

## SESSION SIX: Knowing Your Content



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify and describe the functions of the male and female reproductive anatomy.
2. Define puberty correctly.
3. Identify at least five physical changes that occur during puberty.
4. Explain terms used in puberty (such as erection, menstruation, nocturnal emission, ovum, puberty, and sperm).
5. Illustrate emotional and social changes experienced during adolescence.
6. Describe at least two myths and two facts related to puberty and sexuality.
7. Describe the process of conception.
8. List several early symptoms of pregnancy.
9. Identify when a pregnancy test is needed and where people can access a confidential test.
10. Identify at least six methods of modern contraception and describe at least one advantage of each method.
11. Describe transmission, symptoms, effects, and treatment of some common sexually transmitted infections, including Chlamydia, Gonorrhea, Human Papilloma Virus (HPV), Syphilis, Herpes, and Human Immunodeficiency Virus (HIV).
12. Demonstrate how quickly STIs, including HIV can spread through unprotected sex and the effects of peer pressure.
13. Define stigma and discrimination and how these can affect people in one's community.
14. Show how one can express empathy towards people who are living with or affected by HIV or AIDS.
15. Define stigma and discrimination and how these can affect people in one's community.



## SESSION SIX:

# Knowing Your Content (Continued)

16. Show how one can express empathy towards people who are living with or affected by HIV or AIDS.
17. Identify common gender norms faced by the boys/men and girls/women in their communities.
18. Describe how some of these gender norms can negatively affect the sexual behavior of learners.
19. Acknowledge the importance of being aware of one's gender biases and not allowing these to influence the delivery of sexuality education.
20. Explore types of traditional harmful practices and define female genital cutting/mutilation and its consequences.
21. Identify health risks of using drugs, including risks to sexual health.
22. Identify and compare passive, assertive, and aggressive responses and possible consequences to a situation.

### ACTIVITIES

**Activity 1** Reproductive Anatomy and Physiology

**Activity 2A** Puberty, Physical Changes

**Activity 2B** Puberty, Emotional, and Social Changes

**Activity 3** Pregnancy

**Activity 4** Contraceptive Adverts

**Activity 5** Sexually Transmitted Infections

**Activity 6** HIV Transmission

**Activity 7** HIV Counseling, Testing, and Treatment

**Activity 8** Supporting People Affected by and Living with HIV or AIDS

**Activity 9** Gender

**Activity 10** Harmful Traditional Practices With a Focus on Female Genital Cutting/Mutilation

**Activity 11** Drug Use and Sexual Risk

**Activity 12** Communicating Assertively



## Activity 1: Reproductive Anatomy and Physiology



### TOTAL TIME REQUIRED

1 hour



### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils



### RESOURCES NEEDED

- ✓ Leader's Resource on Male and Female Body Parts and Functions Chart
- ✓ Leader's Resource on Anatomy and Physiology of Reproduction
- ✓ Male Genitals and Reproductive Organs Handout for participants
- ✓ Female Genitals and Reproductive Organs Handout for participants



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify and describe; the functions of the male and female reproductive anatomy.

### INSTRUCTIONS

1. Explain that now that we have discussed ways of teaching, next, we will begin to model some typical exercises for learners, starting with a lesson on sexual and reproductive anatomy and physiology, a core content area of sexuality education. This lesson assumes an existing understanding of sexual and reproductive anatomy and physiology.
2. On a flip chart, write Male and on another flip chart write Female with a line down the middle. Lead a 15 minute brainstorm asking teachers to name reproductive system body parts and their functions, both internal and external, in the two columns.
3. Using the Leader's Resource on Male and Female Body Parts and Functions Chart for reference, fill in the parts that teachers don't mention. As you list the parts on the board, briefly define each body part, where it is in the body and what it does.
4. Next, ask teachers to go into pairs and hand out the Male and Female Genitals and Reproductive Organs handouts. Each set includes illustrations of the male and female reproductive organs and corresponding blank lines.
6. Ask each pair to take 15 minutes to fill in the blanks.
7. Once everyone has completed the pictures, congratulate them on their efforts. Begin by systematically going through the diagrams and asking for volunteers to share their answers, noting the term and its function as they go along. Ask others to complement or correct information as they share. Be sure to correct any misinformation using the Leader's Resource on Anatomy and Physiology of Reproduction for reference.
8. Next, pose the following questions:
  - ✓ What it was like to participate in this exercise?
  - ✓ What did you notice as you worked in your team to identify the male and female reproductive anatomy?
  - ✓ How aware do you think young people are of their reproductive anatomy?
  - ✓ Why do you think knowing this information is important?



## Activity 1: Reproductive Anatomy and Physiology

### INSTRUCTIONS (CONTINUED)

9. Conclude by noting that it is okay to talk about the male and female reproductive systems and that knowing the male and female reproductive anatomy and their functions is an important part of enabling young people to understand their own bodies and empowering them to take care of themselves.



## Leader's Resource on Male and Female Body Parts and Functions Chart

MALE PART	WHAT IT IS / WHAT IT DOES
<b>PENIS</b> (made up of shaft, glans, and sometimes foreskin)	Allows passage of urine and of semen Provides sensation (has many nerve endings) The average penis measures 3–4” when it's not erect (flaccid) and 5–7” when erect
<b>GLANS</b>	The sensitive part at the end of the <b>penis</b> . The glans can be completely or partially covered by <b>foreskin</b> , except in men who have been <b>circumcised</b>
<b>FORESKIN</b>	Protects the glans of the penis Provides sensation Males who have been circumcised don't have one
<b>SCROTUM</b>	Muscular sac which is shorter when cold, longer when warm Holds testes Controls temperature Provides sensation
<b>TESTES</b> (also called testicles) singular = testis	Produce sperm and sex hormones (androgens, testosterone) Each is made of 500–1,200 feet of tightly coiled tubes
<b>EPIDIDYMIS</b> (plural = epididymes)	Allows maturation of sperm
<b>VAS DEFERENS</b> (plural = vasa deferentia—also called sperm ducts)	Provides storage for sperm Allow passage of sperm As big around as sewing thread They lead into the abdomen, where (behind the bladder) they widen into storage sacs
<b>SEMINAL VESICLES</b>	Contribute fructose (sugar) to semen for nourishing the sperm
<b>PROSTATE GLAND</b>	Produces most of the fluid that makes up semen

Source: Adapted by Advocates for Youth, 2014, from Family Life And Sexual Health (F.L.A.S.H.) Curriculum. Lesson 2, Grades 9–12, Reproductive Health System. Public Health Seattle and King County, 2011.



## Leader's Resource on Male and Female Body Parts and Functions Chart

FEMALE PART	WHAT IT IS / WHAT IT DOES
<b>UTERUS</b> (made up of muscular walls, a lining called the endometrium, and a cervix. The uterus is also called “womb”)	Houses and protects embryo/fetus/baby Allows nutrient and waste exchange with placenta Nourishes an embryo, before a placenta grows
<b>CERVIX</b>	The bottom section of the uterus Produces fluids to help sperm travel Produces a mucous plug to keep germs out during pregnancy
<b>VAGINA</b>	Allows passage of sperm Produces fluids to cleanse and lubricate itself and to help sperm travel Allows passage of shed endometrium during menstruation Allows passage of baby Provides sensation (has many nerve endings especially in the outer third) A collapsed tube, like a deflated balloon 3” long when not aroused, 5–6” when aroused, but very stretchy Is the middle of female’s three openings
<b>OVARIES</b> (singular = ovary)	Provide storage for ova Allow maturation of ova Produce sex hormones (estrogen, progesterone, androgens)
<b>FALLOPIAN TUBES</b>	Allow passage of ova toward uterus Allow passage of sperm from uterus
<b>VULVA</b> (made up of labia majora, labia minora, and clitoris)	Protect openings of urethra and vagina, as eyelids protect eyes Provide sensation (has many nerve endings) Labia are folds of skin Outer labia (labia majora) have pubic hair

Source: Adapted by Advocates for Youth, 2014, from Family Life And Sexual Health (F.L.A.S.H.) Curriculum. Lesson 2, Grades 9–12, Reproductive Health System. Public Health Seattle and King County, 2011.



## Leader's Resource on Male and Female Body Parts and Functions Chart

FEMALE PART	WHAT IT IS / WHAT IT DOES
<b>CLITORIS</b> (made up of shaft, crura [internal branches], glans, and hood)	Provides sensation (has many nerve endings) Each internal branch of erectile tissue is about 3½" long The glans (the visible part of the clitoris) is usually ¼–½" long, comparable in size to a pearl at front of vulva
<b>CLITORAL HOOD</b>	Protects the glans of the clitoris Provides sensation (has many nerve endings) Like a cap, mostly covers the clitoris, when it isn't erect

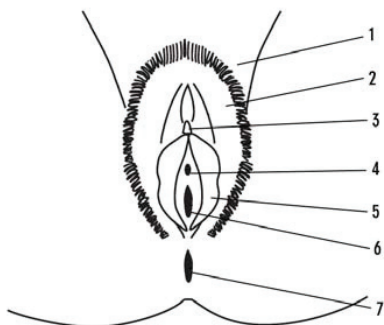
Source: Adapted by Advocates for Youth, 2014, from Family Life And Sexual Health (F.L.A.S.H.) Curriculum. Lesson 2, Grades 9–12, Reproductive Health System. Public Health Seattle and King County, 2011.



## Leader's Resource on Anatomy and Physiology of Reproduction

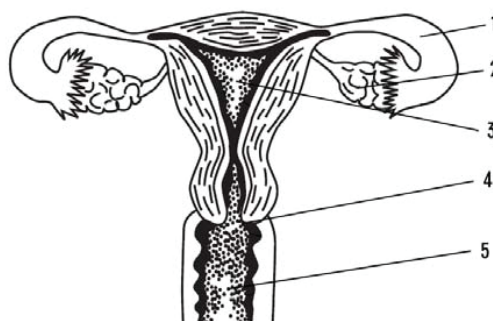
### Anatomy and Physiology of Reproduction (Leader's Resource)

Female Genitals



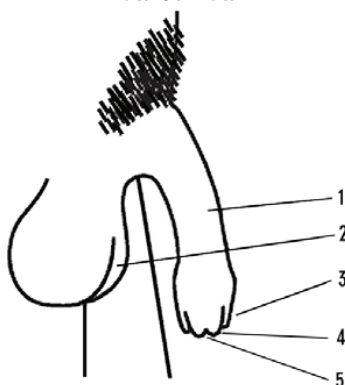
1. Vulva
2. Labia majora (outer lips)
3. Clitoris
4. Opening to the urethra
5. Labia minora (inner lips)
6. Opening to the vagina
7. Anus (not part of the genitals)

Female Reproductive Organs



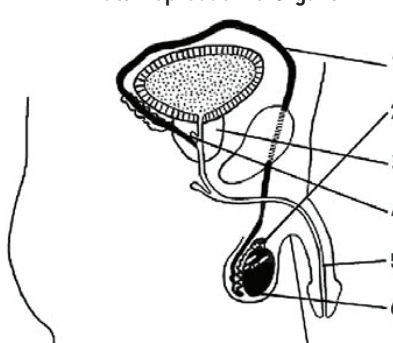
1. Fallopian Tubes
2. Ovaries
3. Uterus (womb)
4. Cervix
5. Vagina

Male Genitals



1. Penis
2. Scrotum
3. Foreskin
4. Glans
5. Opening to the urethra

Male Reproductive Organs

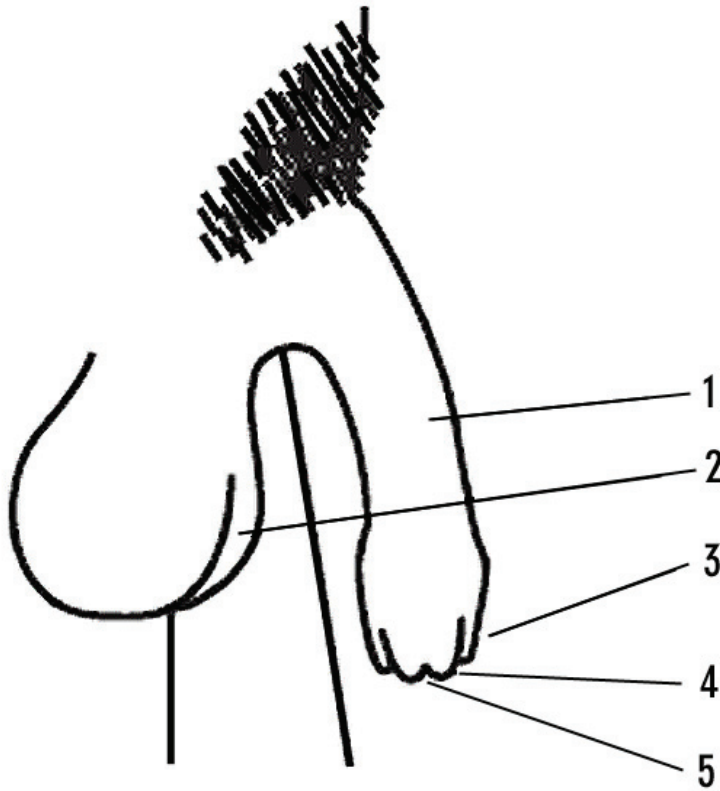


1. Vas deferens
2. Epididymis
3. Prostate gland
4. Seminal vesicles
5. Urethra
6. Testis



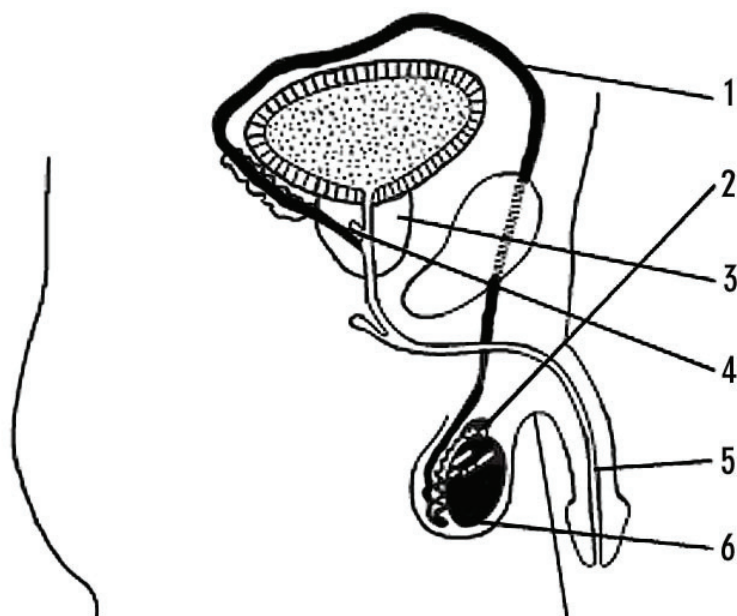
## Male Genitals and Reproductive Organs Handout

Male Genitals



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Male Reproductive Organs

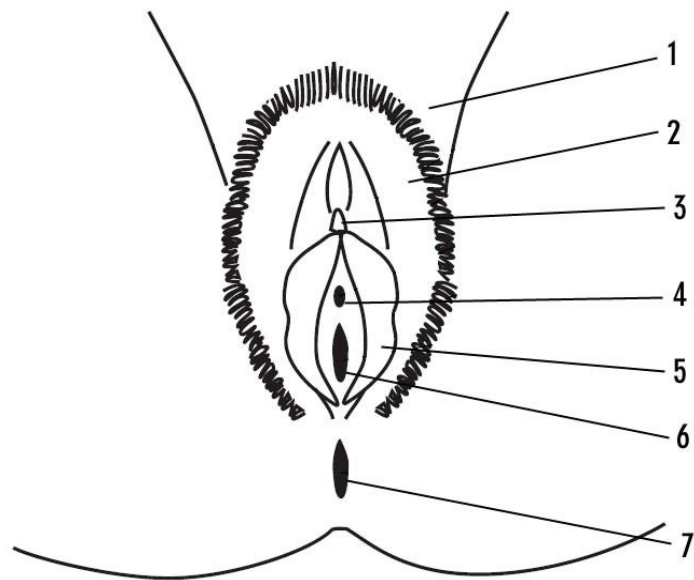


1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



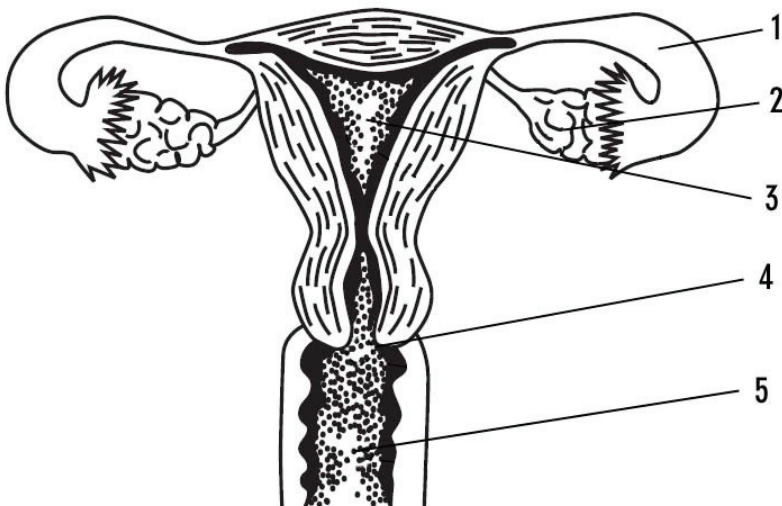
# Female Genitals and Reproductive Organs Handout

Female Genitals



- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

Female Reproductive Organs



- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_



## Activity 2A: Puberty, Physical Changes



### TOTAL TIME REQUIRED

1 hour



### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils



### RESOURCES NEEDED

- ✓ Leader's Resource on Puberty, Physical Changes
- ✓ Flip chart with the following definition of puberty pre-written: "Puberty is a time when a person's body, feelings and relationships change from a child's into an adult's. These changes are physical, emotional, and social."
- ✓ Puberty Worksheet Handout for each participant
- ✓ Puberty Worksheet with Answer Key

### INSTRUCTIONS

1. Explain that now that we have discussed reproductive anatomy and physiology, next, we will be learning about puberty and the various changes that adolescents go through during puberty, including physical changes and emotional and social changes. In this lesson, we will be reviewing the physical changes.
2. Ask for a volunteer or two to define puberty. Build on what teachers share and wrap up the exchanges by sharing the following definition, pre-written on a flip chart: Puberty is a time when a person's body, feelings, and relationships change from a child's into an adult's. These changes are physical, emotional, and social.
3. Note that all adolescents experience puberty, but there is a lot of variation in terms of how and when they experience pubertal changes. For example, many girls start noticing changes as young as age 8–9 but others may not until ages 12–13. While most boys start noticing changes at ages 10–11 or others may not until ages 13–14. Often adolescents worry a lot about these changes and when they happen. It's important for them to know that it's okay if their experience is not the same as others because it's all normal and will be different for everyone.
4. Take 15 minutes to lead a brainstorming session, asking teachers to say some of the physical changes of puberty they have heard of. As teachers share their responses, write them in one of three columns that you have not labeled yet, so it looks like this:



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Define puberty correctly.
2. Identify at least five physical changes that occur during puberty.
3. Explain terms used in puberty (such as erection, menstruation, nocturnal emission, ovum, puberty, and sperm).

