passed from one person to another through sexual contact.
- STIs are most often passed via unprotected vaginal sex, oral sex, or anal sex. (vaginal sex is the most common mode of transmission).
- Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, or breastfeeding.
- In order for an infection to occur, one person must be infected and pass the infection to his or her partner.
- HIV and some other STIs can also be passed through unclean injection needles, skin-cutting tools, and blood transfusions (when the blood is not tested).

2. What are the most serious STIs?

- HIV infection, which causes AIDS, is fatal.
- Syphilis can be fatal, but it can be cured with drugs.
- Gonorrhoea and chlamydia, if left untreated, can cause infertility in both men and women.
- The human papilloma virus (HPV) is an STI that has different strains, some of which produce genital warts, and some of which can lead to cervical cancer in women.
- The presence of any STI increases the risk of contracting HIV.

3. How do I know if I have an STI?

Many people who have STIs have no symptoms. When symptoms appear, they may include:

If you have had sexual contact:

- Abnormal discharge from the vagina or penis.
- Pain or burning with urination.
- Itching or irritation of the genitals.
- Sores or bumps on the genitals.

Educator's Resource Guide

- Rashes, including rashes on the palms of hands and soles of feet.
- In women, pelvic pain (pain below the belly button).

4. How can I protect myself from STIs during sexual activity?

- Have sex only with an uninfected partner who has sex only with you.
- If this is not possible, or if you do not know if your partner is infected:
 - For vaginal or anal sex, use condoms each and every time.
 - For oral sex, use a condom over the penis, or plastic wrap or a condom cut open to cover the vagina or anus.
 - Engage in other forms of sexual activity, such as using your hand to stimulate your partner (always wash your hand immediately afterward).

5. Can someone without any symptoms of STIs still be contagious?

- Yes!! Many people who have STIs have no symptoms, but they can still pass the infection on to others. For example, many people infected with chlamydia and gonorrhoea have no symptoms, and individuals infected with HIV may show no signs of infection for many years, but they can still pass the virus on to others.

6. What should I do if I think I have an STI?

- Go to a clinic, and have a medical professional check you as soon as possible. Do not wait and hope the STI will go away.
- If you have an STI, it is important to tell your most recent sexual partners, if possible, so they can also get treatment.



“Go to a clinic and have a medical professional check up as soon as possible. Do not wait and hope that STI will go away.”

7. If I do have an STI, can it be cured?

- Most STIs can be cured with antibiotics. However, those STIs that are caused by viruses - such as HIV, hepatitis B, and genital herpes - cannot be cured. Genital warts can be removed, but they may return.

8. If I ignore my symptoms, will the STI go away?

- No. The symptoms may go away, but the STI will remain. If the STI is left untreated, it will continue to harm the body, and you can continue to pass the infection on to others.

HIV Myths and Facts

Objective

1. To help the participants correctly identify factual information and misconceptions about HIV.

Time

50 minutes

Materials

- Handout: “HIV: True or False”
- Flipchart
- Markers

Steps

1. Begin the exercise by asking the participants what they have heard of about HIV. List this on a flipchart.
2. Clarify with them HIV myths.
3. Select some more statements from the handout “HIV: True or False” to read aloud to the group. Ask the participants to indicate whether the statement is true or false and then to support their answers. Correct any misinformation by consulting the answer sheet provided in this manual.

Training Options

- You can begin the activity by having one participant at a time read aloud a statement and then have that participant and the large group respond.
- Another option is to divide the participants into four small groups and have them work together on the handout for 10 minutes before reviewing the answers.

Handout

HIV: True or False

Review each statement below, and decide whether you think it is true or false.

1. _____ You can become infected with HIV from mosquito bites.
2. _____ Anal sex is the riskiest form of sexual contact.
3. _____ A person can become infected with HIV if he or she performs oral sex on a man or woman.
4. _____ When used correctly and consistently, condoms can protect men and women from becoming infected with HIV.
5. _____ Special medicines can cure HIV infection.
6. _____ HIV is an infection that affects only sex workers and homosexuals.
7. _____ If you stay with only one partner, you cannot become infected with HIV.
8. _____ People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs.
9. _____ HIV is really not a big problem in Kenya.
10. _____ A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation.
11. _____ A man can be cured of HIV by having sex with a girl who is a virgin.
12. _____ HIV is transmitted more easily during dry sex than wet sex.
13. _____ You cannot contract HIV/AIDS by living in the same house as someone who has the disease.
14. _____ You can always tell if a person has HIV by his or her appearance.
15. _____ Traditional healers can cure HIV.
16. _____ HIV can be transmitted from one person to another when sharing needles during drug use.
17. _____ If a man is circumcised, he cannot be infected with HIV.

Answers to HIV: True or False

- 1. You can become infected with HIV from mosquito bites. – FALSE**

It has been extensively researched and proven that HIV cannot be transmitted this way. In Africa, where malaria is common (and spread from mosquito bites), the only people infected with HIV are sexually active men and women and babies born to HIV-infected mothers, and people who became infected due to blood transfusions or sharing needles.
- 2. Anal sex is the riskiest form of sexual contact. – TRUE**

Anal sex carries a higher risk of HIV transmission than other types of sexual contact. Unlike the vagina, the anus does not produce any natural lubrication. During anal sex, the penis can tear the mucous membrane of the anus, which provides the virus with an entry point into the bloodstream. Dry vaginal sex also causes tearing of the mucous membrane and, therefore, is also a high-risk behaviour for HIV transmission.
- 3. People can become infected with HIV if they perform oral sex on a man. – TRUE**

HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person's mouth. A man can reduce the risk of transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.
- 4. When used correctly and consistently, condoms can protect men and women from becoming infected with HIV. – TRUE**

Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing STIs, including HIV infection. Some groups have reported inaccurate research that suggests that HIV can pass through latex condoms, but that is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV molecules, cannot pass through latex condoms.
- 5. Special medicines can cure HIV infection. – FALSE**

Currently, there is no cure or vaccine for HIV. Some drugs, called antiretrovirals or ARVs, slow or stop the virus from multiplying in an infected person, but they do not cure the infection. As soon as the person stops taking the medicines, the virus starts to multiply again. Although antiretrovirals improve the health and lives of people who take them, they also frequently cause side effects. Other medicines can prevent or cure opportunistic infections, but they do not treat the underlying HIV virus infection.
- 6. HIV is a disease that affects only sex workers and homosexuals. – FALSE**

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather the behaviours he or she engages in.

7. If you stay with only one partner, you cannot become infected with HIV. – FALSE

Individuals who are faithful to their partner may still be at risk for HIV if their partner has sex with other people. In addition, individuals who are monogamous with their partner now may have contracted HIV from someone else in the past; therefore, they may have the infection without knowing it and/or without telling their current partner. Only a long-term, monogamous relationship with someone who has not been previously infected can be considered "safe."

8. People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs. – TRUE

Infections in the genital area provide HIV with an easy way to enter the bloodstream.

9. HIV is not really a big problem in Kenya – FALSE

The most recent data reveals that about 6.7% of Kenya's population – around 2,000,000 people – are currently infected with HIV.*

10. A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation. – TRUE

Withdrawal does not eliminate the risk of HIV. Pre-ejaculatory fluid (pre-cum) from the penis can contain the virus and can transmit HIV to another person. However, withdrawing is better than ejaculating inside the sexual partner since it reduces the amount of exposure to semen.

11. A man can be cured of HIV by having sex with a girl who is a virgin. – FALSE

Some people believe this story, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

12. HIV is transmitted more easily during dry sex than wet sex. – TRUE

HIV can be transmitted more easily during dry sex because the lack of lubrication causes cuts and tearing on the skin and mucous membranes of the genitals of both men and women. These cuts provide the virus with an easy way to enter the bloodstream.

13. You cannot contract HIV simply by living in the same house as someone who has the disease. – TRUE

HIV is transmitted through exposure to infected blood and other infected bodily secretions. Living in the same house with someone who is infected with HIV does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

14. You can always tell if a person has HIV by his or her appearance.

– FALSE

Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People with HIV look ill only during the last stages of AIDS, when they are near death.

15. Traditional Healers can cure HIV. – FALSE

Over the years, many indigenous healers (traditional healers) have claimed to be able to cure AIDS. To this day, no treatments done by traditional healers have proven to cure HIV infection. We often hear of other people who say they have developed a cure for AIDS. People with HIV are a very vulnerable group because they desperately want to get rid of their life-threatening illness and often will pay large amounts for even a small chance of a cure. Many people see them as a source of easy money and try to exploit them. People with AIDS often feel better and seem to recover a little after taking useless treatments just because they have the hope of a longer life. Unfortunately, there is no cure at the moment for HIV infection.

16. HIV can be transmitted from one person to another when they share needles while using drugs. – TRUE

Sharing needles during injection drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

17. If a man is circumcised, he cannot be infected with HIV –FALSE

Although circumcision **reduces** men's risk of becoming infected with HIV, it does not **eliminate** the risk. In the 2003 Kenya Demographic and Health Survey, the HIV prevalence rate among circumcised men in Kenya is 3% and among uncircumcised men it is 13% (The HIV prevalence rate among men is 5%).

*SOURCE: Kenya Demographic and Health Survey, 2004.

The Personal Impact of HIV

Objectives

As a result of this activity, participants will be able to:

1. Reflect on how being infected with HIV would affect their lives.
2. Describe how they and others should treat people with HIV.

Time

1 hour 10 minutes

Materials and Advance Preparation

- Flipchart paper
- Markers
- Questions for pairs written in large print on flipchart paper
- Handouts: Case Studies on Stigma and Discrimination

Note to the Facilitator

This activity can be very personal and emotional. If the participants do not feel comfortable sharing sensitive information with each other, individuals can do this activity on their own. If the participants do the activity in pairs, stress that the participants can pass on a question and withhold information if they wish.