Grow hair on face/chest	Start to grow taller	Breasts develop and may start wearing a bra
Erections happen more often and for no reason	Develop pubic hair around genitals and under arms	Ovulation begins and menstrual periods
Voice gets deeper	Might get acne or pimples	Hips get wider



## Activity 2A: Puberty, Physical Changes

### INSTRUCTIONS (CONTINUED)

- Once teachers have brainstormed a good number of the physical changes, make sure the list includes the following physical changes listed below. Ask them to look at the three categories you have created with their responses and suggest what each category is. Once they have figured out the answer, write **Boys**, **Both**, and **Girls** on the top of each column so it looks like this:

BOYS	BOTH	GIRLS
Grow hair on face/chest	Start to grow taller	Breasts develop and may start wearing a bra
Erections happen more often and for no reason	Develop pubic hair around genitals and under arms	Ovulation begins and menstrual periods
Voice gets deeper	Might get acne or pimples	Hips get wider
Shoulders get broader	Sweat or perspire more	Daily vaginal discharge
Sperm production begins and ejaculation is possible	Hormone changes cause more sexual feelings	
Nocturnal emissions happen to some, not all		

- Next, take about 10 minutes to review and describe each change, further informing any previous discussion/ information shared using the Leader’s Resource on Puberty, Physical Changes
- Now, distribute the Puberty Worksheet to each teacher and give them five minutes to complete the worksheet.
- Once the time has passed, review the correct answers together using the Puberty Worksheet with Answer Key for your reference.



## Activity 2A: Puberty, Physical Changes

### INSTRUCTIONS (CONTINUED)

9. Ask teachers the following questions:

- ✓ What was it like to review changes experienced during puberty?
- ✓ What are some changes that you remembered easily or others that you did not?
- ✓ How might these pubertal changes impact things like moods, sense of identity, relationships, and behaviors among learners? How might these changes impact affect girls and boys differently?
- ✓ How might you use this exercise to teach about puberty in your classroom?

10. Conclude the activity by noting that puberty is when a child's body turns into an adult's body, consisting of physical, emotional, and social changes. There are physical changes experienced by both girls and boys and some by only girls and others by only boys. These changes impact adolescents' feelings, how they interact with others, and how they behave. Many adolescents worry about the changes in their body and their feelings and whether or not what they are experiencing is "normal." It's important for them to know what these changes are, that it is "normal," and that not everyone experiences these changes the same way.



## Leader's Resource on Puberty, Physical Changes

Physical changes experienced during puberty include:

1. **Height Growth Spurts (both)**—Explain that you grow most in your sleep.
2. **Shoulders Broaden (boys)**—Explain that this is a skeletal change.
3. **Hips Widen (girls)**—Explain that the idea is for her pelvic bones to form sort of a bowl, in order to support a pregnancy if she decides to have a biological child.
4. **Breasts Develop (girls and, to some extent, many boys)**—Explain that girls can expect that their breasts will develop. No matter what size or shape or color they end up being and even if they are different from one another, they will almost always be sensitive to sexual touch and able to nourish a baby. Note that many boys do experience some breast development and that it usually disappears within six months or a year.
5. **Acne Develops**—Explain that acne is caused by a combination of thicker skin than when you were younger and more oils, along with bacteria. Sometimes the new, thicker layer of skin blocks the pores or openings where the oils are supposed to flow, causing a pimple. If it gets infected it can become a blackhead. People should wash gently with mild soap a couple of times a day and after heavy exercise, but it will not prevent acne altogether.
6. **Stress-Related Sweating that Causes a Bad Odor Begins (both)**—Explain that everyone sweats when they are hot, but that at puberty another group of sweat glands starts to produce sweat also when you feel stressed or upset. This kind of sweat in adolescents and adults can have a strong odor. So some people prefer to bathe or shower more often after puberty than they did before and many use deodorants.
7. **Pubic and Underarm Hair Develops (both)**—Explain that pubic hair grows around a person's genitals (around the labia or penis) and that pubic and underarm hair is often coarser and sometimes a different color than the hair on the person's head.
8. **Facial Hair Develops and Body Hair May Thicken (boys and, to some extent, many girls)**—You can explain that the amount of hair a person gets on their face and body is genetic (inherited from a person's biological family). Explain that it isn't unusual for girls to notice new hair on the face or around the nipples and a girl might feel self-conscious if she didn't know it was common.
9. **Voice Deepens (both, though more in boys)**—Explain that the depth of the voice is a matter of air passing the vocal chords. The vocal chords are like the strings of a stringed instrument. If anyone in the class plays a stringed instrument, ask them which strings make the lower notes. They say it is the thicker ones. Well, your vocal chords thicken during puberty, no matter what sex you are. On average a boy's will get thicker than a girl's as he matures. The reason a boy may notice his voice cracking sometimes, is that the vocal chords don't always get thick evenly. There may be a time when one end of the vocal chord is thicker than another and as air pushes past, the pitch of his voice may change in mid-sentence.
10. **Genitals Enlarge (both)**—This is more obvious for a boy, since he looks at his penis and scrotum every time he uses the bathroom. A girl is less likely to notice, but her vulva (labia and clitoris) get bigger at puberty, too.



## Leader's Resource on Puberty, Physical Changes

- 11. Erections Happen More Frequently (more noticeable in boys)**—Explain that an erection is what you call it when the penis or the clitoris fills up with blood and gets harder and bigger. Everyone gets erections, even babies. In fact, ultrasounds show us that male fetuses in their mothers' uteruses are already getting erections. Presumably female fetuses do, too, but their clitorises would be too tiny to be visible in an ultrasound. Erection is perfectly healthy and it happens sometimes when you are thinking of something sexual or of someone you like, but it also can happen, especially at puberty, for no apparent reason. A boy may find it embarrassing when he has one in public, but he can just carry something in front of him if it does. And it may help to know that it happens at some point to almost all men.
- 12. Sperm Production and Ejaculation Begin (boys)**—Explain that sperm are the microscopic cells from a man's body that can start a pregnancy, when they combine with a woman's egg cell. And ejaculation is what you call it when the sperm come out of his penis (in a fluid called "semen"). A man may ejaculate during sleep, masturbation, or sexual touch with a partner. Once he's able to ejaculate, he's able to help start a pregnancy. That's not to say he's ready to be a father yet, but it is biologically possible to make a baby.
- 13. Nocturnal Emissions Begin (many boys)**—Sometimes nocturnal emission are called "wet dream." Some boys—not all—will ejaculate during their sleep. They may or may not have been dreaming at all. The wet dream can be their body's response to the higher level of hormones in their bloodstream during a growth spurt. But boys should know that not everyone has nocturnal emissions and there's nothing to worry about whether they do or don't.
- 14. Ovulation and Menstruation Begin (girls)**—Ovulation is sometimes described as "releasing an egg" and menstruating as "having your period." Explain that about once a month, starting at puberty, one or the other of a girl's ovaries will allow an egg or, "ovum" to mature and pop out, which constitutes ovulation. The ovum usually travels into the nearest fallopian tube. If she has had sexual intercourse and there is sperm in that fallopian tube, it may fertilize the egg. The fertilized egg will then travel the rest of the way down the tube and, in a week or so, it will nest, or "implant," in the uterus to begin growing into a baby.

In the meantime, the uterus has developed a thick, blood-rich lining that serves as a good nest in case she did get pregnant. If the ovum is not fertilized, though, it will live for only about 24 hours and then dissolve and be reabsorbed by her body. The uterus will wait a couple of weeks, in case the egg did get fertilized, with support from her body's hormones. Then, after a couple of weeks, if no egg has implanted, the hormone level will drop and the uterine lining where implantation would have occurred, sheds—this is called menstruating. The lining sheds in the form of blood and little pieces of tissue that dribble out through her vagina for 2 to 10 days. That's why girls need to wear pads during menstruation to soak it up and keep her underwear and clothes from getting stained.



## Puberty Worksheet Handout

**Directions:** Put the letter of each word next to the correct definition of the word.

- |                       |  |
|-----------------------|--|
| A) Erection           | _____ 1. Having a period   |
| B) Menstruation       | _____ 2. The penis filling with blood and getting larger                           |
| C) Nocturnal Emission | _____ 3. The cell made in the testicles of a boy or man that can start a pregnancy |
| D) Ovum               | _____ 4. Semen coming out of the penis when a boy is asleep                        |
| E) Puberty            | _____ 5. The egg cell from a woman that can start a pregnancy                      |
| F) Sperm              | _____ 6. A child's body beginning to change into an adult's body                   |



## Puberty Worksheet with Answer Key

**Directions:** Put the letter of each word next to the correct definition of the word.

- |                       |   |
|-----------------------|---|
| A) Erection           | <u>  B  </u> 1. Having a period   |
| B) Menstruation       | <u>  A  </u> 2. The penis filling with blood and getting larger                           |
| C) Nocturnal Emission | <u>  F  </u> 3. The cell made in the testicles of a boy or man that can start a pregnancy |
| D) Ovum               | <u>  C  </u> 4. Semen coming out of the penis when a boy is asleep                        |
| E) Puberty            | <u>  D  </u> 5. The egg cell from a woman that can start a pregnancy                      |
| F) sperm              | <u>  E  </u> 6. A child's body beginning to change into an adult's body                   |



## Activity 2B: Puberty, Emotional, and Social Changes

### TOTAL TIME REQUIRED

1 hour

### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils

### RESOURCES NEEDED

- ✓ Leader's Resource on Onion Ball Questions
- ✓ Leader's Resource on Puberty, Emotional and Social Changes
- ✓ Leader's Resource on Puberty Myth vs. Fact Game Handout for each participant

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Illustrate emotional and social changes experienced during adolescence.
2. Describe at least two myths and two facts related to puberty and sexuality.

### INSTRUCTIONS

1. Start by asking for a couple of volunteers to remind us what puberty is and make sure the following is explained, "Puberty is the process of growing up from a child into an adult and includes physical, social, and emotional changes that a young person experiences over a number of years."
2. Explain that having learned about the physical changes experienced during puberty, we will now examine some of the emotional and social changes by playing a game. This activity is called an onion ball and teams will stand in a circle and throw it gently from one person to the next. As a teacher catches it, they are to peel off the outside paper and answer the question, if they want to. They are also allowed to pass if they feel uncomfortable. Once the person has answered the question, the onion balls gets thrown to someone else in the circle and the process repeats until all of the layers of the onion have been peeled. Divide teachers into teams of ten and distribute one onion ball to each team and have them begin the activity.
3. After teams have completed answering all of the onion ball questions, have teachers return to their seats. Ask volunteers to share some of the changes that they shared or heard during the game and note these on a flip chart as they are mentioned. Complement the list by referencing the changes noted in the Leaders' Resource on Puberty, Emotional, and Social Changes and providing additional information as needed.
4. Next introduce the myth vs. fact game by stating the following, "Often when adolescents start to go through puberty, they are too embarrassed to talk or ask about what they are experiencing. Parents may be equally uncomfortable to talk about these topics and as a result, adolescents may hear or read things that aren't actually true without being able to verify what information is just a myth versus a fact."
5. Explain that during the next activity, you will be reading statements and that teachers must decide whether the statements are a myth, meaning they are not accurate, or fact, meaning that they are true. Ask teachers to stand up if they think the statement is a myth and to sit down if they think it is a fact.



## Activity 2B: Puberty, Emotional, and Social Changes

### INSTRUCTIONS (CONTINUED)

6. Ask if there are any questions about the directions and if not, proceed by reading the first statement.
7. Once the teachers have responded, make sure to share the answer and take time using the points listed under each statement to explain why the statement is a myth or fact. Use as many statements as time allows.
8. Ask teachers the following questions:
  - ✓ What was it like to play this game?
  - ✓ Are some of these myths prevalent in the community?
  - ✓ How might knowing these facts and myths affect learners' decisions and behaviors?
  - ✓ How might you use this activity in your classroom?
9. Conclude the lesson by telling teachers that puberty and growing up is an exciting time that can also be confusing to learners. There is a lot of misinformation about puberty and this is why it's important to provide learners with accurate information about what to expect during puberty and to dispel myths that could lead to risky behaviors.



# Leader’s Resource on Onion Ball Questions

**Directions:** Make enough copies of this sheet for every onion ball you plan to create. Generally one onion ball for each group of 10 learners works well. Once copied, then cut each strip of paper and crumple it on top of the others to create a ball with 10 layers of questions.

1. When you were an adolescent, what is one thing that excited you about growing up?
2. What is one thing you’re anxious about related to growing up?
3. What is one change you remember related to choices that you could make when you were growing up as an adolescent?
4. What do you remember about when you first became aware of having that feeling of really liking someone?
5. What is one change related to moods that you experienced when you were growing up as an adolescent?
6. What is one change that you remember about how you treated adults when you were growing up?
7. What is one change that you remember feeling growing up as an adolescent related to how you thought about others?
8. When you were an adolescent, what is one change that you felt in how adults treated you?
9. As you grew into an older adolescent, how did your sense of self change?
10. When you were an adolescent, what is one topic you wish more adults would have talk with you about related to growing up?



## Leader's Resource on Puberty, Emotional, and Social Changes

Emotional and social changes experienced during puberty include:

- 1. Feelings of Attraction/Really Liking Someone May Begin (both)**—Although small children can get excited about liking someone else, these feelings become more intense during puberty. It is the feeling of really wanting someone to like you—of having your tummy feel funny when they walk in the room or when you hear their voice. Everybody will feel this eventually, but some will notice these feelings earlier than others. These feelings of attraction may be towards people of their own sex, the other sex, or both. It may or may not predict how they will feel when they're grown. That is, really liking someone of a different sex doesn't necessarily mean you will eventually be heterosexual (straight). Likewise, really liking someone of your own sex doesn't necessarily mean you will eventually be gay or lesbian.
- 2. Self-Consciousness May Increase (both)**—Everybody goes through a time of worrying what other people think of them. Learners may have noticed that they may be spending more time worrying about their appearance and getting ready for school than they used to. This is normal and part of pubertal changes and healthy adolescent development.
- 3. Concern for Others May Grow (both)**—As adolescents start focusing more on other people's feelings and needs, they will become less self-conscious.
- 4. Sudden Mood Changes May Begin (both)**—Feeling happy one minute and in tears the next, sometimes for no apparent reason, isn't unusual during puberty. The hormones that are in the blood during puberty influence how adolescents feel.
- 5. Friction with Parents or Guardians May Grow (both)**—Explain that adolescents and a parent or guardian probably both want the same thing in the long run...to grow up and become more independent. Sometimes adolescents may feel like a child and want to get taken care of and other times they feel more adult-like and want to think for themselves. At the same time, the adults go through similar feelings, sometimes wanting to make decisions for their children because they're afraid they will get hurt and other times wanting to let them make their own choices and take on more responsibility. If adolescents and parents or guardians are not feeling the same thing at the same time, there can often be tension and struggles between them. This does not mean that there is less love for each other—it is just part of growing up.
- 6. Freedom to Make Decisions Grows (both)**—People's parents and guardians often trust them with more of their own choices, especially as they take on more responsibilities.
- 7. Understanding of Self May Grow (both)**—Adolescents begin to gain more of a sense of who they are and in so doing, become more self-confident.

*Note on mental health—Going through puberty can be challenging given the changes adolescents experience physically, socially, and emotionally, and having mood swings and worrying as noted above, is normal. That said, feeling very sad, hopeless, or worthless could be warning signs of a mental health problem, in which case the adolescent should seek medical attention.*



## Leader's Resource on Puberty Myth vs. Fact Game Handout

1. You must exercise the penis through sex, otherwise it will stop functioning and decrease in size.

**MYTH!** Sex is not “exercise” for the penis. Your penis doesn’t need exercise. It will work just fine without any sex at all. Sexual abstinence or “waiting” can never hurt your penis.