Factors that contribute to HIV and AIDS-related stigma

- ◆ AIDS is a life-threatening disease.
- ◆ People are scared of contracting HIV.
- ◆ The virus is associated with behaviours (such as sex between men and injecting drug users) that are stigmatised in many societies.
- ◆ People living with HIV and AIDS are thought of as being responsible for becoming infected.
- ◆ Religious or moral beliefs that lead some people to believe that having HIV and AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

Steps

1. Divide the group into pairs, asking each pair to sit together. Let them know that they are going to have brief conversations on topics you will provide for them. Tell them in advance that since these are brief conversations, you will be interrupting them from time to time, and apologise in advance.
2. Ask the pairs the first question from the list below. Allow the pairs to discuss the first question for up to three minutes.
3. Continue this process by asking questions 2 through 4, allowing up to three minutes of discussion per question.
4. Close the activity by posing the following questions to the entire group:
 - How did it feel to discuss these questions?
 - Do you believe most people think about what life would be like if they were HIV-infected? Why or why not?
 - Do you believe that such thoughts (about life with HIV infection) can help motivate people to protect themselves from the virus?

Questions for Pairs

1. If you had HIV, in what ways would it change your life?
2. What would be the most difficult part about being infected with HIV? Why?
3. If you had HIV, what changes would you make in the way you act with your sexual partner(s)?
4. If you had HIV, would you want to know?
5. Who would you tell if you had HIV?
6. If you had HIV, how do you think you would you want to be treated by your family and your community?

Part Two: Case Studies on Stigma and Discrimination

1. Divide the participants into three groups and give each group one case study.
2. Ask the groups to review the case study and discuss the questions.
3. Discuss as many of the case studies in the large group as time allows.

Case Studies on Stigma and Discrimination

CASE STUDY 1

"My son, Musyoka, aged 8, was born HIV-positive although this was not diagnosed until he was 18 months old. I took him into our family home, in a small village in Ukambani. At first, relations with the local school were wonderful and Musyoka thrived there. Only the head teacher and Musyoka's personal class teacher knew of his illness.



"Then someone broke confidentiality that Musyoka had AIDS. This caused panic and hostility."

Then someone broke the confidentiality and told a parent that Musyoka had AIDS. That parent, of course, told all the others. This caused such panic and hostility that we were forced to move out of the area."

Questions:

1. How would you feel if you were in this parent's position?
2. What do you think the people living in the village could have done differently, and why?

CASE STUDY 2

Wanjira, who is pregnant with her second child, carries her six-month-old son across town to make her first antenatal visit at the Huruma Maternity Hospital in Nairobi. Arriving at the hospital, she collapses in the waiting room, saying "I feel so tired all the time, I do not have the energy to do anything." Dr. Otieno calls Wanjira to come into the examining room and at first glance thinks to himself, "She looks ill and run-down, she must be HIV-positive." Dr. Otieno makes her wait on the table in a separate area of the hospital and goes to tell his other colleagues. He comes back into the room wearing gloves and a mask to do a routine check-up. Wanjira fidgets uncomfortably as the other nurses and doctors look at her and whisper. Finally, Dr. Otieno tells Wanjira that he needs the lab to draw her blood to run some "tests." Unaware that she is being tested for HIV, she agrees



"He comes back into the room wearing gloves and a mask to do routine check up. Wanjira fidgets uncomfortably, as other nurses look at her and whisper."

Questions:

1. How would you feel if someone conducted a HIV test without your knowledge or permission?
2. If you had HIV, how would you want to be treated at a health care clinic?

Note to the Facilitator

In the majority of Kenyan communities, families are the primary caregivers to sick members. There is clear evidence of the importance of the role that the family plays in providing support and care for people living with HIV/AIDS. However, not all families respond positively. Infected family members are sometimes stigmatised and discriminated against within the home.

CASE STUDY 3

"My mother-in-law has kept everything separate for me - my glass, my plate... The family never discriminated against their son, who was also infected with HIV and has since died. They used to eat together with him. For me, it's 'don't do this' or 'don't touch that.' and even if I use a bucket to bathe, they yell- 'wash it, wash it'. They really harass me. I wish nobody comes to be in my situation and I wish nobody does this to anybody. But what can I do? My parents and brother also do not want me back."



"For me, it's 'don't do this' or don't touch that'."

(HIV-positive woman aged 19, Kisumu)

Questions:

1. If you were infected with HIV, how would you want to be treated by others?
2. If you were infected with HIV, would you understand if people did not want to touch you or eat with you? Why or why not?

HIV Risk Assessment and Reduction: Levels of Risk

Objectives

1. To identify the level of HIV risk that various behaviours carry with them.
2. To identify sexually pleasurable behaviours that are classified as lower risk or no risk for HIV infection.

Time

30 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk”)
 - Flipchart paper
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk.”
 2. Tape the signs (“Higher Risk,” “Medium Risk,” etc.) high on the wall.
 3. In large letters, print each of the following sexual behaviours (or other behaviours that are applicable to your area or client population) on cards (or pieces of paper), one behaviour per card:

- | | |
|---------------------------------|---------------------------------------|
| ➔ Abstinence | ➔ Dry sex—no condom |
| ➔ Masturbation | ➔ Massage |
| ➔ Vaginal sex—no condom | ➔ Hugging |
| ➔ Vaginal sex with a condom | ➔ Using objects or toys during sex |
| ➔ Hugging a person who has AIDS | ➔ Having sex with someone for money |
| ➔ Fantasising | ➔ Being faithful to one partner |
| ➔ Kissing | ➔ Sex with a person who is much older |

- | | |
|--|---|
| ➤ Performing oral sex on a man— no condom | ➤ Infant breastfeeding from an HIV-infected mother |
| ➤ Performing oral sex on a man with a condom | ➤ Anal sex—no condom |
| ➤ Performing oral sex on a woman— without protection | ➤ Anal sex with a condom |
| ➤ Performing oral sex on a woman with protection | ➤ Manually stimulating your partner (using your hand) |
| | ➤ Sharing a razor |
| | ➤ Using the same soap and towel as someone infected with HIV. |

Steps

1. Inform the participants that they are going to complete an activity that looks at the behaviours that carry a risk for contracting HIV.
2. Place the sexual-behaviour cards facedown in a stack. Ask the participants to pick a card and place it on the wall under the appropriate category (“Higher Risk,” “Medium Risk,” “Lower Risk,” “Very Low Risk,” or “No Risk”) with respect to HIV transmission.
3. Once all of the cards are on the wall, ask the participants to review where the cards have been placed. Then ask for volunteers to state whether they:
 - Disagree with the placement of any of the cards.
 - Do not understand the placement of any of the cards.
 - Had difficulty placing any of the cards.
4. Discuss the placement of select cards, particularly those that are not clear-cut in terms of risk, or cards that are clearly misplaced. Begin by asking the participants why they think the card was placed in a certain category. Consult the categories below if you are unsure about where a certain behaviour belongs.
5. Ask the participants to look at the behaviours in the “Lower Risk” and “No Risk” categories. Ask the group to identify other behaviours that could fit in these categories. Emphasise the idea that some pleasurable sexual behaviours involve low or no risk.
6. Conclude by emphasising that risk depends on the context of the behaviour or other factors. These include gender, whether or not the partner is infected, whether or not the person is the “giver” or “receiver” of the sexual behaviour, and the difficulty of knowing whether or not one’s partner is infected.

Categories of Behaviours

No Risk

- Abstinence
- Masturbation
- Hugging a person who has AIDS
- Kissing
- Fantasising
- Massage
- Manually stimulating your partner (using your hand)

Lower Risk

- Vaginal sex with a condom
- Performing oral sex on a man with a condom
- Performing oral sex on a woman with a dental dam
- Using objects or toys during sex
- Being faithful to one partner

Medium Risk

- Performing oral sex on a man—no condom
- Performing oral sex on a woman—no dental dam
- Infant breastfeeding from an HIV-infected mother
- Anal sex with a condom
- Sex with a person who is much older

High Risk

- Vaginal sex—no condom
- Anal sex—no condom
- Dry sex—no condom

Note to the Facilitator

The level of risk for many of these behaviours will vary based on a range of factors. These include gender, whether or not the partner is infected, whether or not the person is the “giver” or “receiver” of the sexual behaviour, the sexual history and HIV status of each partner, and the proper use of condoms. For oral sex, the presence of sores or bloody gums increases the risk of HIV infection.

Learning about Male and Female Condoms

Objectives

1. To increase the participants' comfort with condoms
2. To learn about the correct use of condoms

Time

60 minutes

Materials

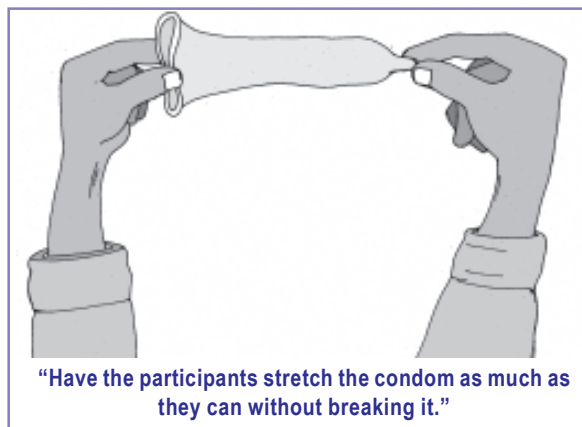
- A large supply of male and female condoms
- Penis models; at least one pelvic model

Steps

Part One: Male Condoms

1. Give one condom in its packet to each participant. If this is too expensive, hand out as many as you can to the group.
2. Invite the participants to check that the condom is not past its expiration date, and to open the packet and take out the condom. Encourage them to stretch and play with the condom. With the help of a team member, have some of the participants place a condom over their hand. (Tell them to beware of sharp fingernails!) Next, tell them to close their eyes and to ask a person next to them to touch their fist with a finger. Ask the participants wearing the condoms on their hand:

- Can you feel the other person's finger touching you?
- How much can you feel through the condom?
- How thick do you think the condom is now?