2. Penis size is not affected by frequency of sex.

**FACT!** Your penis size is determined by the traits you inherit from your parents—not anything you do with it.

3. A small penis cannot satisfy a woman.

**MYTH!** The size of the penis has little effect on women’s enjoyment of sexual intercourse. This is because the main center of sexual sensation for a woman is the clitoris and the area around the opening of the vagina. The vagina itself does not have many nerves so it doesn’t feel very much.

4. You need to have sex whenever you get an erection.

**MYTH!** This is definitely not true, which is a good thing for you. Otherwise, what would you do if you got an erection in class? If you don’t have sex, the erection will just go down on its own. You can’t possibly injure yourself by not having sex when you get an erection.

5. It is impossible for too much sperm to build up and cause problems.

**FACT!** Even though testicles produce millions of sperm, sperm does not build up and cause health problems.

6. Wet dreams are a sign that you need to have sex.

**MYTH!** Wet dreams are just one way that your body gets rid of sperm and semen. It is not a sign that you need to have sex.

7. Putting butter on the nipples or letting insects bite the nipples makes the breasts grow faster.

**MYTH!** It is hormones that make the breasts grow—nothing else will make any difference.

8. The color of the ring around the nipples (the areola) is determined by the genetic traits you inherit from your parents.

**FACT!** Like the color of your skin, it has nothing to do with whether or not you have had sex.

9. Breasts grow big when girls let boys touch them.

**MYTH!** The size of the breasts is genetically determined. Nothing you do will make them bigger or smaller.



## Leader's Resource on Puberty Myth vs. Fact Game Handout

**10. Girls with breasts that have drooped have already had sex, or they had an abortion or a baby.**

**MYTH!** Breasts droop because of gravity. If you have big breasts they are more likely to droop because of the weight.

**11. Wearing a bra helps prevent drooping.**

**FACT!** Bras actually help prevent drooping because they support the breasts and prevent the skin and breast tissue from stretching and losing their elasticity.

**12. If a girl misses her period, she is definitely pregnant.**

**MYTH!** When girls first start menstruating, they often have irregular periods and may even skip a month or two at times. However, if a young girl has had sexual intercourse, missing a period can be a sign of pregnancy.

**13. Generally girls begin puberty before boys.**

**FACT!** Most girls begin puberty about one or two years earlier than boys.

**14. Masturbating a lot can cause a boy to run out of sperm.**

**MYTH!** Once a boy starts making sperm during puberty, his testicles never stop. So, even if he masturbates frequently, it is not possible for his body to run out of sperm.

**15. Masturbation causes a person to go crazy.**

**MYTH!** Masturbation is a normal part of sexual expression for most people. It will not cause a person to go crazy or blind. Many people of all ages masturbate, although some don't because it goes against their values. You're normal if you do it and you're normal if you don't.

**16. Boys need sex more than girls do.**

**MYTH!** Neither boys nor girls need sex more than the other. It's normal and healthy for boys and girls to have sexual feelings, however it's important for everyone to think seriously about what they want to do and not do when it comes to acting on those feelings. Sexual intercourse at an early age often leads to confusion, guilt, regret, and sometimes even unplanned pregnancy and STIs, including HIV. For these reasons, it's best to wait until you're older to start having sexual intercourse.



## Activity 3: Pregnancy



### TOTAL TIME REQUIRED

1 hour



### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils



### RESOURCES NEEDED

- ✓ Two Truths and a Lie Activity Handout (one copy per each team of 3–4 teachers)
- ✓ Two Truths and a Lie Answer Key (one copy for the trainer to read)
- ✓ Copies for each teacher of Pregnancy Visuals 1 and 2 Handouts



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Describe the process of conception.
2. List several early signs of pregnancy.
3. Identify when a pregnancy test is needed and where people can access a confidential test.

### INSTRUCTIONS

1. Introduce the activity by explaining that now that we have talked about reproductive anatomy and physiology as well as puberty, next we will learn about pregnancy, a critical topic for learners to understand in order to be able to prevent unintended pregnancy.
2. Ask teachers to share a bit about what they know about pregnancy and call on volunteers.
3. Next, indicate that we will be talking about how pregnancy happens and signs of pregnancy, beginning with a review on conception, or the process by which a sperm and egg join and implant in a female's uterus.
4. Using the Pregnancy Visuals, start with Visual #1 and provide the following quick lecture to teachers about conception. Explain that women are born with thousands of eggs in their ovaries. During puberty hormones cause the ovaries to mature and to start releasing an egg (or ovum) each month. The ovum is about as big as a grain of sand. While a sperm, the male reproductive cells from a male's body, are much, much smaller. Both the ovum and sperm each contain 23 chromosomes, which are sometimes called genes. If a sperm and ovum join, these become 46 chromosomes or genes that join to determine the characteristics of the person they will become.
5. Next, display Visual #2 and explain that conception usually occurs when sperm from a man's body joins with an ovum from a woman's body, generally during unprotected vaginal sexual intercourse. When a man releases semen from his penis, he releases millions of sperm and they take a few days to travel from the vagina, through the cervix, into the uterus and up to the fallopian tube, where if there is an ovum present, they might join together. A woman becomes pregnant once that fertilized ovum has traveled back down the fallopian tube and implanted into the lining of the uterus.
6. Note that millions of sperm constitute about 10 percent of semen, the mucus-like fluid released upon ejaculation. Each sperm has a round body or head, and a long thin tail. The other 90% of the fluid is a milky liquid called semen or seminal fluid. Semen allows the sperm to swim, provides nourishment for them, and keeps them alive. After ejaculation, sperm live from 3–5 days. This is why a woman can become pregnant even if she has had sex before ovulating.



## Activity 3: Pregnancy

### INSTRUCTIONS (CONTINUED)

7. Before proceeding to the next step, ask teachers if they have any questions about these three processes. You can check for understanding by teachers to define fertilization (when sperm joins with the egg), and implantation (when the fertilized egg implants itself into the lining of the uterus).
8. Ask learners to brainstorm common early signs of pregnancy and write any correct signs they suggest on a flip chart. Explain a little about each one by noting that not all pregnant women experience the same things and for some, some signs are more present than others.
9. Note that if a young person has had vaginal sex and they are experiencing any of these things, it would be important for them to be able to recognize the signs of pregnancy in order to seek out a pregnancy test and an HIV test. Explain that getting a test would be important because they could be pregnant and have acquired HIV, in which case they need to know about both to seek pre-natal care and treatment for HIV to prevent transmission to the baby if continuing with the pregnancy.
10. Note that a pregnancy test can be purchased at a pharmacy and is performed by checking for a certain hormone in a woman's urine that is generally present 10–14 days after vaginal sex. There is also a test that is performed at a clinic that measures a hormone in the bloodstream to determine if a woman is pregnant, which is detectable within 10 days of fertilization. Meanwhile, an HIV test detects HIV antibodies either from a sample of saliva or blood, which can take up to three months to develop after infection.
11. Next, review the early signs of pregnancy:
  - **Missing a Menstrual Period.** Most women will stop having their menstrual periods while they are pregnant although some might continue to bleed lightly, called spotting.
  - **Tender, Swollen Breasts.** The hormonal changes during pregnancy often cause the breasts to feel tender, sore, fuller, or heavier.
  - **Fatigue.** The hormonal changes during early pregnancy often cause tiredness and having less energy.



## Activity 3: Pregnancy

### INSTRUCTIONS (CONTINUED)

- **Nausea With or Without Vomiting.** The hormonal changes especially during early pregnancy can cause a person to feel sick to their stomach and they may or may not vomit, often called “morning sickness”. A pregnant woman might also notice that her sense of smell is much stronger and sometimes certain odors can cause her to feel nauseous.
  - **Frequent Urination.** A common change early and later in a pregnancy is the feeling of having to urinate frequently.
12. Now ask for two volunteers—one person to be the host of a game and the other to keep score. Divide the rest of the teachers into teams of three or four and have each team choose a team name and captain.
  13. Explain that the game we will be playing is called Two Truths and a Lie. The host will read three statements aloud to the class. Each team will then come together and decide which of the three statements they think is a lie, meaning it’s not true. Their team captain will then raise one finger if they think the first statement is a lie, two fingers if they think the second statement is a lie, or three fingers if they think the third statement is a lie. The host will then read the answer aloud using the Answer Key.
  14. Note that the scorekeeper will give 10 points to all the teams with the correct answer. Direct each team to cross out “lie” statements on their worksheets along the way so that by the end of the activity, each team will have a worksheet with all the correct answers.
  15. Ask if there are any questions about the directions of the activity and if not, proceed with the game.
  16. After the game is done, ask teachers:
    - ✓ What was it like to review signs of pregnancy and how pregnancy occurs?
    - ✓ Were some truths or lies easier than others to detect? Why were some harder?
    - ✓ How do you think learners could benefit from this information about pregnancy?
    - ✓ How might you use this activity to educate about pregnancy?



## Activity 3: Pregnancy

### INSTRUCTIONS (CONTINUED)

17. Conclude by noting that pregnancy begins when a fertilized egg implants in the uterus and that signs of pregnancy can vary greatly among women but generally include missing a period; tender breasts; fatigue; nausea; and frequent urination. Underscore that it is important for learners to know the signs of pregnancy so that they can seek out a pregnancy test and an HIV test if they have been sexually active in order to get appropriate care and prevent transmission of HIV to the baby.



## Two Truths and a Lie Activity

Team Name: \_\_\_\_\_

**Directions:** For each of the statements below, one is a lie. Which one is it?

### A) Signs of Pregnancy

1. Everyone stops having periods as soon as they get pregnant.
2. Common pregnancy symptoms include breast tenderness and nausea.
3. Women can experience signs of pregnancy differently so that one woman's experience can be quite different from another's.

### B) Pregnancy Testing

1. A person can purchase a pregnancy test at a pharmacy.
2. Pregnancy tests can show results as early as one hour after becoming pregnant.
3. The way a pregnancy tests works is by checking for a certain hormone in a woman's urine.

### C) How Pregnancy Happens

1. The ovum and sperm meet in a female's fallopian tubes.
2. The pregnancy does not begin until the fertilized egg implants in the uterus.
3. It takes a million sperm to create a pregnancy.



## Two Truths and a Lie Answer Key

The Lies are underlined below with an explanation in italics:

### A) Signs of Pregnancy

1. Everyone stops having periods as soon as they get pregnant. *Some women don't miss their period until they have been pregnant for a few months. Their menstrual periods might just seem lighter and shorter at first.*
2. Common pregnancy symptoms include breast tenderness and nausea.
3. Women can experience signs of pregnancy differently so that one woman's experience can be quite different from another's.

### B) Pregnancy Testing

1. A person can purchase a pregnancy test at a pharmacy.
2. Pregnancy tests can show results as early as one hour after becoming pregnant. *Urine tests are usually only accurate 10–14 days after sexual intercourse while blood tests can detect pregnancy 7–12 days after conception. The sooner a woman knows she is pregnant the better.*
3. The way a pregnancy tests works is by checking for a certain hormone in a woman's urine.

### C) How Pregnancy Happens

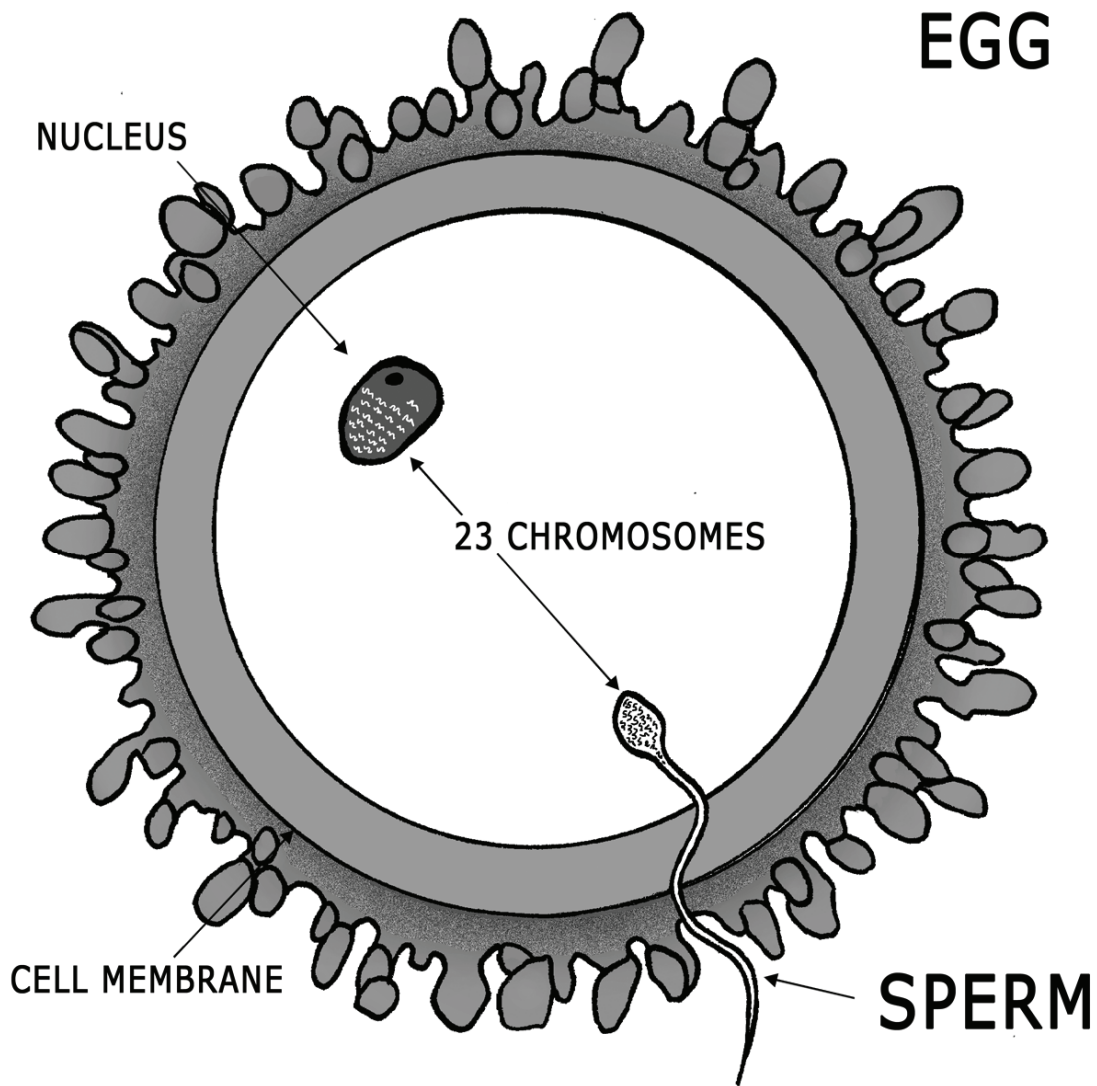
1. The ovum and sperm meet in a female's fallopian tubes.
2. The pregnancy does not begin until the fertilized egg implants in the uterus.
3. It takes a million sperm to create a pregnancy. *Hundreds of millions of sperm are ejaculated from a man's penis but just one is able to fertilize an egg.*



## Pregnancy Visual 1 Handout

### Sperm & Egg (Ovum)

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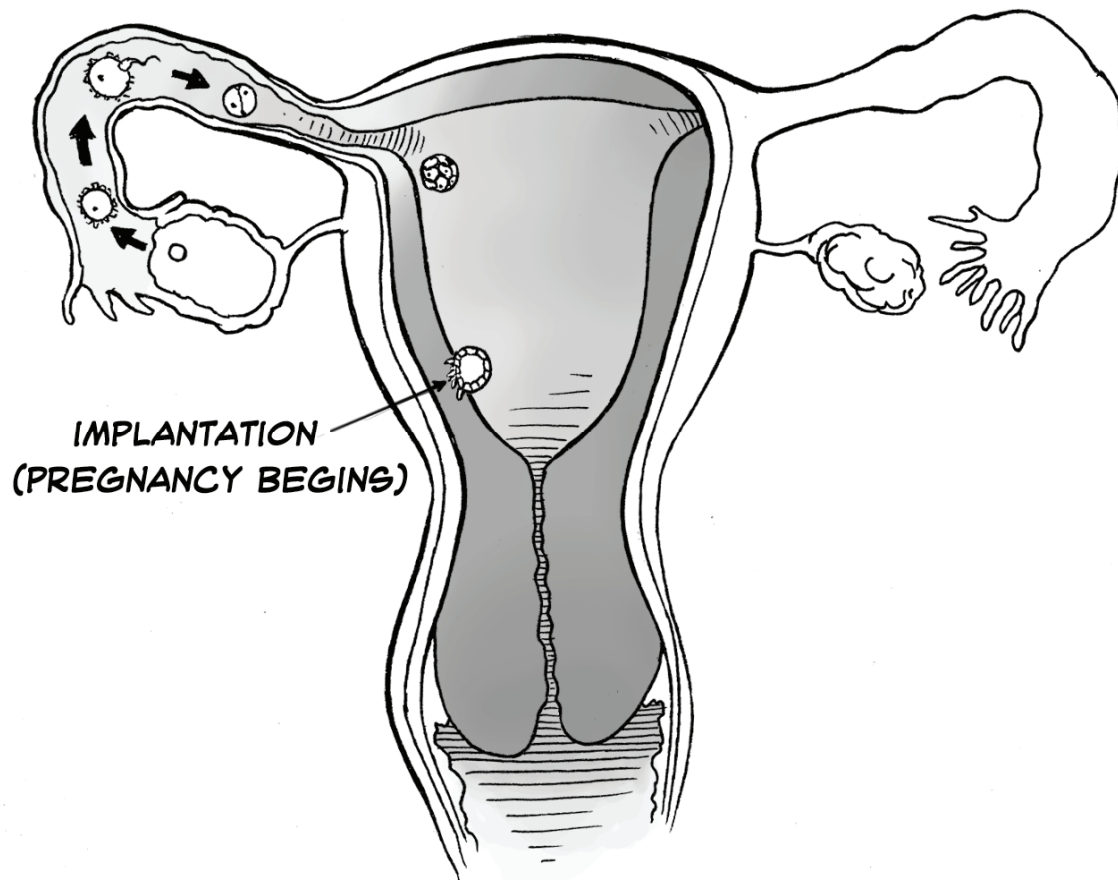
*Adapted from Family Life And Sexual Health (F.L.A.S.H.) Curriculum, Seattle and King County Family Planning Program.*



## Pregnancy Visual 2 Handout

### The First Week

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*Adapted from Family Life And Sexual Health (F.L.A.S.H.) Curriculum, Seattle and King County Family Planning Program.*



## Activity 4: Contraceptive Adverts

### TOTAL TIME REQUIRED

1 hour and 30 minutes

### MATERIALS NEEDED

- ✓ Flip chart paper
- ✓ Markers
- ✓ Note card
- ✓ One male latex condom with information about the male condom in an envelope/small bag
- ✓ One female latex condom with information about the female condom in an envelope/small bag
- ✓ One set of oral contraceptive pills with information about the pill in an envelope/small bag
- ✓ Box or picture of injectables with information about injectables in an envelope/small bag
- ✓ Box or picture of implants with information about implants in an envelope/small bag

### RESOURCES NEEDED

- ✓ Note card with ABSTINENCE written on it with information about abstinence in an envelope/small bag
- ✓ Summary Contraceptive Fact Sheets

### RESOURCES NEEDED (CONTINUED)

- ✓ Flip chart paper with the following questions written on the paper:
  1. Does the method prevent pregnancy?
  2. Does the method prevent STIs and HIV?
  3. How effective is the method?
  4. Are there any side effects?
  5. Where can you obtain the method?