3. Have the participants stretch the condom as much as they can without breaking it. Ask if they can pull it with their hands or feet or blow it up. Next, tell them to try fitting a condom over their hands and arms. If they are really adventurous, suggest that they try fitting it over their heads! Does it break? Ask the participants:
 - How long did the condom get?
 - How wide did it get?
 - What happened to the condom when it was stretched?
4. Demonstrate condom use on the penis model, clearly and explicitly. When demonstrating proper use of a condom, make sure to discuss the following points:

Steps to Demonstrate Male Condom Use

Notes:

- Condoms should always be stored in a cool, dry place.
 - Using a water-based lubricant like K-Y jelly will decrease the chance of the condom breaking and may make intercourse more pleasurable.
 - Oil-based lubricants like Vaseline, creams, or oils will cause the condom to break and should never be used.
1. In large letters, print each of the 16 following steps that are necessary for proper condom use on cards, one step per card. Note that the steps are in correct order.
 2. Randomly give each participant a card with a condom step on it.

Ask the participants to arrange themselves in the correct order of the following steps. If the group consists of more than 16 participants and some do not have a card or piece of paper, they can help the others arrange themselves in the correct order. If the group consists of fewer than 16 participants, ask them to place the cards on the floor in order (from first step to last).

- Talk about condom use.
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the manufacture or expiry date.
- Establish consent and readiness for sex.
- Male has an erection.
- Open the condom package.
- Unroll the condom slightly to make sure it faces the correct direction over the penis.

- Place the condom on the tip of the penis. Hint: if the condom is initially placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
- Squeeze the air out of the tip of the condom while leaving room.
- Roll the condom onto the base of the penis as you hold the tip of the condom.
- Male inserts his penis for intercourse.
- Male ejaculates.
- After ejaculation, hold the condom at the base of the penis while still erect.
- Male removes his penis from his partner.
- Takes the condom off and tie it to prevent spills.
- Throws the condom away (Proper disposal).



5. Then provide the participants with a new condom, and ask them to try putting it on the penis model themselves. If you have time after the participants have finished, ask for a volunteer to demonstrate the correct use of a condom on the penis model. Once the volunteer is done, ask the participants to comment on whether or not the demonstration was done correctly.

Part Two: Female Condoms

1. Provide the following information about the female condom to the participants:

The Female Condom

- The female condom is a new method of contraception. It is not yet readily available in Kenya, but you can buy it from some chemists. It is hoped that female condoms will be available at clinics nationwide in the near future.
- Female condoms are made from a special plastic called *polyurethane*.
- The female condom is inserted into the vagina before vaginal sex and provides protection against both pregnancy and STIs.
- In many places, women have no say in sexual matters and find it difficult to insist that their male partners use condoms. The female condom is a method that gives women some control over pregnancy and STI protection.



- The inner ring of the female condom is used to insert the condom and helps to keep it in place. The inner ring slides into place behind the pubic bone.
- The outer ring is soft and remains on the outside of the vagina during vaginal sex. This ring covers the area around the opening of the vagina.
- The female condom can be inserted prior to sex, so it does not interrupt sexual spontaneity, is not dependent on the male erection, and does not require immediate withdrawal after ejaculation.*
- The female condom comes lubricated on the inside. Since it is made of polyurethane and not latex (like the male condom), a water-based or oil-based lubricant can be used with it.
- The advantages of using a female condom are that a woman can take control over her body by using a barrier method that can protect her from STIs, including HIV, and can prevent her from getting pregnant.

2. Demonstrate the proper use of the female condom to the participants.

Steps to demonstrate Female Condom Use

Retrieve the cards/sheets for the male condom, and distribute randomly the ones for the female condom:

- Talk about condom use.
- Find out where female condoms are available
- Buy or get condoms.
- Store the condoms in a cool, dry place.
- Check the manufacture or expiry date.
- Establish consent and readiness for sex.
- Open the condom package.
- Grasp the smaller, inside ring between thumb and forefinger or middle finger and squeeze together.
- Insert into vagina with pouch and condom opening remaining outside
- Male has an erection.
- Insert penis for intercourse.
- Male ejaculates.
- After ejaculation, remove penis.
- Grasp outside ring of pouch, and twist several times to prevent spills.
- Remove condom, and throw it away (Proper disposal).

3. Answer any questions that the participants have.
4. Discuss the differences between male and female condoms.
5. Ask a volunteer to demonstrate the correct use of a female condom on a pelvic model.
6. Conclude the presentation by asking the following discussion questions:
 - What are some of the advantages of the female condom over the male condom?
 - What are some of the advantages of the male condom over the female condom?
 - Do you think men and women would be interested in using the female condom? Why or why not?
7. Finish the activity with the following discussion questions:
 - What was this activity like for you? What was easy or challenging about it?
 - What did you learn about condoms today?
 - How confident do you feel about your ability to use condoms effectively?
 - How many of you plan to use condoms every time you have sex with a partner? If you do not, why not?
 - Were you unsure of the order of any steps? Why? Could some of the steps have gone in more than one place?
 - Do you think most people who use condoms follow these steps? Why or why not?
 - What were some of the similarities you noticed between the male and female condom?

SOURCE: WHO/UNAIDS Abstract: [The female condom: a guide for planning and programming.](#)

Talking about Alcohol and Other Drugs

Objective

1. To question various myths related to alcohol and drug use.

Time

55 minutes

Materials

- Ball
- Cardboard sheets with statements written on them
- Flip Chart and markers
- Educator Resource: Information on Alcohol and Drugs

Steps

- Ask the group to sit in a circle. In the centre, place the cardboard sheets face down in the form of a circle, so that each person can take one when it is his/her turn.
- Explain that each participant will read out a statement. They should answer if they agree or not with it and explain why. The other participants will be able to give their opinions in the course of discussing statements.
- Throw the ball to one person in the group and ask them to start the activity by choosing one of the cardboard sheets. Note their opinions on the flip chart, ask if the other participants agree or not, and why. Then read the text in the Educator's Resource. Ask if there are any other questions or comments before moving on.
- Ask the person that read the last statement to throw the ball to another person in the group. Continue this until all of the statements have been read and discussed.

Statements

- a. Alcohol is not a drug...
- b. Alcohol is sexually stimulating...
- c. Alcoholism and drug addiction is something that only happens to older adults...
- d. Alcoholics are only people that drink daily...
- e. Using alcohol and drugs helps you make friends...
- f. Parties are not parties without drugs or alcohol...
- g. Alcohol and drugs can solve problems...

(adapted from "Working With Young Men Series" by Project H / Instituto Promundo)

Information on Alcohol and Drugs

a. Alcohol is not a drug...

Alcohol is a drug because it alters the functioning of the body, particularly the central nervous system. As a result, alcohol can alter a person's thoughts, emotions, and behaviours, just like other drugs. Also, a person's body can become addicted to alcohol, just like other drugs.

b. Alcohol is sexually stimulating...

Initially alcohol can reduce inhibitions and help people become more outgoing. However, alcohol is a depressant. As a result, it can reduce sexual sensations and hamper sexual relations. Alcohol is one of the most frequent causes of erectile dysfunction.

c. Alcoholism and drug addiction is something that only happens to older adults...

The majority of alcohol and drug dependent persons are young men of working age.

d. Alcoholics are only people that drink daily...

The majority of alcohol dependent persons initially drink mainly on the weekends. As time goes on their alcoholism gets worse and they drink more and more frequently. As this occurs they find it increasingly difficult to go without alcohol on any day.

e. Using alcohol and drugs helps you make friends...

Young people may bond while using drugs and alcohol. But friendships based solely on drug use are not true friendships. Peers often feel pressured to participate in this behaviour. When the drugs are removed, the friendship lacks other bonds. True friendship is based on much more than drug and alcohol use.

f. Parties are not parties without drugs or alcohol...

The media and society often send messages that parties need alcohol, and that alcohol must be the centre of any social gathering. But is this really true? What makes a social gathering – the alcohol or the people?

g. Alcohol and drugs can solve problems...

Many people turn to drugs or alcohol when they are having problems. But altering one's mind does not solve any problem. Somebody who drinks or uses drugs will still wake up the next day with the same problem. Using drugs and alcohol only makes it more likely that someone will become depressed about their problems and unable to address them.



"Friendships based solely on drug use are not true friendships."

Practising Making Decisions about Drugs

Objective

By the end of the session participants will have learnt more on skills needed to avoid pressure scenarios.

Time

40 minutes

Materials

- “Pressure Scenarios” reference material
 - Flipchart with 3-Cs of decision making written on it
1. Explain to learners that knowing information about drugs and their dangers is not enough to help them when people start pressuring them. Write the word “skills” on flipchart paper and ask what skills young people need to avoid pressures to use drugs. List their response and include:
 - Decision-making
 - Communication
 - Speaking out.
 2. Display the “3 Cs of Decision Making” used in Day 3 and review it with the learners. Divide the participants into four groups. Select four appropriate “Pressure Scenarios” from the reference materials and pass out one to each group. Go over the instructions for this activity.
 - Use the decision-making model to make a tough decision based on the “Pressure Scenarios”. Decide what choice young people have and what might be the positive and negative consequences of those choices.
 - Come to a consensus about the best decision for your scenario and be prepared to share it and your reasons with the entire group.
 - Take about 10 minutes to make your decision.
 3. Ask groups to read the “pressure scenarios” and describe the decision-making process. Repeat this for each scenario. Allow 5 minutes for discussion after each scenario. Conclude the activity using the discussion points.

Discussion Points

1. How difficult or easy was it to make these decisions? Which one was the toughest?
2. What parts of the 3 Cs of decision-making seem to be the most useful in these kinds of situations.
3. What were the “worst-case consequences” for each of the situations?
4. Can anyone share a tough decision that he/she made in the last three years?
5. Do you know someone facing a drug or alcohol issue right now? How should he/she handle their situation?

This sessions is adapted from 'A *Training Manual on Life Planning Skills*'
PATH in collaboration with FPAK 1997

Handout

Pressure Scenarios

1. Ikenye and Wamicii have been friends since high school. In the first week of their holiday, Ikenya met Wamicii at the market place and invited her to a party at a friend's house. There was a lot of dancing and drinking. Wamicii, who was somewhat apprehensive at the beginning, was persuaded to join them.

As it became late, Wamicii refused to have any more drinks and asked Ikenye to accompany her home. Ikenye said he would be happy to do so, but as he had consumed more than his fair share of drinks, he was feeling good and started to tell Wamicii how much he loved her. What should Wamicii do? Why? What would you do?

2. Halima is 18 years and has been going out with Keino who is 25. She doesn't like boys her own age. Keino seems so "cool" and more mature. After a disco at night, Halima considers inviting him to her house for a beer. Her parents are not at home.

Still, Keino seems like a very nice guy who "wouldn't come on too strong" What should she do? Why? What would you do?

3. Njoroge thinks he is very cool. He is 17 years but hangs out with the guys in their 20s. Some of them do drugs. Today, one of his friends, Ali, passes him some bhang. Njoroge doesn't want to smoke it but he also doesn't want to look like a coward to his friend. What should Njoroge do? Why? What would you do?



"Njoroge doesn't want to smoke but he also doesn't want to look like a coward."

4. Your friend has begun to hang around with older boys who are selling drugs. He comes to you and tells you that he can make a lot of money doing nothing but "keeping" some drugs for his new friends. He tells you that he can cut you into the action, and that there is little or no danger to you. You know that your friend is making a mistake and don't want to be involved. He keeps telling you how many things he has bought recently and how much money you can earn and how safe it is. What should you do and why?

5. For the first time, Otieno has gone with his older brother and some of his friends. They have some money for beers, and Otieno has already taken a few bottles and feeling high. But then events start becoming a bit strange. A very friendly woman sits down next to him and starts chatting. She wants to go somewhere. But he isn't so sure. What should Otieno do? What would you do?

6. Syombua is at a party with some of her friends. There are also some men there, including a man who has been chasing Syombua for some time. He is a bit older, and not very attractive, so she has been trying to avoid him.

Syombua is taking soda only, but then her friends offer her some bhanghi. She has never tried it but decides that maybe now is the time, especially since everyone is watching. She takes a puff and then another. By now the man has joined her. She starts wondering why he is seated so close, and thinking what she should do. What should Syombua do? Why? What would you do?

Close of Day Review: Plus-Delta-Action

Objectives

1. To review the day and to give participants an opportunity to reflect on what they learned during the day
2. To inform the facilitators about what they found useful and what they would do differently.

Time

15 minutes

Materials

- Flipchart
- Marker

Note to the Facilitator

This is a quick but important activity that offers participants an opportunity to reflect on what they've learned during the day. In doing a close of the day review of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce key lessons learned. This increases knowledge and values retention.

Steps

1. Draw two lines down the middle of the flipchart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ —the Greek sign for change) and on the third column write "ACTION".
2. Ask participants to identify what they liked, what they would change and what action they plan to take as a result of the day's activities. Write their comments down in the appropriate column.
3. Draw the discussion to a close by offering a brief summary of the key points mentioned as well as any other points you feel are important but weren't mentioned.
4. Remind the participants to reflect on the day over the course of the evening and to be ready to discuss any insights the next morning.

Day Five

Agenda for Day Five

Putting It All Together

8.30 – 8.40	Recap
8.40 – 9.35	Sexual Jeopardy
9.35 – 10.30	Sexual Rights and Responsibilities

10.30 – 11.00 BREAK

11.00 – 11.30	Sexual Rights and Responsibilities (continuation)
11.30 – 12.45	Case Studies and Role Plays
12.45 – 13.00	Discussion

13.00 – 14.00 LUNCH

14.00 – 14.40	HIV Personal Risk Assessment
14.40 – 15.20	Action Steps
15.20 – 15.40	Post-Test

15.40 – 16.00 BREAK

16.00 – 16.30	Evaluations
16.30 – 17.00	Closing Activities

Recap

Objectives

1. To provide a space for participants to ask any questions or express any concerns that may have been raised from the previous day.
2. To review the plans for the coming day.

Time

10 minutes

Materials

- Enough copies of the day five agenda for everyone, or a sheet of newsprint posted on the wall with the agenda written on it.

Steps

1. Welcome everyone back. Ask whether there are any questions or anything anyone wants to say either about yesterday, or about getting started today.
2. Distribute and go over agenda (or go through using posted flipchart paper). Answer any questions about the agenda.

Sexual Jeopardy

Objectives

1. To offer the participants a fun, non-traditional format in which to learn information about sexual and reproductive health.
2. To identify and address gaps in knowledge on sexual and reproductive health.

Time

75 minutes

Materials and Advance Preparation

- “Sexual Jeopardy” board (made with an easel, flipchart paper, Post-It notes, and markers, *or* you can use a chalkboard, chalk, and an eraser).

Example of a “Sexual Jeopardy” Board

Male Reproductive Anatomy and Physiology	STIs	Condoms	HIV Myths and Facts
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

- Prepared questions
- Facilitator Resource: “Jeopardy Categories, Questions, and Answers”

Make a board on flipchart paper, and use Post-It notes for the numbers. (Remove the Post-It note when the number is picked. See the diagram for an example of a board.)

Note to the Facilitator

This activity is a lively way to present information that works well with male audiences. By involving the team members, it draws out information from peers—not just the instructor. Incorrect answers help you quickly identify major gaps in knowledge within the group and enable you to focus on problem areas for that particular group when you plan future workshops.

Steps

1. Explain to the participants that they are going to play a game called “Sexual Jeopardy”, which is based on a popular television game show. Unlike the television game show, this game discusses issues around reproductive and sexual health.
2. Five categories will be included in the “Sexual Jeopardy” game. They are: “Male Reproductive Anatomy and Physiology”; “Female Reproductive Anatomy and Physiology”; “HIV Myths and Facts”; “Condoms” and STIs. (Feel free, however, to develop other categories and questions as you see fit. They must be content areas that have been covered in the training.)
3. Each category has a list of five questions. The easier questions are worth fewer points (the easiest is 100 points), and the more difficult ones are worth more (the hardest is worth 500 points).
4. Divide the participants into several teams. Each team should designate a spokesperson for the team. This individual is responsible for giving the team’s final answer. The team members should discuss their answer together, and then have the spokesperson present it. Any other answers that other team members shout out will not be accepted.
5. Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board. For example, “I’ll take STIs for 300 please.” Ask the question. If the team answers correctly, it is credited with the points. If the team is incorrect, it loses half of the points. For example, if a team answers a 300-point question incorrectly, it will lose 150 points.
6. Continue to play the game until all of the questions are answered.

Note to the Facilitator

The participants are encouraged to play in teams in order to demonstrate that they can learn new information from one another, and to point out that others in the group do not always have the correct information.

7. After all of the questions have been answered, you can opt to provide a “Final Jeopardy” question. Present this question to both teams. Each team develops its own answer quietly, so the other team cannot hear it. Both teams also decide how many points they want to risk on their answer. The team can bet as little or as much as it wishes. Remind the teams that if their answer is incorrect, they will lose all of the points they bet, not just half of them! The winner is the team with the most points after the “Final Jeopardy” question.
8. After finishing the game, remind the participants that everybody ends up winning because they are all having fun and learning important information at the same time.

Facilitator Resource

Jeopardy Categories, Questions, and Answers

Male Reproductive Anatomy and Physiology

- 100 Name the male organs that produce sperm.... *Testicles/testes*
- 200 True or false: All males are born with an uncircumcised penis that has foreskin covering the head of the penis.... *True*

Note to the Facilitator

Remind them of the importance of cleaning under the foreskin if a man or boy is uncircumcised in order to prevent infection; infection that is not related to an STI can occur under the foreskin.

- 300 True or false: It is normal for young men, especially teenagers, to have spontaneous erections that occur for no reason at different times of the day... *True*

Note to the Facilitator

This is a common occurrence during puberty and will occur less often as teenagers get older.

- 400 What percentage of a man's ejaculate is actually sperm?
(a) 1%; (b) 10%; (c) 50%; (d) 75%.... *(a) 1%, the remainder is fluid produced by the seminal vesicle, Cowper's gland, and prostate gland.*
- 500 The average number of sperm in an ejaculation is:
(a) 1,000; (b) 100,000; (c) 1 million; (d) 200 million.... *(d) 200 million*

STIs

- 100 What is the only guaranteed way to prevent STIs?... *Not having sex.*
- 200 Name one sign that a man has gonorrhea or chlamydia.... *Burning sensation when the man urinates, a discharge from the penis.*
- 300 How can a person be absolutely sure that he or she has an STI or not?... *He or she must be tested by a clinician.*
- 400 Identify three parts of a man's body that can be infected with an STI.... *Genitals, mouth, anus, rectum, eye.*
- 500 Name two STIs with no known cure.... *HIV/AIDS, genital herpes, genital warts (warts can be removed but might grow back), hepatitis B.*

Any STI that is caused by a virus cannot be cured. Viruses that are transmitted sexually continue to live in a person's body throughout his or her life.