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify at least five methods of modern contraception and describe at least one advantage of each method.

### INSTRUCTIONS

1. Let teachers know that next they will be learning about modern contraceptive methods with the purpose of becoming more familiar with them.
2. Ask teachers to count off in order to form six groups of no more than five people. If there are more people, add an extra group and duplicate one of the methods for that group(s).
3. Distribute a bag/envelope to each group and say that each bag contains a sample of a contraceptive method common in the country, along with written information about that method. If you are not able to access contraceptive methods and information, use the summary contraceptive fact sheets.



## Activity 4: Contraceptive Adverts

### INSTRUCTIONS (CONTINUED)

4. Tell them that they will be pretending to work for an advertising agency that promotes your method of contraception. Note that these advertising agencies must provide accurate and complete information about the methods—in other words, they are not allowed to lie or leave out information on purpose. Ask them to take 20 minutes to design a three-minute television or radio advert or poster to market the contraceptive method to young people. Ask teachers to emphasize what makes the method effective and easy to use but also address the following:
  - Whether the method prevents pregnancy
  - Whether the method prevents STIs and HIV
  - The effectiveness of the method
  - Whether there are side effects
  - Where you can obtain the method
5. Call time and ask each group to present their adverts to the group.
6. After each presentation, lead the group in a round of applause and correct any misinformation presented.
7. Ask the following questions:
  - ✓ What was it like to do these commercials?
  - ✓ What did you notice while they were preparing their commercial or watching others? What was the most effective method? (Answer: abstinence)? What is the biggest difference between condoms and other methods of birth control? (Answers: Condoms provide protection not only from pregnancy but also from most STIs, including HIV infection. Male condoms are the only method designed specifically for males to use).
  - ✓ How does an exercise like this help inform learners about contraception? Why?
  - ✓ How might you use or adapt this activity to build knowledge and understanding of contraception among learners?
8. Conclude by noting that it is important for learners to know about contraception, the different methods available, and how they work. This exercise is designed for adolescents ages 12–15 and can be used and adapted to discuss contraceptive methods that are locally available.



# Contraceptive Fact Sheet: The Pill

## FACT SHEET : THE PILL

Remember, the pill **does not** protect you from Sexually Transmitted Infections or HIV. Always use condoms to protect yourself!



### HOW DO BIRTH CONTROL PILLS WORK?

- Birth control pills contain hormones like the ones your body makes. These hormones stop your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective, but birth control pills are 99% effective if you take them each day.

### HOW DO I START THE PILL?

- There are 2 ways to start the pill:
  - **Quick Start:** Take your first pill as soon as you get the pack.
  - **Next period:** Take your first pill soon after your next period begins.
- If you take your first pill *up to 5 days after the start of your period*, you are protected against pregnancy **right away**.
- If you take your first pill *more than 5 days after the start of your period*, you should **use condoms as back-up for the first 7 days**.

### HOW DO I USE THE PILL?

- **Once you start using the pill**, take 1 pill each day. Take your pill at the same time each day.
- After you finish a pack of pills, you should start a new pack the next day. You should have NO day without a pill.

### WHAT IF I MISS PILLS?

- **I forgot ONE pill:** Take your pill as soon as you can.
- **I forgot TWO pills or more:** Take your pill as soon as you can. Take your next pill at the usual time. **Use condoms for 7 days. Use emergency contraception (EC) if you have unprotected sex.**

### WHAT IF I STOPPED TAKING THE PILL AND HAD UNPROTECTED SEX?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

### HOW DOES THE PILL HELP ME?

- The pill is safe and effective birth control.
- Your periods may be more regular, lighter, and shorter. You may have clearer skin.
- The pill lowers your risk of getting cancer of the uterus and ovaries.
- The pill has **no effect** on your ability to get pregnant in the future, after you stop taking it.

### HOW WILL I FEEL ON THE PILL?

- You will feel about the same. In the first 2-3 months you may have nausea, bleeding between periods, weight change, and/or breast pain. These problems often go away after 2-3 months.

### DOES THE PILL HAVE RISKS?

- The pill is very safe. Serious problems are rare. If you have any of the symptoms below, call your health provider.
- Leg pain, swelling, and redness
- Weakness or numbness on 1 side of your body
- Bad headache
- Vision problems
- Chest pain
- Your health provider can help you find out if these symptoms are signs of a serious problem.



# Contraceptive Fact Sheet: Injectable Contraception

## FACT SHEET : THE SHOT/DEPO-PROVERA

Remember,  
Depo **does not**  
protect you  
from Sexually  
Transmitted  
Infections or HIV.

Always use  
condoms to  
protect yourself!



### HOW DOES DEPO WORK?

- Depo contains a hormone like the ones your body makes. This hormone stops your ovaries from releasing eggs. Without an egg, you cannot get pregnant.
- No method of birth control is 100% effective, but Depo is 99% effective if you get your shots on time.

### HOW DO I USE DEPO?

- You get a Depo injection in the arm or in the buttocks.
- **Use condoms as back-up the first 7 days** after your first shot of Depo.
- You should get a shot every 3 months (every 12 weeks).

### WHAT IF I AM LATE FOR THE NEXT SHOT?

- Depo works best if you get a new shot every 12 weeks.
- If your shot is more than 4 weeks late, you should get a pregnancy test before the next shot. You should **use condoms for the next 7 days**.

### WHAT IF I AM LATE GETTING A SHOT AND HAD UNPROTECTED SEX?

- If your last shot was more than 16 weeks ago, take Emergency Contraception (EC) **right after** unprotected sex. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

### HOW DOES DEPO HELP ME?

- Depo is safe & effective. It keeps you from getting pregnant for 3 months.
- The shot lowers your risk of cancer of the uterus.
- It is safe to breastfeed while on Depo.

### HOW WILL I FEEL ON DEPO?

- You will most likely have spotting between periods. You may have weight gain, bloating, headaches and/or mood changes. Talk to your health care provider about treating any side effects.
- After the first 2-3 shots, you may have *no period at all*. This is normal.
- Your bones may become slightly weaker while you take Depo. Bone strength returns to normal once you stop getting the shot.
- After you stop Depo, it takes a few months for your fertility to return to normal. This means that it may take a while for you to get pregnant (even if you're trying) – but if you don't want to get pregnant, you need to use a new form of birth control after you stop Depo.

### DOES DEPO HAVE RISKS?

- The shot is very safe. Severe problems are rare. If you have any of the symptoms below, call your doctor:
  - Severe headaches
  - Very heavy bleeding
- Your health care provider can help you find out if these symptoms are signs of a severe problem.



# Contraceptive Fact Sheet: Female Condom

## FACT SHEET : FEMALE CONDOM

Remember, both the condom and the female condom **protect you from Sexually Transmitted Infections and HIV**. Always use them to protect yourself!



### HOW DOES THE FEMALE CONDOM WORK?

- The female condom is a loose tube that blocks sperm from reaching the egg. If the sperm does not reach the egg, you cannot get pregnant.
- The female condom has a closed end with an inner ring that covers the cervix and an open end with an outer ring that stays outside the vagina.
- No method of birth control is 100% effective, but a female condom is 79-95% effective if you use it correctly.

### WHEN DO I USE A FEMALE CONDOM?

- Use a new female condom each time you have sex.

### HOW DO I INSERT A FEMALE CONDOM BEFORE SEX?

- Find a comfortable position (for example: lying down, standing with one leg on a chair).
- Squeeze the sides of the inner ring of the closed end and insert it into the vagina like a tampon. Push the inner ring until it reaches the cervix (it feels like the tip of your nose).
- Remove your finger and let the outer ring of the open end hang outside the vagina.

### HOW DO I REMOVE A FEMALE CONDOM AFTER SEX?

- Squeeze and twist the outer ring.
- Gently pull the condom out of the vagina and throw it away.

### WHAT IF I STOPPED USING A FEMALE CONDOM AND HAD UNPROTECTED SEX?

### WHAT IF THE FEMALE CONDOM BREAKS DURING SEX?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

### HOW DOES THE FEMALE CONDOM HELP ME?

- Easy to buy in a drug store
- Can be put on as part of sex play
- It has no hormones
- No need for erect penis to keep the female condom in place
- Protects you from Sexually Transmitted Infections and HIV

### HOW WILL I FEEL USING THE FEMALE CONDOM?

- There are no side effects. You and your partner can feel the condom during sex.
- Some people find that the female condom decreases pleasure with sex. Others say it is noisy.

### DOES THE FEMALE CONDOM HAVE RISKS?

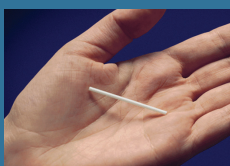
- Female condoms are a safe and effective birth control method. There are no medical risks. A female condom may break or slip during sex; if this happens, take EC **right away**.



# Contraceptive Fact Sheet: Progestin Implant

## FACT SHEET : PROGESTIN IMPLANT

Remember, the implant **does not protect you from Sexually Transmitted Infections or HIV.** Always use condoms to protect yourself!



### HOW DOES THE IMPLANT WORK?

- The implant is a thin plastic tube about the size of a paper matchstick. A health care provider inserts it under the skin of your upper arm.
- The implant releases progestin, a hormone like the ones your body makes. It works by making the mucus in your cervix too thick for sperm to pass through. If sperm cannot reach the egg, you cannot get pregnant.
- Each implant lasts up to 3 years.
- No method of birth control is 100% effective, but the implant is over 99% effective.

### HOW DO I USE THE IMPLANT?

- After numbing your skin, a health care provider inserts the implant under the skin of your upper arm. This takes a few minutes. It is done in the office or clinic.
- You should not shower or bathe until 24 hours after you had the implant inserted.
- You should **use condoms as back-up during the first 7 days** after you get the implant.

### HOW DOES THE IMPLANT HELP ME?

- The implant is safe and effective birth control. Once you have it, it works on its own – you don't have to do anything.
- You can use the implant while breastfeeding.
- You can use one implant for 3 years. If you want to use it longer, you can get a new implant after 3 years. If you don't like it or you decide to get pregnant, your health care provider can remove the implant before 3 years have passed.

### HOW WILL I FEEL USING THE IMPLANT?

- The implant causes periods to change. **Most** women have off-and-on spotting. Spotting may last until you have the implant removed. This is normal.
- A **few** women have: mood changes, weight gain, headache, acne, and/or skin changes in the upper arm.
- Most side effects go away when you have the implant removed.

### CAN PEOPLE SEE THE IMPLANT IN MY ARM?

- Most implants cannot be seen, but you can feel it if you touch the skin over the implant.

### DOES THE IMPLANT HAVE RISKS?

- The implant is very safe.
- If you have any of the following symptoms **within the first week** after insertion, see your health care provider:
  - Redness, warmth, or drainage from your arm
  - Fever ( $>101^{\circ}\text{F}$ )
- If you have any of the following symptoms **at any time** while you have the implant, see your health care provider:
  - Feeling pregnant (breast pain, nausea)
  - Positive home pregnancy test



# Contraceptive Fact Sheet: Male Condom

## FACT SHEET : CONDOM

Remember, the condom protects you from Sexually Transmitted Infections and HIV. Always use condoms to protect yourself!



### HOW DOES A CONDOM WORK?

- A condom covers the penis during sex. It blocks sperm from reaching the egg. If the sperm does not reach the egg, you cannot get pregnant.
- No method of birth control is 100% effective, but the condom is 85-98% effective if you use it correctly.

### WHEN DO I USE A CONDOM?

- Put on a condom only when the penis is partially or fully erect.
- Use a new condom each time you have sex.
- Make sure that the condom has not expired.

### HOW DO I USE A CONDOM?

- Pull back the foreskin. (Skip this step if the man has no foreskin.)
- Place the rolled condom over the tip of the hard penis.
- Pinch the tip of the condom. Leave a half-inch space between the tip of the condom and the tip of the penis.
- Roll the condom all the way down to the base of the penis and smooth out any air bubbles.

### HOW DO I REMOVE A CONDOM AFTER SEX?

- Hold the condom against the base of the penis as you withdraw the penis from the vagina.
- Remove the condom from the penis and throw it away.

### WHAT IF I STOPPED USING A CONDOM AND HAD UNPROTECTED SEX? WHAT IF THE CONDOM BREAKS?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

### HOW DOES THE CONDOM HELP ME?

- Easy to get.
- Can be put on as part of sex play.
- Can help relieve early ejaculation.
- Protects against HIV and many other Sexually Transmitted Infections.

### DO CONDOMS HAVE RISKS?

- Condoms are a safe and effective birth control method.
- There are no serious problems when using condoms. If you are allergic to latex, use polyurethane condoms.



## Activity 5: Sexually Transmitted Infections



### TOTAL TIME REQUIRED

1 hour and 30 minutes



### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils



### RESOURCES NEEDED

- ✓ STI Fact Sheets:
  1. Chlamydia
  2. Gonorrhea
  3. Human Papilloma Virus (HPV)
  4. Syphilis
  5. Herpes
  6. Human Immunodeficiency Virus (HIV)
  7. Trichomoniasis
  8. Bacterial Vaginosis
- ✓ STD and HIV Brochure
- ✓ STI Chart Handout
- ✓ Leader's Resource on STI Regional Data



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Describe transmission prevention, symptoms, and treatment of some common Sexually Transmitted Infections (STIs), including Chlamydia, Gonorrhea, Human Papilloma Virus (HPV), Syphilis, Herpes, and Human Immunodeficiency Virus (HIV).

### INSTRUCTIONS

1. Note that next we will be reviewing Sexually Transmitted Infections, including modes of transmission, symptoms, effects, and treatment.
2. Begin by leading teachers in a discussion. Ask if someone could share a definition of STIs—what is it? Be sure to articulate a correct definition if no one offers one—**Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses, and parasites (WHO definition).**
3. Note that Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs) are two terms that often mean the same thing. STIs is now often used because medically, infections are only called diseases when they cause symptoms and many STIs don't have any symptoms. Therefore the term STI is technically more accurate.
4. Using the following question, lead teachers in a brief discussion, noting answers on flip chart paper. Complement their answers with the ones below if not mentioned.
  - **Why is it important for young people to learn about STIs?**
    - It helps them take care of their bodies.
    - Untreated STIs can jeopardize a person's health and future ability to have children.



## Activity 5: Sexually Transmitted Infections

### INSTRUCTIONS (CONTINUED)

- It helps young people to be able to discuss STIs with their partners.
  - HIV is transmitted easier/faster if untreated STIs are present and condoms are not used during sexual intercourse.
  - It helps recognize myths like “It’s easy to tell if a person has an STI/HIV because he/she will look sick” that could prevent a person from using effective prevention methods or seeking needed treatments.
5. Next, ask teachers to brainstorm STIs that they have heard of and list them on a flip chart. If helpful, refer to the Leader’s Resource on STI Regional Data to briefly reference STI prevalence rates for Africa or share country-level data if available.
  6. Note that STIs can be viral, bacterial, or parasitic. Indicate that if a virus causes an STI, it is possible for it to remain asymptomatic for periods of time (meaning there are no symptoms). It is possible to have the virus and not know it, and it is possible to pass it to another person without either person knowing it. Viral STIs can be treated with medications, but not cured. STIs that are viral include genital warts (HPV), HIV, hepatitis B, hepatitis C, and genital herpes. Indicate that if bacteria or a parasite causes an STI, it needs to be treated with antibiotic or antimicrobial medication. STIs that are bacterial/parasitic include gonorrhea, chlamydia, syphilis, pubic lice, scabies, and vaginitis.
  7. Next, distribute the STI Chart and divide teachers into triads (groups of three). Assign each group two specific STIs and give each group their respective STI pamphlets. If all STIs have been assigned, assign duplicates as needed. Explain that each triad is to become a group of “experts” on the STIs that they will be assigned. Explain that they will have 15 minutes to become “experts” by filling in the appropriate sections in the STI Chart. Let them know that after this they will be asked to educate other expert groups about their STIs multiple times and that they will also be seeking out information from other expert groups on the STIs that they are not experts on.