Female Reproductive Anatomy and Physiology

- 100 What part of the female body does a baby come out of?..... *The vagina.*
- 200 What is it called when a woman's ovary releases an egg once a month in a process called?..... *Ovulation.*
- 300 In what organ does a baby grow inside a woman's body? *Uterus.*
- 400 A part of a woman's body that can become cancerous if she gets HPV is called the... *Cervix.*
- 500 The thick folds of skin that cover and protect the genitals are called the... *Labia.*

HIV Myths and Facts – Questions to include one on treatment

- 100 True or False: Mosquitoes can transmit HIV to a human being..... *False.*
- 200 What is the name of the drugs used to slow or stop HIV from multiplying in an infected person..... *Antiretrovirals or ARVs.*
- 300 What does HIV and AIDS stand for? *Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.*
- 400 What method of contraception is MOST effective at preventing HIV transmission?.....*The condom (male and female).*
- 500 What are two ways a pregnant woman with HIV can reduce her chances of transmitting HIV to her infant? *By taking medication during pregnancy and by exclusive breast feeding. Others - by taking antiretrovirals around the time of delivery and if she can afford the cost, through exclusive artificial feeding (formula).*

Condoms

- 100 True or false – HIV is so small, it can pass through the walls of male or female condoms..... *False.*
- 200 True or false – a male latex condom can be used more than once..... *False.*
- 300 This is the material that a female condom is made out of..... *Polyurethane.*
- 400 What type of lubricant needs to be used with male condoms?..... *Water-based.*
- 500 True or false: female condoms are designed to be used for both vaginal and anal sex.... *False.*

Final Jeopardy Question

Name three bodily fluids that can pass the HIV virus from one person to another...
Any three of the following: blood, semen, vaginal fluid, breast milk.

Sexual Rights and Responsibilities

Objectives

1. To become aware of and to articulate sexual rights
2. To view sexual rights and responsibilities as part of a larger concept of individual autonomy

Time

60 minutes

Materials and Advance Preparation

- Chalkboard
- Newsprint
- Cards (or pieces of paper)
- Chalk and eraser
- Pencils or pens
- Case Studies: "HIV" and "Violence"

Write the following terms on two sheets of newsprint: "My Sexual Rights" and "My Sexual Responsibilities."

Steps (Include a box on the definition of 'rights').

1. Explain that we all have the right not to be controlled by others. We all have the right to be treated fairly and equally. Individuals have many rights, but with these rights come responsibilities. If everyone had the right to do whatever he or she wished, we would live in a world of chaos. We have the right not to be controlled, but we also have the responsibility not to control others.

Ask the participants, "What are some examples of basic rights that we have as individuals?" Some rights may include the right to free speech, the right to practise your own religion, etc. Then ask, "What are some examples of basic responsibilities we have as individuals?" Some responsibilities may include the responsibility to respect the property of others by not stealing, the responsibility to provide for your family, the responsibility to obey laws, etc.

2. Display two sheets of newsprint with the titles "My Sexual Rights" and "My Sexual Responsibilities." Ask the participants to first identify some of their sexual rights.

Write these on the newsprint. Then turn to the other sheet and ask for the participants' ideas about sexual responsibilities and list those.

Make sure that the following sexual rights are included:

- The right to sexual enjoyment.
- The right to protect yourself from the disease.
- The right to prevent unintended pregnancy.
- The right to not have sex if you do not want to.
- The right to express your sexual orientation.
- The right to obtain information on sexuality and sexual health.



Make sure that the following sexual responsibilities are included:

- Respecting a person's right to say no.
 - Informing a partner if you are infected with an STI including HIV.
 - Taking care of any children you have.
3. Ask each participant to select the item on the "My Sexual Rights" list that is most important to him or her. Read aloud the items on the "My Sexual Rights" list one by one. Ask the participants to raise their hands when you call out the item they have selected as most important. Ask for a few volunteers to share their reasons for selecting the item.
 4. When the participants have completed the task, ask them to go through the same process for the "My Sexual Responsibilities" list.
 5. Next, divide the participants into two groups. Give both groups a case study. Ask the small groups to read the case studies, and discuss the questions that follow. Make sure that each group has a person to lead the discussion, take notes, and present back to the larger group. Allow 20 minutes for the small-group work and 15 minutes for reporting back.
 6. Conclude the exercise by pointing out that the case studies enabled the participants to identify some sexual rights that were violated. Ask the participants to try to come up with other scenarios in which a person's sexual rights are violated. For example, how can a person's right to express his or her sexual orientation be violated? How can a person's right to get information on sexuality and sexual health be violated? If the participants cannot think of examples, provide some for them.

(ADAPTED FROM *Sexual Rights Workshop Manual*, Women's Health Project, 2000.)

CASE STUDY 1

Thiong'o is a casual worker working 200 kilometres from his rural home. He lives in Kibera and sees his wife, Wangui, only a few times a year. After living away from his wife for a while, Thiong'o started to have unprotected sex with women in the town where he works. Thiong'o eventually became infected with HIV.

Back home, Wangui also encountered problems. After Thiong'o began dating other women in the town, he returned to his rural home less frequently and often sent back less money. Back in the village, Wangui grew lonely, and she had children to feed. With unemployment so high, finding a job was impossible. In order to improve her situation, Wangui began to have unprotected sex with a man who brought her food and a little money. Wangui eventually became HIV-infected as well.



“Back in the village, Wangui grew lonely, she had children to feed.”

Questions:

- What could Thiong'o and Wangui have done to prevent becoming HIV-positive?
- If Thiong'o had become infected and Wangui had not been HIV-positive, would it be possible for the couple to begin using condoms after they had been married and having unprotected sex?
- Have you heard of similar stories happening in your community?

CASE STUDY 2

Rhoda meets a man named Kenani at a bar. They drink and talk for a while until the bar closes. Kenani offers to walk Rhoda home. On their way home, Kenani guides Rhoda to a dark alley. Kenani begins to kiss Rhoda. As they kiss, Kenani begins to make additional sexual advances, and Rhoda asks Kenani to stop. Kenani continues and Rhoda fights to keep him off her. Kenani hits Rhoda in an attempt to subdue her. He eventually holds her down and has forced sexual intercourse with her. Kenani does not wear a condom. Although he was not aware of it, Kenani is HIV-positive. He passed the virus on to Rhoda when he raped her.



“Kenani continues and Rhoda fights to keep him off.”

Questions:

- Did both Rhoda and Kenani give their consent to have sex—that is, did they both want and freely choose the sexual activity?
- Did Rhoda ever have a chance to protect herself from HIV?
- Why did this happen?
- What should Kenani have done differently?
- Why is it easier to transmit HIV infection during forced sexual intercourse than during sex when both partners give their consent?
- Have you heard of similar stories happening in your community?

CASE STUDY 3

Alex is an older man who is married with five children. He occasionally has sexual relations with commercial sex workers. When Alex started to suffer from a constant fever and extreme tiredness, he consulted a doctor. After taking a blood test, He learned that he was HIV-positive. Alex became very concerned for the financial well-being of his children. He knew that his wife could not support the family on her own and that he would need to stay healthy. He believed that if he had sex with a virgin he could rid himself of the HIV virus. Therefore, Alex began to spend time with Leah, a 13 year old from the village. Alex gave Leah many gifts and money in order to gain her affection. The young girl appreciated the gifts and began to have sex with Alex in return for his kindness. Alex eventually passed on the HIV virus to Leah.



“Alex occasionally has sexual relations with commercial sex workers.”

Questions:

- Where do you think Alex heard that having sex with a virgin could cure HIV?
- How could this tragedy have been prevented?
- Could someone have protected Leah from Alex? Who? How?
- Have you heard of similar stories happening in your community?

Case Studies and Role Plays

Objectives

1. To examine situations in which it is difficult for a person to abstain from sex, ensure that their partner is faithful, or negotiate condom use.
2. To discuss the options that a young person has when they are having difficulty protecting themselves from HIV and other STIs.
3. To practise communicating healthy decisions through role plays.

Time

90 minutes

Materials Needed

- Five Case Studies

Steps

1. Divide the participants into five smaller groups. Assign a case study to each group, and ask the members to read the story and answer a set of questions afterward.
2. After each small group reads their case study, they will be asked to answer several questions and discuss them. After this, the small group will be asked to develop a role play in which the main character communicates a healthy decision.
3. Ask the groups to present their case studies and answers to the entire group of participants. The groups will then present their role play.
4. The facilitator will wrap up each small group's presentation by asking the following discussion questions:
 - What can we learn from this case study?
 - How realistic is this case study to situations you have seen in your lives?
 - Can you share similar situations to this that you have witnessed?
 - What decisions did other people make in those situations?
 - How did those decisions affect their lives?

Key Points to Make in Summary of Activity

- In each of these situations, another person was acting in ways that made it difficult for the main character to protect himself/herself. However, the main character still had the right to make his/her own decision.

CASE STUDY 1



“Nekesa is interested in these benefits but she is afraid of becoming Mwanyuba’s girlfriend.”

Nekesa is not ready to be sexually active. She is willing to be his friend, but does not want a sexual relationship with him.

Nekesa recently enrolled in the National Youth Service (NYS). She lives with her mother and her three younger sisters. Her mother has been ill and, therefore, Nekesa has struggled to provide for her family. Upon joining the NYS, an older man named Mwanyumba talked with her about her struggles. He made her a proposition. He suggested that she become his girlfriend. In exchange, Mwanyumba will provide her with some cash every week and will help her find a better assignment within the NYS. Nekesa is interested in these benefits, but she is afraid of becoming Mwanyumba’s girlfriend. She knows that being Mwanyumba’s girlfriend would require having sex with him.

Group Discussion Questions

- What options does Nekesa have in this situation?
- What negative things could happen to Nekesa as a result of her deciding to have a sexual relationship with Mwanyumba?
- How could Nekesa communicate with Mwanyumba that she is not interested in being his girlfriend?

Role Play Assignment

Develop a role play in which Mwanyumba asks Nekesa to be his girlfriend in exchange for money and assistance with her job at the NYS. Have Nekesa respond that she is not interested in such an arrangement. Mwanyumba should be persistent, try to change her mind, and be unwilling to take “no” for an answer. Make sure that Nekesa sticks to her decision.

CASE STUDY 2

Ben is 18 years old. He has a group of five friends that he spends time with. Among his friends, Ben is the only one that is a virgin. At night, Ben's friends like to hang out, play pool, and drink alcohol. One night, after drinking, Ben's friends ask him why he has never had sex before. They tease him and tell him that he isn't a real man. They also suggest that he is a virgin because he does not like girls. He denies this. They inform him that the only way he can prove he likes girls is to have sex. They tell Ben that they are going to visit a commercial sex worker later that night, and that he should join them. Ben does not want to do this. He doesn't want to lose his virginity and he doesn't want to have sex with a commercial sex worker. He feels pressured by his friends and is afraid that they think he isn't cool.



"They tease him and tell him he isn't a real man."

Group Discussion Questions

- What options does Ben have in this situation?
- What negative things could happen to Ben as a result of him deciding to have sex with the commercial sex worker?
- How could alcohol use influence Ben's decision?
- How could peer pressure influence Ben's decision?
- How could Ben communicate with his friends that he does not want to have sex with a commercial sex worker?

Role Play Assignment

Develop a role play in which Ben's friends tease him for being a virgin and encourage him to visit a sex worker. Have Ben respond that he is not interested. Ben's friends should be persistent, try to change his mind, and be unwilling to take "no" for an answer. Make sure that Ben sticks to his decision.

CASE STUDY 3

Stephen and Anne have been dating for a year. Stephen cares for Anne, but he also likes to have sex with other girls. He would never tell Anne about this, because he knows that Anne would leave him if she ever found out. For the past month, Stephen has been asking his friend, James, to tell Anne lies about where he has been in order to keep her from learning about his infidelity. James is getting tired of lying for his friend. He is also concerned about all of the sexual partners that Stephen is having, and the risk it is posing to Anne.

Questions

- What options does James have in this situation?
- What negative things could happen to Anne as a result of Stephen's infidelity?
- What negative things could happen to Stephen as a result of his infidelity?
- How could James communicate his concerns to Stephen about his infidelity?

Role Play Assignment

Develop a role play in which James confronts Stephen about his infidelity and encourages him to change this behaviour.

CASE STUDY 4

Mary has been seeing Patrick for more than a year. They are sexually active, and because Mary is on the contraceptive pill, the couple never considered using condoms in the past. A few months ago, Patrick moved to another town. He still sees Mary one or two times per month when he travels home. Mary is concerned that Patrick may be having sex with other women and wants to begin using condoms to protect herself. She is concerned that Patrick will not understand her desire to use condoms.

Questions

- What options does Mary have in this situation?
- What negative things could happen to Mary as a result of continuing to have unprotected sex with Patrick?
- How could Mary communicate with Patrick that she wants to start using condoms? What may make Patrick willing to use condoms?

Role Play Assignment

Develop a role play in which Mary asks Patrick to use condoms. Have Patrick respond that he is not having sexual relations with anyone else, so they do not need to use condoms. Patrick is also confused because they have not used condoms in the past. Have Mary stand by her decision to use condoms.

CASE STUDY 5

Job has been seeing Grace for some time. The last time they were together they almost had sex for the first time. However, Job didn't have a condom and he didn't want to have unprotected sex. Grace didn't care about using a condom. In fact, she was offended that Job wanted to use one. Grace said "condoms are only for prostitutes" and that "condoms don't feel good." Job feels that he needs to talk with Grace about condoms again before they have another romantic encounter. He is committed to using condoms or not having sex at all.

Questions

- a) What options does Job have in this situation?
- b) What negative things could happen to Job as a result of having unprotected sex with Grace?
- c) How could Job communicate with Grace that he wants to use condoms? What may make Grace willing to use condoms?

Role Play Assignment

Develop a role play in which Job asks Grace to use condoms. Have Grace respond that she doesn't like condoms and that they are only used for prostitutes. Have Job stand by his decision to use condoms.

HIV Personal Risk Assessment

Objectives

1. To allow participants to examine whether or not their personal behaviour has placed them at risk for HIV.
2. To discuss why particular actions place an individual at increased risk for HIV.

Time

45 minutes

Materials

- HIV Personal Risk Assessment Form
- Educator Resource: Why Does this Put Me at Risk?

Steps

1. Ask participants to find a place in the room where they can sit by themselves and have privacy.
2. Hand out a copy of the HIV Personal Risk Assessment Guide for each participant.
3. Read the questions aloud as the participants read them from the handout. Explain that if participants are concerned about their confidentiality, they do not need to write their answers on the handout. However, make sure that each participant answers the questions to himself/herself privately.
4. After the questions have been asked, explain that if the participants said “yes” to any of the questions, they are at some risk of contracting HIV. Also explain that some questions pose more risk than others.
5. Review each question from the HIV Personal Risk Assessment Guide and ask participants to share why they think each particular behaviour places a person at risk for HIV. Be sure to clarify which behaviours place a person at higher risk than others.

Personal HIV Risk Assessment Guide

The following questions are extremely personal. They are questions that will help you determine if you are at risk for contracting HIV. All the behaviours stated below carry some risk for HIV. Some behaviours carry more risk than others.

Please answer the following questions in private. DO NOT write your answers on this paper.

1. Have you ever engaged in sexual intercourse?
2. Have you ever engaged in sexual intercourse without a condom?
3. Are you unsure of the HIV status of you and your partner?
4. How many partners have you had sexual relationships with?
5. Have you ever had a sexually transmitted disease?
6. Have you ever performed oral sex on a man?
7. Have you ever performed oral sex on a woman?
8. Have you ever engaged in anal sex?
9. Have you ever had sex while using drugs or alcohol?
10. Have you ever paid for sex?
11. Have you ever accepted money or gifts in exchange for sex?
12. Have you ever shared needles while using drugs?
13. Is it possible that your sexual partner is having sexual relations with other people?
14. Have you ever engaged in dry sex?
15. Have you ever forced your partner to have sex with you?
16. Have you ever been forced to have sex with someone?

Educator Resource

Why Does this Put Me at Risk?

Here are some important points regarding why each of the following behaviours can put a person at risk for HIV infection:

1. Have you ever engaged in sexual intercourse?

Sex is one of the three ways that HIV is passed (the other two are sharing needles/blood, and a mother passing HIV to her child during pregnancy). Using condoms significantly reduces a person's risk of becoming infected with HIV, but it does not eliminate all risk of becoming infected. Even when using condoms, there is always a small risk that a person can be infected with HIV when having sex with someone who is HIV positive. For example, a condom could break or slip off during sexual intercourse.

2. Have you ever engaged in sexual intercourse without a condom?

Unprotected sexual intercourse is a common way that HIV is transmitted. If a person does not know the HIV status of their partner he/she should avoid unprotected sexual intercourse.

3. Are you unsure of the HIV status of you and your partner?

Testing for HIV is an important part of HIV prevention. Knowing one's own HIV status can prevent transmission to others.

4. How many partners have you had sexual relationships with?

A person's risk for HIV and other sexually transmitted diseases increases with the number of sexual partners they have, and especially if you have more than one partner at the same time.

5. Have you ever had a sexually transmitted infection?

A person is at higher risk of acquiring HIV if he/she has an existing sexually transmitted infection. HIV needs a way to enter the body, and it often does this through open sores in the genitals caused by herpes or syphilis. Other infections, such as gonorrhoea and chlamydia, can also make both a man and woman's reproductive tract more vulnerable to HIV infection.

6. Have you ever performed oral sex on a man?

HIV can be passed by oral sex on a man. Semen and pre-ejaculatory fluid that carry the HIV virus can enter a person's body through tiny cuts and sores in the mouth. In general, however, unprotected oral sex is considerably less risky than unprotected anal or vaginal sex.

7. Have you ever performed oral sex on a woman?

HIV can be passed by oral sex on a woman. Vaginal fluid that carries the HIV virus can enter a person's body through tiny cuts and sores in the mouth. In general, however, unprotected oral sex is considerably less risky than unprotected anal or vaginal sex.

8. Have you ever engaged in anal sex?

Unprotected anal sex is the most risky form of sexual contact for HIV transmission. Anal sex can cause tearing and bleeding in the rectum, which makes a person more vulnerable to HIV infection.

9. Have you ever had sex while using drugs or alcohol?

Using drugs and alcohol before or during sex increases a person's risk because he/she is less likely to engage in safer sex. Alcohol and drugs can impair judgment, which often leads to sex without condoms. Also, drugs and alcohol make it more likely for some people to engage in sexual activity that would not do otherwise.

10. Have you ever paid for sex?

Commercial sex workers are at higher risk for HIV and other STIs because they have many sexual partners. By paying for sex, a person places himself/herself at higher risk for HIV transmission.