## Activity 5: Sexually Transmitted Infections

### INSTRUCTIONS (CONTINUED)

8. Ask teachers to take 10 minutes to complete the appropriate sections in the STI Chart using the information from the STI Fact Sheets.
9. Call time and ask groups to find a group with a different STI and present their findings to each other, so that each group has a chance to fill in the chart for a blank STI. Note that they have 5 minutes per group to share their expertise with each other.
10. Repeat this as many times as it takes until all groups have filled in the entire chart.
11. When all groups have finished, distribute the STD and HIV Brochure for their reference and ask teachers:
  - ✓ What was it like to fill in their chart and then share information with other triads?
  - ✓ Were you surprised by any of the STI information?
  - ✓ What were some of the most important things to remember about the different STIs?
  - ✓ How could you use an exercise like this in your class?
12. Conclude by making the following points:
  - STIs are common and young people are especially vulnerable because they lack knowledge about them, skills to protect themselves, and access to services because of stigma and other factors.
  - Learning about STIs is important for young people, especially since many STIs do not show visible symptoms and yet can cause serious health consequences.
  - Understanding what STIs are and how they are transmitted is key to helping young people protect themselves, seek treatment, and prevent possible further transmission in the event that they do acquire an STI.



## STI Fact Sheet: Chlamydia

### THE FACTS:

- Chlamydia (cla MI dee a) is a sexually transmitted infection (STI).
- Anyone can get chlamydia. It is very common among teens and young adults.
- Young, sexually active females need testing every year.
- Most people who have chlamydia don't know it. Often the disease has no symptoms.
- You can pass chlamydia to others without knowing it.
- Chlamydia is easy to treat and cure.
- If you do not treat chlamydia, it can lead to serious health problems.

### HOW CAN I LOWER MY RISK FOR CHLAMYDIA?

- The **surest way** to prevent chlamydia is not to have sex or to have sex only with someone who's not infected and who has sex only with you.
- Condoms can reduce your risk of getting chlamydia if used the right way every single time you have sex.
- Washing the genitals, urinating, or douching after sex will **not** prevent any STI.

### HOW DOES SOMEONE GET CHLAMYDIA?

- You can get chlamydia by having sex with someone who has it.
- "Having sex" means having anal, oral, or vaginal sex.
- If you are a pregnant woman who has chlamydia, you can pass the infection to your baby.

### WHAT ARE THE SYMPTOMS OF CHLAMYDIA?

#### IF YOU ARE A WOMAN:

The majority of chlamydial infections in women do not cause any symptoms. You can get chlamydia in the cervix (opening to the womb), rectum, or throat. You may not notice any symptoms. But if you do have symptoms, you might notice:

- An unusual discharge from your vagina.
- Burning when you urinate.
- Discomfort or bleeding when you have sex.
- If the infection spreads, you might get lower abdominal pain, pain during sex, nausea, or fever.



## STI Fact Sheet: Chlamydia

### IF YOU ARE A MAN:

The majority of chlamydial infections in men do not cause any symptoms. You can get chlamydia in the urethra (inside the penis), rectum, or throat. You may not notice any symptoms. But if you do have symptoms, you might notice:

- A discharge from your penis.
- Burning when you urinate.
- Burning or itching around the opening of your penis.

### HOW CAN I FIND OUT IF I HAVE CHLAMYDIA?

- Ask a doctor to give you a test for chlamydia. The test is easy and painless.

### WHEN SHOULD I BE TESTED?

#### IF YOU ARE A WOMAN:

You should be tested for chlamydia at least once a year if you are:

- 25 years or younger and you're having sex.
- Older than 25 and you're having sex with more than one partner.
- Older than 25 and you have a new sex partner.
- Pregnant.

#### IF YOU ARE A MAN:

- See a doctor if you notice a discharge or feel a burning around your penis.

#### MEN AND WOMEN:

- See a doctor if your partner has chlamydia or symptoms that might be chlamydia.

### IF I HAVE CHLAMYDIA, WHAT DOES THAT MEAN FOR MY PARTNER?

- Your partner may have chlamydia, too.
- Be sure to tell your recent sex partners, so they can get tested and treated.
- Avoid having sex until seven days after you've both started your treatment, so you don't re-infect each other.

### HOW IS CHLAMYDIA TREATED?

- Chlamydia can be treated and cured with antibiotics.
- Finish all of the medicine to be sure you are cured.
- Do not share your medicine with anyone. You need all of it.
- If you still have symptoms after treatment, go back to see the doctor.
- You should get tested again about three months after you finish your treatment. This is especially important if you are not sure if your partner was also treated.



## STI Fact Sheet: Chlamydia

### CAN I GET CHLAMYDIA AGAIN AFTER I'VE BEEN TREATED?

- Yes, you can get chlamydia again. You can get it from an untreated partner or new partner.

### WHAT HAPPENS IF I DON'T GET TREATED?

#### IF YOU ARE A WOMAN:

- If untreated, chlamydia can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID), a serious infection of the reproductive organs.
- PID can cause damage to your fallopian tubes. This damage may leave you unable to get pregnant or lead to an ectopic pregnancy (pregnancy outside the uterus.)
- PID may also cause chronic pain in your pelvic area.
- If you have untreated chlamydia, you could pass the infection to your baby when giving birth. Chlamydia can cause serious health problems for babies.

#### IF YOU ARE A MAN:

- Chlamydia rarely causes long-term health problems in men. You may get an infection in the tube that carries sperm from your testes. This infection can cause pain and fever. In rare cases, this infection may prevent you from fathering children.

#### A MESSAGE FOR EVERYONE:

- Protect yourself and your partner.
- Always see a doctor if your partner is being treated for chlamydia. You and your partner need to be treated. Also, see the doctor if you or your partner notice any symptoms, such as unusual discharge. Be sure to tell your recent sex partners, so they can get tested too. Talk openly and honestly with your partner about chlamydia and other STIs.



## STI Fact Sheet: Gonorrhea

### THE FACTS:

- Gonorrhea (gon a REE a ) is a sexually transmitted infection (STI)
- Anyone who is sexually active can get gonorrhea. It is more common among teens and young adults.
- Many people who have gonorrhea don't know it. Especially in women, the disease often has no symptoms.
- You can pass gonorrhea to others without knowing it.
- Gonorrhea can be cured with the right treatment.
- If you do not treat gonorrhea, it can lead to serious health problems.

### HOW CAN I LOWER MY RISK FOR GONORRHEA?

- The **surest way** to prevent gonorrhea is not to have sex or to have sex only with someone who's not infected and who has sex only with you.
- Condoms can reduce your risk of getting gonorrhea if used the right way every single time you have sex.
- Washing the genitals, urinating, or douching after sex will **not** prevent any STI.

### HOW DOES SOMEONE GET GONORRHEA?

- You can get gonorrhea by having sex with someone who has it.
- "Having sex" means having anal, oral, or vaginal sex.
- If you are a pregnant woman who has gonorrhea, you can pass the infection to your baby.

### WHAT ARE THE SYMPTOMS OF GONORRHEA?

#### IF YOU ARE A WOMEN:

- You can get gonorrhea in the anus, eyes, mouth, throat, urinary tract, or uterus. You may not notice any symptoms. If you do have symptoms, they will vary depending on what part of your body is infected.

#### If you have gonorrhea in the uterus or urinary tract, you might notice these symptoms:

- Vaginal bleeding between your periods.
- Pain or burning when you pass urine.
- Increased vaginal discharge.

#### If you have gonorrhea in the rectum, you might notice these symptoms:

- Itching , soreness, bleeding, a discharge from your rectum, or painful bowel movements.

#### If you have gonorrhea in the throat, you might notice this symptom:

- Sore throat.



## STI Fact Sheet: Gonorrhea

### IF YOU ARE A MAN:

- You can get gonorrhea in the anus, eyes, mouth, penis, or throat. You may not notice any symptoms. If you do have symptoms, they will vary depending on what part of your body is infected.

#### If you have gonorrhea in the penis, you might notice these symptoms:

- Pain or burning when you pass urine.
- A discharge from your penis.
- Painful or swollen testicles.

#### If you have gonorrhea in the rectum, you might notice:

- Itching, soreness, bleeding, a discharge from your rectum, or painful bowel movements.

#### If you have gonorrhea in the throat, you might notice this symptom:

- Sore throat.

### HOW CAN I FIND OUT IF I HAVE GONORRHEA?

- Ask a doctor to give you a test for gonorrhea.

### WHEN SHOULD I BE TESTED?

#### IF YOU ARE A WOMEN:

##### You should be tested for gonorrhea if you have:

- Any symptoms, like pain or burning when you pass urine or vaginal discharge.
- A partner who has gonorrhea or symptoms that might be gonorrhea.
- Another STI, such as chlamydia.
- If you're pregnant, ask the doctor if you should be tested for gonorrhea.

#### IF YOU ARE A MAN:

##### You should be tested for gonorrhea if you have:

- A discharge from you penis. You may also feel pain inside your penis.
- Pain or burning when you pass urine.
- Itching, soreness, bleeding, or rectal discharge, if you have receptive anal intercourse.
- A partner who has gonorrhea or symptoms that might be gonorrhea.
- Another STI, such as chlamydia.

### IF I HAVE GONORRHEA, WHAT DOES THAT MEAN FOR MY PARTNER?

- Your partner may have gonorrhea, too.
- Be sure to tell your recent sex partners, so they can get tested and treated.



## STI Fact Sheet: Gonorrhea

- Avoid having sex until you've both finished your treatment, so you don't re-infect each other.

### HOW IS GONORRHEA TREATED?

- Gonorrhea can be treated and cured with antibiotics.
- Finish all of the medicine to be sure you are cured.
- Do not share your medicine with anyone. You need all of it.
- If you still have symptoms after treatment, go back to see the doctor.

### CAN I GET GONORRHEA AGAIN AFTER I'VE BEEN TREATED?

- Yes, you can get gonorrhea again. You can get it from an untreated partner or new partner.

### WHAT HAPPENS IF I DON'T GET TREATED?

- Gonorrhea stays in your body if it is not treated. You may have a higher risk of getting HIV infection if you have unprotected sex with a partner living with HIV. Gonorrhea can also spread to the blood or joints. This condition can be very serious.

### IF YOU ARE A WOMAN:

- If untreated, gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID), a serious infection of the reproductive organs.
- PID can cause damage to your fallopian tubes. This damage may leave you unable to get pregnant or lead to an ectopic pregnancy (pregnancy outside the uterus.)
- PID may also cause chronic pain in your pelvic area.
- If you have untreated gonorrhea, you could pass the infection to your baby when giving birth. Gonorrhea can cause serious health problems for babies.

### IF YOU ARE A MAN:

- You may develop a painful condition in the testicles. In rare cases, this may prevent you from fathering children.

### A MESSAGE FOR EVERYONE:

- Protect yourself and your partner.
- Always see a doctor if your partner is being treated for gonorrhea. You and your partner need to be treated. Also, see the doctor if you or your partner notice any symptoms, such as unusual discharge.
- If you have gonorrhea, you should be tested for other STIs. Be sure to tell your recent sex partners, so they can get tested too. Talk openly and honestly with your partner about gonorrhea and other STIs.



## STI Fact Sheet: Genital Human Papilloma Virus (HPV)

### THE FACTS:

- Genital human papillomavirus (/pap pil LO ma VY rus/) (HPV) is the most common sexually transmitted virus in the United States. Most sexually active people will have genital HPV at some time in their lives.
- Most people who have genital HPV don't know they have it. There are often no symptoms, and it goes away on its own—without causing any serious health problems.
- HPV is passed on through genital contact (such as vaginal and anal sex). You can pass HPV to others without knowing it.
- There is no cure for HPV, but there are treatments for the health problems that some types of HPV can cause, like genital warts and cervical cancer.

### HOW CAN I LOWER MY RISK FOR HPV?

- The **surest way** to prevent HPV is not to have sex.
- If you decide to be sexually active, limit the number of partners you have. The fewer sex partners you have, the less likely you will be to get HPV.
- Condoms may lower chances of getting HPV, genital warts, or cervical cancer if used the right way every time you have sex. However, HPV can infect areas that are not covered by a condom—so you should not expect condoms to fully protect against HPV.
- Washing the genitals, urinating, or douching after sex will **not** prevent any sexually transmitted infection.
- Females and males can get vaccinated to protect against the types of HPV that most commonly cause health problems. These vaccines are given in 3 doses over 6 months. **The vaccines are most effective when all doses are received before a person has sexual contact with his or her first partner.**

### HOW DOES SOMEONE GET HPV?

- Anyone who has ever had genital contact with another person can have genital HPV. Both men and women can get it—and pass it on—without even realizing it.

### WHAT ARE THE HEALTH EFFECTS OF HPV?

- Genital HPV does not cause health problems for most people.
- There are many types of HPV. All HPV infections are either low-risk or high-risk. Low-risk HPV infections can cause genital warts. The warts are usually painless and not a serious problem. They can be flat or raised, single or in groups, and small or large. Without treatment, the warts may grow in size and number, or they may go away on their own.
- Women with HPV might have warts on the vagina, vulva, or cervix. Men with HPV might have warts on the penis, scrotum, or groin. Both men and women can have genital warts on the anus or thigh.



## STI Fact Sheet: Genital Human Papilloma Virus (HPV)

- High-risk HPV infections can sometimes develop into cancer of the cervix (the opening of the womb). These infections may also lead to other cancers, such as anal cancer. In some people, high-risk HPV infections can persist and cause cell changes. If these cell changes are not treated, they may lead to cancer over time.
- It is only persistent HPV infections (the kind that don't go away for years) that put people at risk for cancer. The types of HPV that can cause cancer are not the same as the types that can cause genital warts.

### MORE IMPORTANT INFORMATION ABOUT HPV:

#### IF YOU ARE A WOMAN:

- It's important to know about the link between HPV and cervical cancer and about the steps you can take to prevent this disease. Getting 3 doses of an HPC vaccine and getting regular screening can prevent cervical cancer. One HPV vaccine brand (Gardasil) can also prevent most genital warts.

#### IF YOU ARE A MAN:

- It's important to know that you can have genital HPV—and pass it to your partner—even if you have no symptoms. Some types of HPV can lead to cancer of the anus and penis, but these cancers are rare in men with healthy immune systems.
- There is one vaccine brand (Gardasil) to prevent the most common problem caused by HPV in men, genital warts. This vaccine is available for 9-to-26 year-old males.

### DOES HAVING HPV MEAN I'LL GET CANCER?

- No. Most types of HPV infection don't lead to cancer. Women can protect themselves from cervical cancer by getting regular Pap tests and by getting treated early for any problems that could turn into cancer.

### DO I NEED TO KNOW IF I HAVE HPV?

- There is no reason to be tested just to find out if you have genital HPV. Most people will have genital HPV at some time in their lives. Usually the infection goes away on its own. However, it is very important for women to get screened for cervical cancer that is caused by genital HPV.

#### IF YOU ARE A WOMEN:

- You should get regular Pap tests to check for changes in your cervix. The Pap test is the best way to screen for cervical cancer. Changes that are caught early can be treated before they lead to cancer.
- If you are 30 or over, or if the result of your Pap test is unclear, a doctor may also give you an HPV test. This test can help the doctor decide what other tests or treatment you should have.

#### IF YOU ARE A MAN:

- The U.S. Food and Drug Administration (FDA) has not approved a test for HPV in men. See your doctor if you have genital warts.



## STI Fact Sheet: Genital Human Papilloma Virus (HPV)

### CAN HPV BE TREATED?

- There is no treatment for genital HPV itself. Most of the time, though, your body fights off the virus on its own.
- There are treatments for the health problems that genital HPV can cause, like genital warts, cervical changes, and cervical cancer.
- Even after genital warts are treated, the virus may remain in the body. This means that you may still pass HPV to your sex partners.

### WHAT ABOUT A VACCINE?

- Females and males can get vaccinated to protect against the types of HPV that most commonly cause health problems. These vaccines are given in 3 doses over 6 months. **The Vaccines are most effective when all doses are received before a person has sexual contact with his or her first partner.**
- Two brands of HPV vaccine (Cervarix and Gardasil) are available to protect females against the types of HPV that cause most cervical cancers. One of these vaccines (Gardasil) also protects against most genital warts.
- Doctors recommend that all 11- and 12- year-old girls get vaccinated against HPV. HPV vaccination is also recommended for women up to age 26 if they did not get all 3 vaccine doses when they were younger.
- Regardless of which brand of HPV vaccine a girl or women gets, it is important that she get the same one for all 3 doses. Even after receiving 3 vaccine doses, it is also important for women to get Pap tests as recommended. One available vaccine (Gardasil) protects males against most genital warts. This vaccine is available for boys and men, 9 through 26 years of age.

### A MESSAGE FOR EVERYONE:

- Protect yourself and your partner.
- If you're a woman, it's **very** important to have regular Pap tests to check for problems that could develop into cervical cancer. Most women who get cervical cancer have not had regular Pap tests.
- There is no blame, no shame about having genital HPV. The virus is very common.
- If you have HPV, don't blame your current partner or assume your partner is cheating. People can have genital HPV for a very long time before it is detected. Talk openly and honestly with your partner about HPV and other sexually transmitted infections (STIs)



## STI Fact Sheet: Syphilis

### THE FACTS:

- Syphilis (SI fi lis) is a sexually transmitted infection (STI).
- Anyone can get syphilis.
- Many people who have syphilis don't know it. You can have syphilis even if you don't notice any symptoms.
- The first symptom is a painless, round, and red sore that can appear anywhere you've had sex.
- You can pass syphilis to others without knowing it.
- Washing the genitals, urinating, or douching after sex will not prevent syphilis.
- Syphilis is easy to treat and cure.
- If you do not treat syphilis, it can lead to serious health problems.