11. Have you ever accepted money or gifts in exchange for sex?

Accepting money or gifts for sex is one way that young women and men become vulnerable to HIV. When people accept money for sex, they often are unable to negotiate condom use. Also, their partners are likely to be engaging in similar transactions with others.

12. Have you ever shared needles while using drugs?

Sharing injection needles is a very high risk activity because HIV can be easily transmitted this way.

13. Is it possible that your sexual partner is having sexual relations with other people?

Sometimes a person is at risk of contracting HIV because his/her partner is engaging in sex outside the relationship.

14. Have you ever engaged in dry sex?

Dry sex (sex without vaginal lubrication) causes tearing and bleeding in the genital area. This can make both men and women more vulnerable to HIV infection.

15. Have you ever forced your partner to have sex with you?

Forced sex is against the law and a serious violation of another person's rights. It also places both individuals at higher risk for HIV because forced sex frequently causes tearing and bleeding in the genital area.

16. Have you ever been forced to have sex with someone?

Forced sex frequently causes tearing and bleeding in the genital area.

Action Steps

Objectives

1. To allow participants to reflect on specific actions that they can take to protect themselves from HIV.
2. To learn from one another about different ways that we can prevent HIV/AIDS.

Time

45 minutes

Materials Needed

- Index cards or strips of paper (2 different colours)
- Pencils/pens (make sure pens are the same colour)
- Masking tape

Steps

1. Hand out two index cards or strips of paper to each individual.
2. Tell the group that you are going to ask them to think about things they can do to help prevent themselves and their friends from acquiring HIV. Remind the group that their answers will be kept anonymous, as long as they do not write their names on the cards that they write on.
3. Ask participants to take the first coloured card (i.e. pink) and write one thing that they plan to do to protect **THEMSELVES** from HIV.
4. Ask participants to take the second coloured card (i.e. yellow) and write one thing that they plan to do to help keep **THEIR FRIENDS** from becoming HIV infected.
5. Ask participants to place all cards in the middle of the circle.
6. Shuffle the cards and ask the group to pick two new cards from the pile that are not their own.
7. Go around the room and ask each participant to read their cards. Tape the cards to the wall as they are read. Discuss the action steps as you go along. Be sure to discuss some of the difficulties of carrying out these actions and ask the group to reflect on how they may overcome these challenges.

Group Closing Activity

Time

15 minutes

Materials Needed

None

Steps

1. Ask everyone to stand in a close circle.
2. Let them know that, while they will be seeing one another again, this group and this training are over. This is the time to say something about one person in the room that they can take away with them.
3. Ask any one to start by saying one thing they appreciated about the person to their left during the training. Let them know that no one should go on too long, but to say one thing. Once that person has spoken, the person to his or her right will then say something about them. Go around the entire circle until everyone has spoken.

Post Test

Time

15 minutes

Materials

- Post-tests (enough copies for all participants)
- Pens/pencils (enough for all participants)

Steps

1. Distribute post-tests. Remind people of the pre-test, and that this is the second half. Ask them to put away any papers that they might have taken notes on, and remind them that this is anonymous.
2. After 15 minutes, collect post-tests.

Post-Training Questionnaire for Participants

– NYS HIV Prevention Programme

Date:

NYS Unit:

Trainers:

Age?	Sex?
How long have you been in the NYS?	

Section 1

In this section please read the statements and circle the option you most agree with. You can either "strongly agree", "agree"; "disagree", or "strongly disagree" with the statement. There are no right or wrong answers.

1.1	Men are more intelligent than women.	Strongly Agree	agree	Disagree	Strongly disagree
1.2	Women are better suited to carry out household chores than men.	Strongly agree	Agree	Disagree	Strongly disagree
1.3	Real men do not cry.	Strongly agree	Agree	Disagree	Strongly disagree
1.4	In a family, it is a woman's responsibility to take care of the children and cook for the family.	Strongly agree	Agree	Disagree	Strongly disagree
1.5	It is okay for a woman to suggest using a condom.	Strongly agree	Agree	Disagree	Strongly disagree
1.6	It is a woman's job to take care of family members living with HIV/AIDS.	Strongly agree	Agree	Disagree	Strongly disagree
1.7	A man is only a real man if he has had sex with a number of different women.	Strongly agree	Agree	Disagree	Strongly disagree
1.8	If a man buys you gifts, he has a right to expect sex	Strongly agree	Agree	Disagree	Strongly disagree
1.9	A man has the right to have sex with another woman if his partner refuses him sex	Strongly agree	Agree	Disagree	Strongly disagree
1.10	A man should find out what his partner likes and wants during sex.	Strongly agree	Agree	Disagree	Strongly disagree
1.11	It is the woman's responsibility to take precautions against pregnancy.	Strongly agree	Agree	Disagree	Strongly disagree
1.12	It is okay for a man to have sex outside marriage if his wife does not know about it.	Strongly agree	Agree	Disagree	Strongly disagree
1.13	Only a monogamous relationship is a healthy relationship.	Strongly agree	Agree	Disagree	Strongly disagree
1.14	In a relationship, if a partner is jealous it means that s/he really loves you.	Strongly agree	Agree	Disagree	Strongly disagree

1.15	A healthy relationship is one in which the partners never disagree.	Strongly agree	Agree	Disagree	Strongly disagree
1.16	Beating one's wife is private matter which should stay between husband and wife.	Strongly agree	Agree	Disagree	Strongly disagree
1.17	It is culturally acceptable for a husband to hit his wife.	Strongly agree	Agree	Disagree	Strongly disagree
1.18	A woman who is beaten by her husband must have done something to provoke him.	Strongly agree	Agree	Disagree	Strongly disagree
1.19	Some women ask to be raped because of the way they dress and act.	Strongly agree	Agree	Disagree	Strongly disagree

Section 2

Please read the statements below and indicate whether you think each of the statements is true or false.

2.1	A person experiences his or her sexuality from a very early age.	True	False
2.2.	Sex and gender are two different things.	True	False
2.3.	Gender roles can change over time.	True	False
2.4.	A person's sexuality can be influenced by many things.	True	False
2.5.	Children start learning about gender roles between the ages of three and five.	True	False
2.6	Sperm are made in the testicles.	True	False
2.7.	The entire female genital area is called the clitoris.	True	False
2.8.	A woman can release more than one egg (called "ovulation") at one time.	True	False
2.9	The penis is one body part that continues to grow throughout an adult male's life.	True	False
2.10	The fallopian tubes release eggs in a woman's body on a monthly basis.	True	False
2.11	A person who has HIV should not have sex at all.	True	False
2.12	A HIV positive mother can pass HIV to her child during pregnancy, labuor, and delivery.	True	False
2.13	A person can have a STI even if they do not show any signs or symptoms.	True	False
2.14	Anal sex is the most risky form of sexual contact.	True	False
2.15	It is possible to become infected with HIV after one sexual contact with a HIV positive person.	True	False
2.16	It is not necessary to use a condom if you are having sex with only one man or woman.	True	False
2.17	A person cannot be forced to disclose his/her HIV/AIDS status.	True	False
2.18	An NYS staff person has a right to expect sexual favours in return for providing special opportunities for recruits.	True	False

2.19	Women often say 'No' to sex when they want men to try harder to have sex with them.	True	False
2.20	A man has the right to have sex with his wife even if she does not want to have sex.	True	False

Section 3

Please remember that there are no right or wrong answers in this section. You do not have to answer any of the questions if you do not want to. Remember that these questions are to help us when we are evaluating the programme and not the individuals who are taking part in the programme. Also remember that no one, other than the evaluator and the trainers, will see this questionnaire.

		1	2	3
3.1.	In your last sexual relationship, if you did not know your partner's HIV status, did you use condoms every single time you had sexual intercourse?	Yes	No	Not applicable
3.2.	Have you ever gone to a clinic for a VCT test?	Yes	No	Not applicable
3.3.	In your last sexual relationship, did you and your partner discuss ways in which to prevent HIV/AIDS?	Yes	No	Not applicable
3.4	Would your partner have to have sex with you even if s/he does not want to?	Yes	No	Not applicable
3.5	Would you tell your partner if you found out that you have a STI?	Yes	No	Not applicable
3.6	Would you tell your partner if you had another partner?	Yes	No	Not applicable
3.7	In your last sexual relationship, did you and your partner discuss ways in which to protect yourself against STI?	Yes	No	Not applicable
3.8	In your last sexual relationship, did you expect certain things from your partner in exchange for sex?	Yes	No	Not applicable
3.9	Is it your partner's job to make sure that she takes precautions against pregnancy?	Yes	No	Not applicable
3.10	Have you used drugs in the past six months?	Yes	No	Not applicable

Evaluations

Time

15 minutes

Materials

- Evaluation forms (one for each participant)
- Enough writing materials for all participants

Steps

- As participants complete and hand in their post-tests, provide them with an evaluation form and ask them to fill it out. Emphasise the importance of their honesty to help with future programmes like this.

Training Evaluation

Please answer the following questions as truthfully as you can.

1. What sessions did you find most useful?
2. What sessions did you find least interesting?
3. How did you find the method of training?
4. Were the facilitators interesting?
 Yes
 No
 Sometimes
5. Generally, the duration of sessions was:
 Too long
 Too short
 Just right

Please give some examples

6. On which session would you have preferred more time?
7. What other topics do you think should have been included in the training?
8. Select the choice that best reflects your overall evaluation of this training _____very good _____good _____fair _____poor _____very poor
9. The most important thing I learnt in this training was:
10. How many training days did you attend?
_____All 5 days
_____4 days
_____3 days
_____2 days
_____1 day
11. Any other comments.

Appendices

Appendix 1

– Suggestions for Energizers

Do Like This, Do Like That...