### HOW DOES SOMEONE GET SYPHILIS?

- You can get syphilis by having sex with someone who has it. "Having sex" means having oral, anal, or vaginal contact.
- You can get syphilis when your mouth, genitals, or another part of your body touches a syphilis sore on a person who has the disease.
- If you are pregnant, you can pass syphilis on to your baby even if you don't know you are infected.

### CAN I GET SYPHILIS BY HAVING ORAL SEX?

- Yes. Syphilis sores can be in the mouth as well as on the genitals. If you give or receive oral sex, you may expose yourself to syphilis. This is true even if you can't see a sore. Using a condom for oral sex can reduce your risk.

### CAN PREGNANT WOMEN GET SYPHILIS?

- Yes, a woman can get syphilis when she is pregnant. Being pregnant does not protect you or your baby against any STI. If you are pregnant and you think you may have syphilis, see your doctor right away because you can pass the infection to your baby during pregnancy.
- Syphilis is extremely serious for babies. Your doctor can recommend medicine that is safe to take while you're pregnant.

### WHAT ARE THE SYMPTOMS OF SYPHILIS?

- The disease has four stages: primary, secondary, latent, and tertiary.

#### Primary Stage Symptoms:

- During the primary stage of syphilis, you may have one or more painless sores on the genitals or in the mouth, anus, or rectum. The name for this type of sore is a chancre (SHANK er). The sore is likely to be wherever you had sex. If you had oral sex, it might be in your mouth or on your genitals. It does not hurt, so you might not even notice you have a sore unless you look for it. The sore lasts 3 to 6 weeks, and it heals on its own. If you don't get treatment, the disease will progress to the next stage.



## STI Fact Sheet: Syphilis

### Secondary Stage Symptoms:

- During the secondary stage of syphilis, you might have a rash on your hands and feet or on other parts of your body. Syphilis rashes are often red or brown and usually don't itch. Other symptoms may include fever, sore throat, muscle aches, headaches, hair loss, and feeling tired. These symptoms may go away on their own. If you don't get treatment, the disease will progress to the next stage.

### Latent Stage Symptoms:

- In the latent stage of the disease, you have no symptoms, but the disease can be detected by a blood test from your doctor. Syphilis can remain hidden for many years in the latent stage.

### Tertiary Stage Symptoms:

- Tertiary stage syphilis is very serious. It can begin after you've had untreated syphilis for a while, possibly many years—even if you never noticed symptoms. Symptoms of tertiary syphilis may include difficulty moving your arms and legs, paralysis, numbness, blindness, and heart disease.

## WHEN SHOULD I BE TESTED?

### You should be tested for syphilis right away if:

- You have any symptoms, such as a painless, round sore that may appear on your genitals or in your mouth.
- Your partner has syphilis or symptoms that might be syphilis, even if you don't have symptoms.
- Every pregnant woman should be tested for syphilis. Tell your doctor if you plan to become pregnant. How can I find out if I have syphilis? Ask your doctor to give you a blood test for syphilis.

## HOW IS SYPHILIS TREATED?

- One shot of penicillin, an antibiotic, will cure a person who has had syphilis for less than a year. More doses are needed to treat someone who has had syphilis for longer than a year.

## CAN I GET SYPHILIS AGAIN AFTER I'VE BEEN TREATED?

- Yes, you can get syphilis again. You can get it from an untreated partner or a new partner who is infected.

## IF I HAVE SYPHILIS, WHAT DOES THAT MEAN FOR MY PARTNER?

- Your partner may have syphilis, too.
- Be sure to tell your recent sex partners, so they can get tested and treated.
- Avoid having sex until you've both been treated, so you don't re-infect each other.
- Avoid sexual contact with anyone if you see an unusual sore.



## STI Fact Sheet: Syphilis

### WHAT HAPPENS IF I DON'T GET TREATED?

- Syphilis stays in your body if it is not treated.
- It can damage your heart, brain, eyes, and other organs. This damage may not show up for many years and could kill you.
- You might also pass the disease on to other people.

### DOES SYPHILIS AFFECT MY RISK OF GETTING HIV?

- Yes. If you have syphilis, you have a higher chance of getting HIV. If you have syphilis and HIV, you can spread both diseases more easily.

### HOW CAN I LOWER MY RISK FOR SYPHILIS?

- The surest way to prevent syphilis is not to have sex or to have sex only with someone who's not infected and who has sex only with you.
- Condoms can reduce your risk of getting syphilis if used the right way every single time you have sex. But a condom protects only the area it covers. Areas the condom doesn't cover can become infected.
- Using drugs or alcohol may increase your risk of getting syphilis.
- Get a blood test from your doctor once a year in case you got syphilis and don't know it.

### A MESSAGE FOR EVERYONE:

- Protect yourself and your partner.
- Always see a doctor if your partner is being treated for syphilis. You and your partner need to be treated. Also see the doctor if you or your partner notice any symptoms, such as a painless red sore.
- If you have syphilis, you should be tested for other STIs. Be sure to tell your recent sex partners, so they can get tested too. Talk openly and honestly with your partner about syphilis and other STIs.



## STI Fact Sheet: Genital Herpes

### THE FACTS:

- Genital herpes (JEN i tell / HER pees) is a sexually transmitted virus.
- Genital herpes is common in both men and women in the U.S.
- Most people who have genital herpes don't know it. There are often no symptoms.
- If you have symptoms, the most common ones are painful blisters and sores.
- You can pass genital herpes to others without knowing it.
- There is no cure for genital herpes, but there are treatments for the symptoms.
- Genital herpes does not usually cause serious health problems.

### HOW CAN I LOWER MY RISK FOR GENITAL HERPES?

- The surest way to prevent genital herpes is not to have sex or to have sex only with someone who's not infected and who has sex only with you.
- Condoms can reduce your risk of getting genital herpes if used the right way every single time you have sex. But a condom protects only the area of the body that it covers. Areas the condom doesn't cover can become infected.
- Washing the genitals, urinating, or douching after sex will not prevent any sexually transmitted infection (STI).

### HOW CAN I FIND OUT IF I HAVE GENITAL HERPES?

- Ask a doctor. Blood tests may help determine if you have genital herpes.

### WHAT ARE THE SYMPTOMS OF GENITAL HERPES?

**Genital herpes often doesn't cause any symptoms. If you do have symptoms, you might notice:**

- Painful blisters or sores on or around the genitals or anus. These sores typically heal within two to four weeks.
- Feeling like you have the flu when the sores are present.
- Sores that come back several times within a year. The presence of the sores is called an outbreak.

There are two types of genital herpes virus—HSV1 and HSV2. Both types can cause sores or blisters on or around the genitals. HSV1 can also cause sores on the mouth or lips, which are called fever blisters.

### HOW DOES SOMEONE GET GENITAL HERPES?

- You can get genital herpes by having sex with someone who has it. "Having sex" means having anal, oral, or vaginal sex.
- You can also get genital herpes if your genitals touch the infected skin or secretions (like saliva through oral sex) of someone who has it.
- You can get genital herpes even if your partner shows no signs of the infection.



## STI Fact Sheet: Genital Herpes

### WHAT CAN I EXPECT TO HAPPEN IF I HAVE GENITAL HERPES?

#### MEN AND WOMEN:

- You can expect to have several outbreaks (usually four or five) a year. Over time you can expect to have fewer outbreaks.
- You have a higher chance of getting an HIV infection if you have unprotected sex with a partner living with HIV.
- Knowing that you have genital herpes may make you feel worried or sad. Talk with a doctor about your concerns.

#### PREGNANT WOMEN:

- In rare cases, you could pass the infection to your baby.
- If you have active genital herpes when you go into labor, the doctor may do a cesarean delivery (“C-section”).
- Be sure to tell your doctor if you or your partner has genital herpes.

### WHEN SHOULD I BE TESTED?

#### You should be tested for genital herpes if:

- You have any symptoms (like an unusual sore).
- Your partner has genital herpes or symptoms that might be genital herpes.

### IF I HAVE GENITAL HERPES, WHAT DOES THAT MEAN FOR MY PARTNER?

- Your partner may have genital herpes, too.
- Be sure to tell your recent sex partners, so they can go to their doctors to be evaluated and maybe treated.
- Avoid having sex with an uninfected partner when you have visible sores or other symptoms.
- Be aware that even if you don’t have symptoms, you can still infect your partner.

### CAN GENITAL HERPES BE TREATED?

- There is no cure for genital herpes, but there are treatments for its symptoms.
- Some medicines can prevent the blisters or make them go away faster.
- If you have several outbreaks in a year, a treatment called daily suppressive therapy can reduce your chance of passing the infection to your sex partners.

#### A MESSAGE FOR EVERYONE:

- Always see a doctor if your partner is being treated for genital herpes. Also see the doctor if you or your sex partner notice any symptoms, such as an unusual sore.
- If you have genital herpes, you should be tested for other STIs. Be sure to tell your recent sex partners, so they can get tested too. Talk openly and honestly with your partner about genital herpes and other STIs.

*Adapted from [Genital Herpes: The Facts], Centers for Disease Control and Prevention, United States Department of Health and Human Services*



# STI Fact Sheet: Human Immunodeficiency Virus (HIV)

## STD FACTS

### HIV Infection and AIDS (caused by human immunodeficiency virus or HIV)

#### SIGNS AND SYMPTOMS

Early (weeks to months after exposure):

- Flu-like illness
- Swollen lymph nodes

Late (years after exposure):

- Persistent fevers
- Night sweats
- Prolonged diarrhea
- Unexplained weight loss
- Purple bumps on skin or inside mouth and nose
- Chronic fatigue
- Swollen lymph nodes
- Recurrent respiratory infections

Note: These symptoms are not specific for HIV and may have other causes. Most persons with HIV have no symptoms at all for several years.

#### TRANSMISSION

HIV is spread by:

- Vaginal sex
- Oral sex
- Anal sex
- Sharing needles to inject drugs, body piercing or tattooing
- Contaminated blood products (rare)
- Infected mother to newborn at birth or through breastfeeding

HIV infection cannot be spread by:

- Shaking hands
- A social kiss
- Cups
- Animals
- Hugging
- Swimming pools
- Toilet seats
- Food
- Insects
- Coughing

#### COMPLICATIONS

- HIV can spread to sex partners and persons sharing needles.
- There is no cure for HIV and without treatment most people eventually die from the disease.

HIV/AIDS and pregnancy

- HIV can be passed to unborn children from infected mother during pregnancy or childbirth.
- Infected mother may infect infant through breast milk.

#### PREVENTION

- Avoiding vaginal, oral or anal sex is the best way to prevent STDs.
- Limit the number of sex partners.
- Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS.
- Always use latex condoms during vaginal and anal sex.
- Use a latex condom for oral sex on a penis.
- Use a latex barrier (dental dam or condom cut in half) for oral sex on a vagina or anus.
- Limit or avoid use of drugs and alcohol.
- Don't share drug needles, cotton or cookers.
- Don't share needles for tattooing or piercing.
- Notify sex and needle-sharing partners immediately if HIV-infected.

#### TESTING AND TREATMENT

- Tests are available to detect antibodies for HIV through physicians, STD clinics, and HIV counseling and testing sites.
- There is no cure for HIV/AIDS.
- Early diagnosis and treatment can prolong life for years.
- Medications and treatments are available to keep immune system working.
- Medications are available to treat AIDS-related illnesses.
- Medications are available for HIV infected pregnant women to greatly reduce the chance of infection of newborn.
- There are experimental drug trials testing new medications.



Updated by the Minnesota Department of Health, STD and HIV Section, April 2011



## STI Fact Sheet: Trichomoniasis

### Trichomoniasis - CDC Fact Sheet

#### What is trichomoniasis?

Trichomoniasis (or “trich”) is a very common sexually transmitted disease (STD) that is caused by infection with a protozoan parasite called *Trichomonas vaginalis*. Although symptoms of the disease vary, most women and men who have the parasite cannot tell they are infected.

#### How common is trichomoniasis?

Trichomoniasis is considered the most common curable STD. In the United States, an estimated 3.7 million people have the infection, but only about 30% develop any symptoms of trichomoniasis. Infection is more common in women than in men, and older women are more likely than younger women to have been infected.

#### How do people get trichomoniasis?

The parasite is passed from an infected person to an uninfected person during sex. In women, the most commonly infected part of the body is the lower genital tract (vulva, vagina, or urethra), and in men, the most commonly infected body part is the inside of the penis (urethra). During sex, the parasite is usually transmitted from a penis to a vagina, or from a vagina to a penis, but it can also be passed from a vagina to another vagina. It is not common for the parasite to infect other body parts, like the hands, mouth, or anus. It is unclear why some people with the infection get symptoms while others do not, but it probably depends on factors like the person's age and overall health. Infected people without symptoms can still pass the infection on to others.

#### What are the signs and symptoms of trichomoniasis?

About 70% of infected people do not have any signs or symptoms. When trichomoniasis does cause symptoms, they can range from mild irritation to severe inflammation. Some people with symptoms get them within 5 to 28 days after being infected, but others do not develop symptoms until much later. Symptoms can come and go.

Men with trichomoniasis may feel itching or irritation inside the penis, burning after urination or ejaculation, or some discharge from the penis.

Women with trichomoniasis may notice itching, burning, redness or soreness of the genitals, discomfort with urination, or a thin discharge with an unusual smell that can be clear, white, yellowish, or greenish.

Having trichomoniasis can make it feel unpleasant to have sex. Without treatment, the infection can last for months or even years.

#### What are the complications of trichomoniasis?

Trichomoniasis can increase the risk of getting or spreading other sexually transmitted infections. For example, trichomoniasis can cause genital inflammation that makes it easier to get infected with the HIV virus, or to pass the HIV virus on to a sex partner.

#### How does trichomoniasis affect a pregnant woman and her baby?

Pregnant women with trichomoniasis are more likely to have their babies too early (preterm delivery). Also, babies born to infected mothers are more likely to have an officially low birth weight (less than 5.5 pounds).



Two *Trichomonas vaginalis* parasites, magnified (seen under a microscope)

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of STD Prevention

CS233825A





## STI Fact Sheet: Trichomoniasis

### How is trichomoniasis diagnosed?

It is not possible to diagnose trichomoniasis based on symptoms alone. For both men and women, your primary care doctor or another trusted health care provider must do a check and a laboratory test to diagnose trichomoniasis.

### What is the treatment for trichomoniasis?

Trichomoniasis can be cured with a single dose of prescription antibiotic medication (either metronidazole or tinidazole), pills which can be taken by mouth. It is okay for pregnant women to take this medication. Some people who drink alcohol within 24 hours after taking this kind of antibiotic can have uncomfortable side effects.

People who have been treated for trichomoniasis can get it again. About 1 in 5 people get infected again within 3 months after treatment. To avoid getting reinfected, make sure that all of your sex partners get treated too, and wait to have sex again until all of your symptoms go away (about a week). Get checked again if your symptoms come back.

### How can trichomoniasis be prevented?

Using latex condoms correctly every time you have sex will help reduce the risk of getting or spreading trichomoniasis. However, condoms don't cover everything, and it is possible to get or spread this infection even when using a condom.

The only sure way to prevent sexually transmitted infections is to avoid having sex entirely. Another approach is to talk about these kinds of infections before you have sex with a new partner, so that you can make informed choices about the level of risk you are comfortable taking with your sex life.

If you or someone you know has questions about trichomoniasis or any other STD, especially with symptoms like unusual discharge, burning during urination, or a sore in the genital area, check in with a health care provider and get some answers.

### Where can I get more information?

Division of STD Prevention (DSTDP)  
Centers for Disease Control and Prevention  
[www.cdc.gov/std](http://www.cdc.gov/std)

CDC-INFO Contact Center  
1-800-CDC-INFO (1-800-232-4636)  
Contact: [www.cdc.gov/info](http://www.cdc.gov/info)

### Resources

CDC National Prevention Information  
(NPIN)  
P.O. Box 6003  
Rockville, MD 20849-6003  
E-mail: [npin-info@cdc.gov](mailto:npin-info@cdc.gov)  
[npin.cdc.gov/disease/stds](http://npin.cdc.gov/disease/stds)

American Sexual Health Association  
(ASHA)  
P. O. Box 13827  
Research Triangle Park, NC 27709-3827  
1-800-783-9877  
[www.ashastd.org](http://www.ashastd.org)



## STI Fact Sheet: Bacterial Vaginosis

### THE FACTS:

- Bacterial vaginosis (back TEER ee el / va gin NO sus) (BV) is a condition in which there is an overgrowth of some kinds of bacteria in the vagina. BV can cause symptoms such as vaginal discharge.
- BV is common in women of childbearing age.
- Washing the genitals, urinating, or douching after sex will not prevent BV or any sexually transmitted infection (STI).

### HOW CAN I LOWER MY RISK FOR BV?

- Scientists do not fully understand BV and do not know the best ways to prevent it. However, it is known that having a new sex partner or having more than one sex partner increases your risk of getting BV.

#### To lower your risk of getting BV:

- Do not have sex.
- If you decide to be sexually active, limit the number of partners you have.
- Do not douche.
- Use all the medicine prescribed to treat BV, even if the symptoms go away.

### HOW DO WOMEN GET BV?

**Doctors don't fully understand how people get BV. The disease may spread between women who have sex with women. Any woman can get BV, but you're at higher risk of getting it if:**

- You have a new sex partner or multiple sex partners.
- You use an intrauterine device (IUD) for birth control.
- You douche.

Women do not get BV from toilet seats, bedding, or swimming pools or from touching objects around them. Women who have never had sex rarely get BV.

### HOW CAN I FIND OUT IF I HAVE BV?

- A doctor must examine you and take a sample of fluid from your vagina to determine if you have BV.

### WHAT ARE THE SYMPTOMS OF BV?

**Some women with BV don't know they have it because they have no symptoms. If you do have symptoms, you might notice:**

- An unusual discharge, with a strong fish-like smell, from your vagina. You are most likely to notice this after you have sex.
- Itching around your vagina.



## STI Fact Sheet: Bacterial Vaginosis

### WHEN SHOULD I BE TESTED?

- You should be tested for BV if you have any symptoms (like a vaginal discharge) or if your female sex partner has BV or symptoms that could be BV.

### CAN I GET BV AGAIN AFTER I'VE BEEN TREATED?

- Yes, you can get BV again.

### WHAT HAPPENS IF I'M PREGNANT?

#### If you're pregnant and have BV:

- You're more likely to give birth prematurely.
- Your baby is more likely to be underweight (less than 5 pounds at birth). How is BV treated?
- BV can be treated and cured with antibiotics.
- Finish all of your medicine to be sure you are cured.
- Do not share your medicine with anyone. You need all of it.
- If you still have symptoms after treatment, go back to see your doctor.

### WHAT HAPPENS IF I DON'T GET TREATED?

- You may have a higher risk of getting another STI, such as chlamydia or gonorrhea.
- You may have a higher risk of getting HIV infection if you have unprotected sex with an HIV-infected partner.

### IF I HAVE BV, WHAT DOES THAT MEAN FOR MY PARTNER?

- Male partners do not need to be treated for BV, but BV may spread between women who have sex with women. This means that if you have BV and you have a female sex partner, your partner may have BV too.

### A MESSAGE FOR EVERYONE

- Talk openly and honestly with your partner about STIs.



## STDs and HIV Brochure



### Teens' Rights to Reproductive and Sexual Health Services

#### What are my rights to birth control, HIV and STD testing, and privacy?

Young people's access to birth control, confidential visits with a healthcare provider, and HIV and STD testing vary from state to state. Visit [www.plannedparenthood.org](http://www.plannedparenthood.org) to find your nearest Planned Parenthood clinic. Or Google your state, county, and/or community name and "Health Department" to find a local health department clinic.

In some states a doctor may have the right to inform your parents of the services they have provided you. Find the law in your state by visiting [www.sexetc.org/state](http://www.sexetc.org/state).

Clinics that receive a certain type of government funding are required by law to offer confidential services, including HIV and STD testing and prescriptions for birth control, to all young people. Over 4,600 clinics nationwide receive this type of funding. Planned Parenthood clinics, and many state and local health departments, hospitals, community health centers, and independent clinics offer confidential services. Some services offered by these clinics include:

- Pelvic exams and pap tests
- Safer sex counseling
- Prescriptions for birth control
- Administering Depo-Provera (the shot) or inserting an IUD
- Counseling about abortion and abortion services

Many clinics offer free or reduced services, and you can pay in cash. If you pay for your bill by using your family's health insurance, the bill may be sent to your parents. Some steps to make sure your visit is private are:

- Call the clinic or healthcare provider before you go to ask about its policies.
- Tell the clinic staff how to contact you personally.
- Ask about reduced pricing, and pay in cash.

#### Where Can I Get Help?

Talk to your doctor or visit a clinic where they do STD screening. Or get info online:

- Use the testing site locator at [www.hivtest.org](http://www.hivtest.org) (locates sites which test for HIV, STDs, or both)
- Search for your city or county health department
- Find your local Planned Parenthood ([www.plannedparenthood.org](http://www.plannedparenthood.org))

Visit [www.amplifyyourvoice.org](http://www.amplifyyourvoice.org) for more information about STDs and to get involved in youth activism around sexual and reproductive health and rights.

#### Where can I get condoms

You can get condoms for free at most clinics but you can also purchase them at any drug store regardless of how old you are. Condoms cost between \$5-\$20 per box. Make sure you check the expiration date on the box! The most common kind of condom is made out of latex. But if you or your partner is allergic to latex, you can also get condoms made out of polyurethane. Lambskin condoms do not protect against STDs.



## STDs and HIV Brochure

### How can I talk about condoms with my partner?

It can be hard to talk to a partner about condoms. But unprotected sex puts you both at risk. Here are a few tips to make the conversation a success:

Know what you want and don't want. Don't engage in any sexual behavior that makes you uncomfortable, but always protect yourself. Remember, consistent and correct condom use reduces your risk of STDs and pregnancy.

Discuss abstinence, sex, and safer sex. Be honest about your sexual history and your sexual health. Discuss and make mutual decisions on your safer sex options. Go together to get tested for STDs. Educate yourself about safer sex options and make sure you are prepared to discuss them.

State what you want, and don't want, clearly. Don't be afraid! You have the right to protect yourself and to state your needs. If your partner doesn't respond in a supportive way, then think about the relationship as a whole and if your partner respects and cares about you. No one should ever ask you to compromise your health and well-being!

### Vaccine

There is a vaccine for HPV which can protect from genital warts and from the types of HPV that cause cancer. It is approved for both males and females ages 9-26 and must be given by a doctor.

### Advocates for Youth

Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

Check out Advocates for Youth's websites:

**Advocates for Youth**  
www.advocatesforyouth.org

#### Amplify

An online youth activism hub with information, resources, and advocacy opportunities [www.amplifyyourvoice.org](http://www.amplifyyourvoice.org)

#### MySistahs

Information and support by and for young women of color [www.mysistahs.org](http://www.mysistahs.org)

#### YouthResource

Information by and for gay, lesbian, bisexual, transgender, and questioning youth [www.youthresource.org](http://www.youthresource.org)

Advocates for Youth shall not be liable for any direct, indirect, incidental, consequential, or any other damages resulting from the use of the information contained herein.

2000 M STREET NW, SUITE 750  
WASHINGTON DC 20036 USA  
T:202.419.3420 F:202.419.1448  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)



## how to use a condom

Talk to your partner about safer sex. Then, follow these steps for correct condom use.

**1.** Check the expiration date on the individual condom packet.

**2.** Once the penis is erect, open condom package with your fingers. Don't use your teeth, or any sharp object, because you might accidentally tear the condom!



**3.** Squeeze the tip of condom with your fingers and place the rolled condom on the head of the penis.

**4.** Leave a half-inch space at the tip of the condom to collect semen.

**5.** Hold the tip of condom and unroll until the penis is completely covered.

**6.** After ejaculation, while the penis is still erect, hold the condom at base of penis and carefully remove the condom without spilling any semen.



**7.** Wrap the condom in tissue, or tie it in a knot and throw it away. (Don't flush the condom down the toilet.)



**8.** Use a NEW condom for every act of vaginal, oral, and anal intercourse. Never use a condom more than once. Never use two condoms at the same time!

**9.** If using lubricant, use a water-based one like KY Jelly or Astroglide, NOT Vaseline or baby oil.

It is also helpful to practice – you can always use a banana!



**Be prepared!  
Use protection  
the first time  
you have sex.**



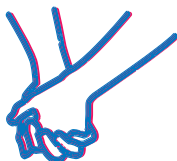
## STDs and HIV Brochure

### HOW TO BE SAFE

methods you can use that reduce the risk of STDs, including HIV

#### abstinence

**100% EFFECTIVE**  
in preventing STDs,  
including HIV when  
used consistently and  
correctly every time



#### latex or polyurethane male condom

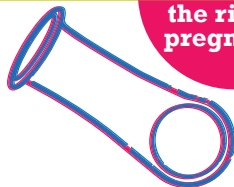
**99% EFFECTIVE**  
against HIV, and also  
reduces the risk of  
many other STDs when  
used consistently and  
correctly every time



**condoms  
can also  
reduce  
the risk of  
pregnancy**

#### female condom

may reduce the risk of  
STDs, including HIV,  
when used consistently  
and correctly every time



#### monogamy

having a long-term  
mutually monogamous  
relationship with one  
partner who has been  
tested and is known to  
be uninfected can lower  
your risk of getting  
STDs including HIV



#### did you know?

Dental dams as a barrier between the mouth and  
genitals may reduce the risk of getting an STD,  
including HIV, through oral sex.

**Remember  
to use your  
protection  
method each  
and every time  
you have sex.**

**You have  
the right to  
decide if and  
when you want  
to have sex and  
to take steps to  
protect yourself  
from STDs and  
HIV.**

# STDs

**STD stands for Sexually Transmitted  
Disease. They are sometimes called STIs  
(sexually transmitted infections).**

**An STD is passed by body fluids or genital  
contact during anal, oral, and vaginal sex.**

#### Human Immunodeficiency Virus (HIV)

is a virus that can be transmitted by anal, oral, or vaginal  
sex with an infected person, as well as through breast  
milk, during childbirth, and by coming into contact with  
the blood of an HIV positive person. Untreated, HIV can  
lead to AIDS, which compromises the immune system and  
puts the person at risk of illness and death. HIV cannot  
be transmitted by casual contact like hugging or sharing  
utensils.

#### SIGNS/SYMPTOMS

In its early stages HIV has no  
symptoms.

Once the illness has progressed,  
the first symptoms may include  
fever, rashes, and sores.

In its final stage a person  
with AIDS may suffer from a  
variety of illnesses, including  
pneumonia and cancer.

**viral  
STDs can  
be treated  
but CANNOT  
be cured**

#### TESTING

Get tested:

- if you have had unprotected sex
- if you have injected drugs with needles or shared drug  
equipment (needles, works) with others
- if you have a new sexual partner you should both get  
tested. A blood or urine test allows the doctor to  
determine if you have HIV.

A positive test result means you are infected with HIV.  
It doesn't mean you have AIDS or will get sick soon.

A negative test result means no HIV antibodies were  
found in your body. But, you could still be infected if  
you have been exposed to HIV in the last three months.  
Your body may not have made enough HIV antibodies  
to show up yet. Get tested again in three months.

#### TREATMENT

Medications, called anti-retrovirals,  
can prevent the virus from  
worsening and extend the lives  
of HIV positive people for  
decades.

Start treatment as early  
as possible in order to  
stay healthy for as long as  
possible.

There is **NO** cure for HIV.

**Left  
untreated,  
STDs can  
damage your  
reproductive  
system and create  
other serious  
health risks.**



# STDs and HIV Brochure

## Pelvic Inflammatory Disease (PID)

is an infection in the womb, ovaries, and fallopian tubes. PID affects WOMEN ONLY. Chlamydia, gonorrhea, and other STDs left untreated can cause PID.

### SIGNS/SYMPTOMS

- Pain during intercourse
- Pain in lower abdomen
- Fever
- Smelly vaginal discharge
- Irregular bleeding
- Some women have NO SYMPTOMS

### TESTING

The doctor will perform a vaginal exam, pap smear, or pelvic ultrasound.

### TREATMENT

PID can be treated and cured with antibiotics.

## Human Papillomavirus (HPV)

is a common viral STD that can be transmitted by anal, oral, or vaginal sex with an infected person. The body can fight off some HPV types, but others cause illness.

### SIGNS/SYMPTOMS

- Genital Warts are small bump or groups of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower
- Some HPV types can cause normal cells in the body to turn abnormal, and might lead to cancer over time
- Some people have NO symptoms

### TESTING

A pap smear allows the doctor to determine if you have abnormal cervical cells which might indicate HPV; an HPV test can determine if you have HPV.

### TREATMENT

- Genital Warts can be removed or treated with medicine.
- Abnormal Cervical Cells (found on a Pap test) can usually be treated to prevent cervical cancer from developing.
- There is NO cure for HPV.

## Syphilis

is a bacterial STD passed on by a syphilis sore through anal, oral, or vaginal sex with an infected person. Syphilis has three stages: the primary, secondary, and the late and latent stage.

### SIGNS/SYMPTOMS

- The primary stage begins with a single sore (called a chancre), but there can also be multiple sores. If not treated at this stage it will progress to the secondary stage.
- The secondary stage consists of skin rash and lesions that usually appear on the palm of the hands or bottom of feet. If not treated at this stage it will progress to the late or latent stage.
- The late or latent stage, also called the hidden stage, begins when primary and secondary symptoms disappear, but the disease is still present. Without treatment, syphilis can lead to blindness and death.

### TESTING

A microscopic exam of a chancre sore or a blood test will be used.

### TREATMENT

Treatment can include a single antibiotic injection for someone infected less than a year. Additional doses are needed to treat someone infected longer than a year.

bacterial STDs can be treated and cured

## Chlamydia

is a bacterial STD. Chlamydia can be transmitted by having anal, oral, or vaginal sex with an infected person.

### SIGNS/SYMPTOMS

- Pain during intercourse (females)
- Abdominal and lower back pain
- Burning sensation during urination (males/females)
- Abnormal discharge from vagina or penis
- People who are infected may have NO SYMPTOMS

### TESTING

urine or a specimen from the penis or cervix may be collected

### TREATMENT

Chlamydia can be treated and cured with antibiotics.

## Gonorrhea

is a bacterial STD that can infect the genital tract, mouth or anus. Gonorrhea can be transmitted by having anal, oral, or vaginal sex with an infected person.

### SIGNS/SYMPTOMS

- Pain when urinating (males/females)
- Pus-like discharge from penis or vagina
- Anal irritation and painful bowel movements
- People who are infected may have NO SYMPTOMS

### TESTING

Urine sample, or sample from infected body parts (cervix, urethra, rectum, or throat) may be collected

### TREATMENT

Gonorrhea can be treated and cured with antibiotics.

## Herpes

is a viral infection caused by Herpes Simplex Virus (HSV1 or HSV2). Herpes can be transmitted through anal, oral, or vaginal sex with an infected person. Herpes can be transmitted between outbreaks and when there are no symptoms.

### SIGNS/SYMPTOMS

- Cold sores around the mouth
- Sores or blisters around the genitals, buttocks, or anal area
- Flu-like symptoms, including fever and swollen glands
- Some people have NO symptoms

### TESTING

A blood test helps to determine if someone is infected with Herpes

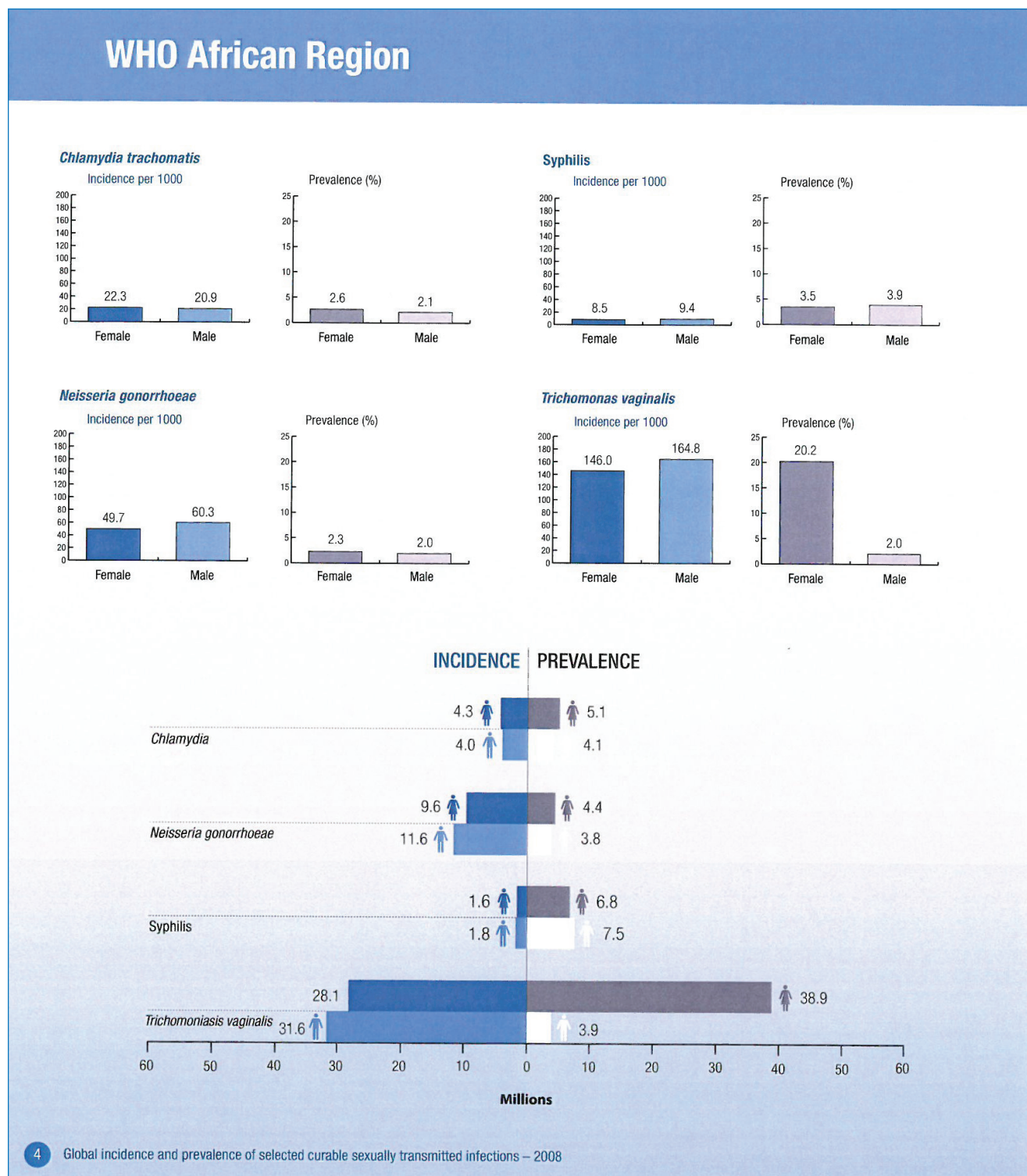
### TREATMENT

- Antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.
- Treatment can lessen symptoms and decrease outbreaks but you can still spread herpes under treatment.
- There is NO cure for Herpes.

see your doctor or visit another health care facility to get tested



## Leader's Resource on STI Regional Data



Source: World Health Organization. *Global Incidence and Prevalence of Selected Curable Sexually Transmitted Infections – 2008*. Geneva: WHO, 2012.