Objectives

1. To have fun.
2. To create a comfortable atmosphere.

Time

10 minutes.

Materials

No materials needed.

Steps

1. You should stand at the front of the room where every participant can see you.
2. Ask the participants to copy your physical movements whenever you say, “Do like this.” For example, you might touch your leg or jump up and down, and the participants should do the same.

When you say, “Do like that,” the participants should *not* copy your movements. If they do, select one of those participants who copied you and have him or her replace you as the leader at the front of the room. If possible, you should select someone who has not already been the leader.

A Cold Wind Blows to...

Time

5 minutes

Materials

No materials needed

Steps

1. Ask the participants to sit on chairs placed in a circle.
2. You should stand in the middle of the circle and begin the game by saying, "A cold wind blows to whoever _____ (fill in anything: is wearing black shoes, plays soccer, has a child, etc.)."
3. All of the people who fit that description must change seats, including the person standing in the middle. There will not be enough chairs for everyone since the person standing in the middle does not have a chair, so one person will always be left standing in the middle.
4. **The person left standing in the middle should make the next statement.** Be sure to give the guideline that the examples should not be anything TOO personal, or of a sexual nature.

Are You More Like...?

Time

10 minutes

Materials

List of contrasting ideas

Steps

1. Ask the participants to assemble, standing, in the centre of the room.
2. Explain that you are going to ask them if they think they are more like one thing or another, and as you identify each thing you will point to one side of the room for one and the other side for the other. Participants are to move to the side of the room identified as the thing they are more like.

Note: you will need to remind participants several times that they are not to choose where to stand based on what they LIKE more, but based on what they feel they are MORE like.

3. Once they have chosen a place to stand, ask them to discuss among themselves what made them choose that side of the room. Ask a member from each side to summarise the primary reasons identified by participants for selecting that side of the room.

List of Contrasting Ideas

Are You More Like...

Night or day?

A car or a train?

Dancing or meditating?

The city or a rural area?

A lake or the ocean?

Source: Marla Barr, PhD – Planned Parenthood Southeastern PA

Two Truths and a Lie

Objectives

1. To help the participants get to know a little more about each other.
2. To maintain the atmosphere of fun within the training.

Time

15 minutes

Materials

- Paper
- Pencils or pens

Steps

1. Give each participant a piece of paper and a pencil or pen.
2. Ask each participant to write three statements about themselves: two of the statements need to be true, and one needs to be false. You should model this activity first to help the participants understand how the activity works. Tell the participants that each false statement should sound as if it could possibly be true; otherwise, the activity is not as much fun.
3. After all the participants have written their statements, they should take turns sharing their three statements with the group without identifying the false statement.
4. The participants must guess which statement is false.
5. Complete this process until all the participants have shared their statements.

Note: Another option is to do the cards at the beginning, and then read a few throughout the day: at the beginning and end of breaks, lunch, close of day review, etc.

“Have You Ever...?”

Time

10 minutes

Materials Needed

List of statements

Steps

Have participants remain seated. Let them know that you are going to read a list of things to them, and ask whether they have ever done any of these things. If they have, they are to stand up and move to another empty seat.

Some quick rules

- Remember the right to pass. It's up to each person whether to be truthful or not!
- You cannot sit in the same seat more than once.
- You cannot sit on another person.

Have you ever...?

- Walked into a door or a tree because you didn't see it?
- Started laughing at the wrong time, such as during class or a wedding ceremony?
- Driven a car?
- Lied about your age?
- Tripped in front of someone you were trying to impress?
- Used “bad” language in front of a child?
- Been recognised for your good work?
- Flown in an airplane?
- Cheated on a test?
- Written a love note to someone?

Body Writing

Objectives

1. To help energise participants.
2. To support the atmosphere of fun within the training.

Time

5 minutes

Materials

No materials needed

Steps

1. Ask the participants to stand in a circle.
2. Ask them to write their entire name in the air using their right hand. Then their left hand. Then the left foot or leg, the right foot or leg, and so on. Use as many body parts as you wish. Having them write slowly and then as quickly as they can will add to the energising and humorous aspect of the activity.

“Snap-Clap”

Objectives

1. To help energise participants.
2. To support the atmosphere of fun within the training.

Time

10 minutes

Materials

No materials needed

Steps

1. Ask the participants to stand in a circle.
2. Teach them a rhythm using their hands, legs, and snapping. One beat is an open-handed slap on both knees with both palms. The next beat is clapping once, followed by two snaps done by both hands. Do this rhythm slowly so that people can get it.
3. Select a topic and begin the rhythm, talking in time to the rhythm say. “Snap-clap game... everybody name... kinds of _____ . Starting with _____ .” This category can be anything, but should have many options. For example:
 - Fruits
 - Girls’/boys’ names
 - Jobs
 - Popular singers
4. Everyone must contribute something within one snap-clap (from slapping hands on knees through the two snaps). If they can’t, then they become the starter and must think of a category for the same rhythm.
5. No one can repeat the same category or idea. If people seem to be getting it, speed the rhythm up.

My Name Is...

Objectives

1. To help energise participants.
2. To help reinforce participants' names by associating the name with an action.
3. To support the atmosphere of fun within the training.

Time

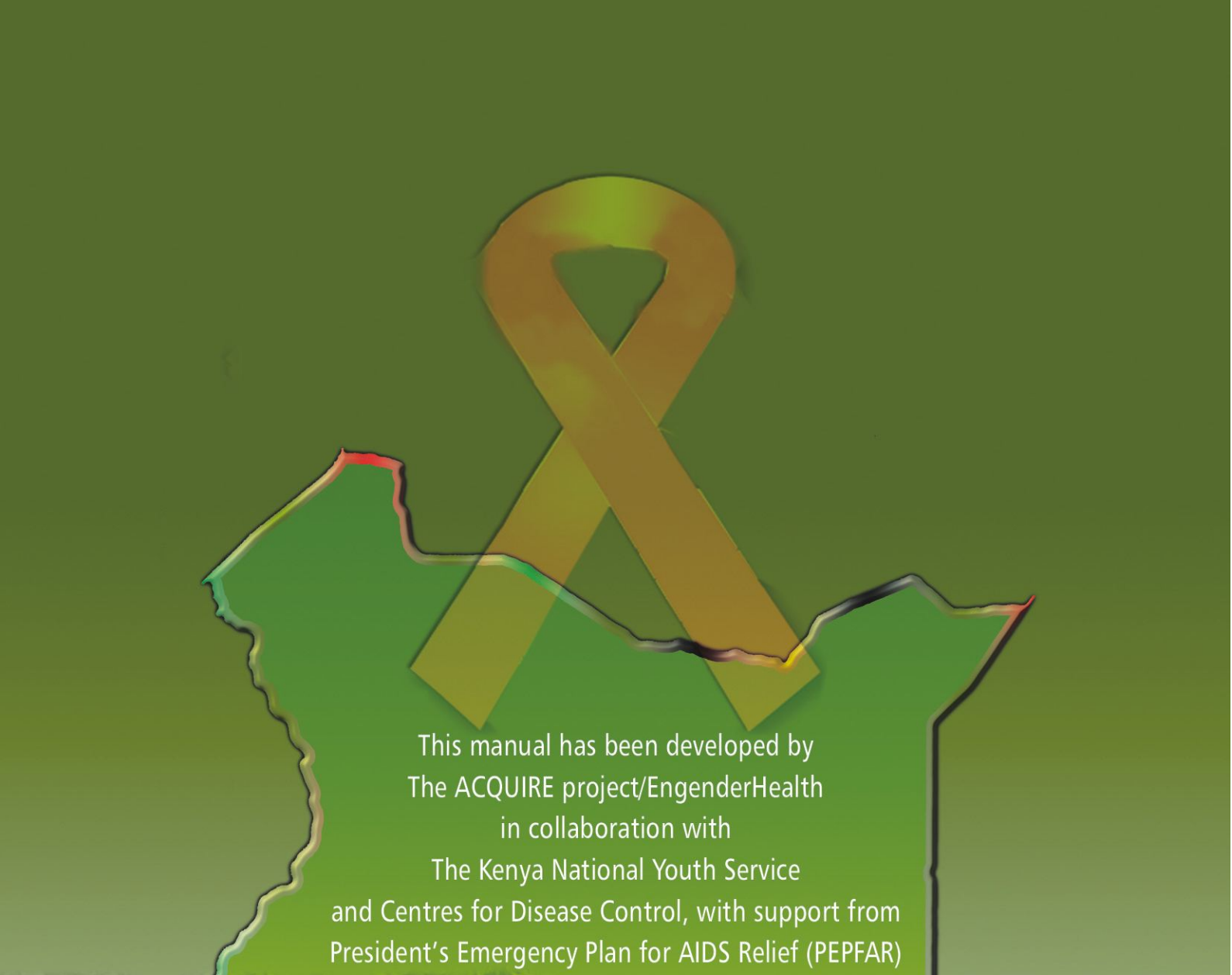
10 minutes

Materials

No materials needed

Steps

1. Ask the participants to stand in a circle.
2. Tell them that you will be going around the circle and each person will state their name, and one thing they like doing. In addition to saying the thing they like doing, they will perform an action, as they say this, to reflect what they like to do. For example, a person might say, "My name is Stephen and I like to sleep," while putting his hands together, resting them against his cheek, and closing his eyes. The facilitator should go first to model this.
3. Once the facilitator goes, the person to her or his left or right goes next. This person should begin by introducing the facilitator and imitating the same action. Then the participant introduces herself or himself with a different thing s/he likes to do and an action to go with it. The next participant is to introduce the previous two, and then herself or himself – and so on, until the last participant has gone.



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