STI Chart Handout

STI	BACTERIA/ PARASITE OR VIRUS?	TRANSMISSION	PREVENTION	SYMPTOMS		IF UNTREATED		TREATMENT
				MALE	FEMALE	MALE	FEMALE	
CHLAMYDIA								
SYPHILIS								
HERPES								
HUMAN PAPILLOMA VIRUS (HPV)								



## STI Chart Handout

STI	BACTERIA/ PARASITE OR VIRUS?	TRANSMISSION	PREVENTION	SYMPTOMS		IF UNTREATED		TREATMENT
				MALE	FEMALE	MALE	FEMALE	
GONORRHEA								
HUMAN IMMUNODEFICIENCY VIRUS (HIV)								
BACTERIAL VAGINOSIS								
TRICHOMONIASIS								



## Activity 6: HIV/STI Transmission

### TOTAL TIME REQUIRED

30 minutes

### MATERIALS NEEDED

- ✓ Note cards

### RESOURCES NEEDED

- ✓ Three note cards with the message, “After you read this, don't follow any of my directions until I say return to your seats.”
- ✓ Three note cards with a small “c” written on a bottom corner
- ✓ One note card with a small “o” written on a bottom corner
- ✓ One note card with a small “z” written on a bottom corner
- ✓ One note card with a small “x” written on a bottom corner

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Demonstrate how quickly STIs, including HIV, can spread through unprotected sex with multiple partners and the effects of peer pressure.

### INSTRUCTIONS

1. Explain that now that we have discussed STIs, let's conduct an activity that demonstrates how quickly STIs, including HIV, can spread when people engage in unprotected sex with multiple sexual partners. Note that while some STIs, including HIV, can be transmitted from mother to child, this activity is focused on sexual transmission only.
2. Distribute one note card to each teacher and ask them to keep any instructions on their cards a secret and to follow the instructions on the card. Note that not everyone has instructions on their card.
3. Ask the group to stand, move around the room, and greet a total of three people. Each time they greet a person, they should ask that person to print their name on the card. Make sure they move around the room.
4. When everyone has collected three names, have them take their seats. Ask the teachers with the o, z, and x on their cards to stand up. Ask everyone who greeted those persons to stand up. Ask everyone who greeted a standing person to stand up. And so on until everyone is standing, except for designated non participators.
5. Now tell the group to pretend that the person with the card marked z was infected with HIV, and that instead of simply greeting people, they had unprotected sexual intercourse with the three people whose names they had collected on their card. Do the same with the card marked o (chlamydia) and the card marked x (genital herpes).
6. Ask teachers to sit down again and ask those with the “Do not follow my directions” cards to stand. Explain that these people had chosen to abstain from sexual intercourse and were therefore protected from these sexually transmitted infections.
7. Ask teachers if they had a c marked on their card and invite them to stand. Explain that fortunately, these people had used condoms and were not at significant risk for infection.



## Activity 6: HIV/STI Transmission

### INSTRUCTIONS (CONTINUED)

8. Ask teachers the following questions:

- ✓ What was it like to do this exercise? For those who did not stand up, what did it feel like not to? What did others feel when they tried to shake their hand?
- ✓ What did you observe about the movement in the room—did some people seem left out, why?
- ✓ What did you find most surprising as more and more people stood up?
- ✓ How might this exercise impact a learner's perspective on HIV and STI transmission? How might you use this type of activity?

9. Allow all teachers to sit down. Remind the group that this was a game to illustrate how quickly HIV and STIs can be transmitted through unprotected sexual intercourse but that while there are other ways HIV and STIs can be transmitted, such as from mother to child during pregnancy/birth, these are not transmitted by simply greeting people.



## Activity 7: HIV Counseling, Testing, and Treatment

### TOTAL TIME REQUIRED

45 minutes

### MATERIALS NEEDED

✓ None

### RESOURCES NEEDED

- ✓ Leader's Resource Quiz on HIV Counseling, Testing, and Treatment
- ✓ Leader's Resource Answer Key on HIV Counseling, Testing and Treatment

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Describe HIV Counseling, Testing, and Treatment.
2. Appreciate the importance of getting tested for HIV.

### INSTRUCTIONS

1. Explain that next we are going to talk about HIV testing and counseling.
2. Note that many people living with HIV may not know their status because they have never been tested, whether they were born with HIV or acquired it over time. Getting tested for HIV, often called HIV testing and counseling, is the only way to really know if you are infected.
3. Ask teachers what they understand about HIV testing and counseling. Once you they have shared their thoughts, provide an overview of HIV testing, counseling, and treatment by sharing the following information:
  - Note that counseling can take place before and after taking an HIV test. **Pre-test counseling** includes counseling to explain the testing procedure and how the results will be given while providing a chance to ask questions about the test and share fears or concerns. **Post-test counseling** includes counseling to provide the test result and ensure understanding of the result as well as opportunity to talk it through and make immediate plans to access treatment, care, and support.
  - Explain that for the actual testing, there are different types of tests, including a rapid test using a blood sample, in addition to oral-swabs and urine tests. Samples are tested in a laboratory to see whether there are **antibodies** in the blood. Antibodies are chemicals produced by white blood cells to fight specifically against HIV. To be absolutely accurate, the test should be taken twice in three months giving HIV antibodies time to appear in the bloodstream after the time of infection. This is the 2–3 month period after infection when it can be too early for antibodies to have formed and is called the **window period**.



## Activity 7: HIV Counseling, Testing, and Treatment

### INSTRUCTIONS (CONTINUED)

- Underscore that young people are less likely than adults to be tested for HIV and therefore less likely to be linked to services, putting them at risk of late diagnosis and missed opportunities to initiate treatment, counseling, care, and other supportive services. Consent laws requiring a parent or caregiver's consent to HIV testing can also complicate access to testing and treatment for adolescents in particular. It's important to know the laws in your country and to be able to inform learners about whether or not they need parental or a caregiver's consent to get tested and where they can get tested.
  - Explain that Antiretroviral therapy, known as "ART" is now available in many settings and consists of the combination of at least three antiretroviral (ARV) drugs to suppress the HIV virus and stop the progression of HIV disease. ART has resulted in tremendous reductions in rates of death and suffering, particularly in early stages of the disease.
4. Distribute the quiz and ask teachers to take a few minutes to respond to the questions.
  5. Once everyone has completed the quiz, review the answers with the whole group.
  6. Ask teachers the following questions:
    - ✓ Was it helpful to review information about HIV counseling, testing, and treatment? How familiar were you with HIV testing, counseling, and ART?
    - ✓ Why do you think it is important for young people to know their HIV status?
    - ✓ What information about services would you need to seek out and be able to provide learners upon discussing HIV testing, counseling, and ART?



## Activity 7: HIV Counseling, Testing, and Treatment

### INSTRUCTIONS (CONTINUED)

7. Conclude by noting that it is critical for young people to know why getting tested for HIV is important, whether you test positive or negative, and to be able to get tested and access services. If positive, early knowledge of status can enable getting treatment needed to fight HIV and stay healthy. In addition, by being on effective HIV treatment, this also significantly reduces the likelihood of transmission to a sexual partner. Meanwhile, if negative, it's helpful to know this in order to be sure to take measures to stay negative such as by abstaining from sex; if sexually active, using a condom correctly every time you have sex; if sexually active with more than one person, reducing the number of sexual partners; if uncircumcised, considering voluntary medical male circumcision; and not sharing needles or cutting instruments.



## Leader's Resource Quiz on HIV Counseling, Testing, and Treatment

Match the statements in Column A to the words in Column B.

COLUMN A	COLUMN B
1. The test for HIV looks for these	A. Antiretroviral drugs (ARVs)
2. These require a parent or caregiver's consent to HIV testing and can also complicate access to testing and treatment for adolescents in particular	B. Post-test counseling
3. The 2–3 month period after infection when it can be too early for antibodies to have formed	C. Window period
4. It's the only way to really know if you are infected with HIV	D. Antiretroviral Therapy (ART)
5. This consists of the combination of at least three antiretroviral drugs	E. Parental consent laws
6. Are less likely than adults to be tested for HIV and therefore less likely to be linked to services	F. Antibodies
7. This includes counseling to provide the test result and ensure understanding of the result as well as opportunity to talk it through and make immediate plans to access treatment, care, and support	G. White blood cells
8. These produce antibodies	H. Young people
9. These drugs suppress the HIV virus and stop the progression of HIV disease	I. HIV Testing and Counselling (HTC)

1 \_\_\_\_

2 \_\_\_\_

3 \_\_\_\_

4 \_\_\_\_

5 \_\_\_\_

6 \_\_\_\_

7 \_\_\_\_

8 \_\_\_\_

9 \_\_\_\_



# Leader’s Resource Quiz on HIV Counseling, Testing, and Treatment

COLUMN A	COLUMN B	
1. The test for HIV looks for these	A. Antiretroviral drugs (ARVs)	1 <u>F</u>
2. These require a parent or caregiver's consent to HIV testing and can also complicate access to testing and treatment for adolescents in particular	B. Post-test counseling	2 <u>E</u>
3. The 2–3 month period after infection when it can be too early for antibodies to have formed	C. Window period	3 <u>C</u>
4. It’s the only way to really know if you are infected with HIV	D. Antiretroviral Therapy (ART)	4 <u>I</u>
5. This consists of the combination of at least three antiretroviral drugs	E. Parental consent laws	5 <u>D</u>
6. Are less likely than adults to be tested for HIV and therefore less likely to be linked to services	F. Antibodies	6 <u>H</u>
7. This includes counseling to provide the test result and ensure understanding of the result as well as opportunity to talk it through and make immediate plans to access treatment, care, and support	G. White blood cells	7 <u>B</u>
8. These produce antibodies	H. Young people	8 <u>G</u>
9. These drugs suppress the HIV virus and stop the progression of HIV disease	I. HIV Testing and Counselling (HTC)	9 <u>A</u>



## Activity 8: Supporting People Affected by and Living with HIV or AIDS



### TOTAL TIME REQUIRED

45 minutes



### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers



### RESOURCES NEEDED

- ✓ Two copies of I'd Rather Stay Away – Role-Play Script Handout



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Define stigma and discrimination and how these can affect people in one's community.
2. Show how one can express empathy towards people who are living with or affected by HIV or AIDS.

### INSTRUCTIONS

1. Explain that the next activity will focus on defining stigma and discrimination, how these can affect people living with or affected by HIV and AIDS, and how we can show support for those of us living with or affected by HIV or AIDS.
2. Note that it may be very likely that some of the teachers' learners are going to be living with HIV and know that they have HIV while others may have lost a parent or loved one to AIDS. Therefore, it is important for teachers to be extra sensitive to how learners might receive the lesson and the possible need to adjust it accordingly. It is also important to have information handy to provide learners about HIV counseling and testing.
3. Say that, "There are many people here and all over the world who are living with HIV or AIDS and who are stigmatized and treated with hate, mistrust, and rejection by others. Those of us living with HIV or affected by HIV and AIDS can also experience discrimination."
5. Ask teachers to share thoughts on what "stigma" means and jot these down on a flip chart. Then ask teachers to share thoughts on what discrimination means and also jot these down on a flip chart. Summarize a definition for stigma (a mark of disgrace associated with a particular circumstance, quality, or person). Summarize a definition of discrimination (the unjust treatment of different categories of people or things usually based on things like race, age, or gender).
6. Next, ask for two volunteers to act out a role-play that will help teachers understand how a person who has lost a parent to AIDS might feel and what support might be provided. Give the two volunteers the script I'd Rather Stay Away and let them assign roles and then read the role-play to the group.
7. After the volunteers have completed reading the role-play, thank them and have them return to their seats. Then have teachers find a partner to work with and ask them to imagine that they are in Peter's place and to describe how they would feel and what they would need if:
  - They lost their mother or father
  - They were living with HIV
  - Their friends stayed away from them because they were living with HIV



## Activity 8: Supporting People Affected by and Living with HIV or AIDS

### INSTRUCTIONS (CONTINUED)

8. Give teachers 5 minutes to have this conversation in pairs.
9. Call time and ask the pairs to share some of the key points they discussed.
10. Write their responses on the flip chart in four different sections as they share their points, as follows:
  1. Feelings if you were in Peter's position...
  2. Needs if you were in Peter's position...
  3. How you would want others to treat you if you were in Peter's position...
  4. What you would say to friends who were staying away from you due to HIV/AIDS...
11. Then, have teachers get back into their pairs and role-play the final scene between Martin and Fatima, incorporating things they could do to support Peter from the large group discussion. Make sure to mention that keeping someone's HIV status confidential—meaning you don't tell anyone else without that person's permission—is a way to show support.
12. Ask teachers the following questions:
  - ✓ How did it feel doing the role-play?
  - ✓ What did you say or do that was different from the original role-play?
  - ✓ Why did you make these changes and why do you think they were important?
  - ✓ How can this help you work with learners to better support people living with HIV or AIDS?
13. Conclude by saying: "People might avoid a person living with HIV or AIDS once they find out that they are positive. They also might reject children who have lost a parent to AIDS. But those of us living with or affected by HIV or AIDS need acceptance, understanding, and love. Learners need to know about the support that a person needs when they have HIV or when they have lost a parent or loved one to AIDS and how to provide that support."



## I'd Rather Stay Away – Role-Play Script Handout

I'd Rather Stay Away – Role-Play Script:

Fatima and Martin are 12 years old. They are friends and in the same class. Peter is also in their class. The three of them get along well and sometimes meet after school to go for a walk. But a few days ago, Peter suddenly left school. Fatima and Martin wonder why.

**Fatima:** I really don't understand why Peter dropped out of school! I wonder what's wrong. I haven't seen him since last week, and I don't even know where he lives.

**Martin:** I was wondering myself...he said he enjoyed coming to school. He didn't say a word, did he?—I mean about leaving...it's not very kind on his part!

**Fatima:** Have you heard nothing about him?

**Martin:** Well, actually my mother mentioned something, but it's hard to believe.

**Fatima:** What do you know? Come on, tell me the whole story!

**Martin:** I don't know if it's true, but my mother said that his mother died.

**Fatima:** Ah...I'm sorry...can you imagine how he must be feeling about that?

**Martin:** It's hard. I can't even think of it. He must be feeling very lonely. No one can fill the love of one's mother.

**Fatima:** But his mother was quite young, wasn't she? Was she ill?

**Martin:** According to what my mother was told, she died of AIDS, and Peter might be living with HIV.

**Fatima:** He lost his mother, and he is living with HIV! It can't be true. I'm really concerned about him. He's only 12...I can't believe it.

**Martin:** My mother told me to stay away from him. I really don't know what to do...perhaps we should avoid him! We might catch the disease.

**Fatima:** Hmm...we learned that HIV and AIDS can't spread by meeting with infected people. I think he needs our support. After all, he is our friend.

**Martin:** Maybe you're right. How can we support him?

**Fatima:** Without his mother I am sure he will need help in the house. I also remember my father saying a way to support a person affected by HIV or AIDS is to continue the friendship—spend some time with the person so that they can share feelings and get support. Imagine how we would feel if you or I lost our mother and people were avoiding us.

**Martin:** Yes, I would feel scared and lonely. Let's not waste time...let's go find him and talk with him.

Fatima and Martin went to Peter's place. They talked, played football, and made dinner. Peter was happy to have friends like Martin and Fatima.



## Activity 9: Gender: Act Like a Man, Act Like a Lady

### TOTAL TIME REQUIRED

1 hour

### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Tape

### RESOURCES NEEDED

- ✓ Frequently Asked Questions and Answers About Gender Equality Handout

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify common gender norms faced by the boys/men and girls/women in their communities.
2. Describe how some of these gender norms can negatively affect the sexual behavior of learners.
3. Acknowledge the importance of being aware of one's gender biases and not allowing these to influence the delivery of sexuality education.

### INSTRUCTIONS

1. Explain that the purpose of this session is to increase awareness about gender norms and how these can impact the health and well-being of learners.
2. Let teachers know that we're going to start off by taking some time to explore our experiences as it relates to gender norms and how we feel about them.
3. Ask if anyone has ever been told to "act like a man," or something similar about how they should think, feel, act as a boy/man. Ask for volunteers to share some experiences and how this made them feel. Then ask them and the broader group why they think these things are said.
4. Now ask if anyone in the room has ever been told to "act like a lady," or something similar about how they should think, feel, act as a girl/woman. Ask for volunteers to share some such experiences and how this made them feel. Then ask them and the broader group why they think these things are said.
5. Next, in large letters, print on the top of a sheet of flip chart paper the phrase "Act Like a Man" and draw a large "box" around the perimeter of the flip chart paper. Ask participants what boys/men are told in their community about how they should think, feel, or behave. Write these on the flip chart paper.
6. When the group has no more to add to the list, facilitate a discussion with the questions listed below.
  - Which of these messages can be potentially harmful? Why?
  - How does living within the box impact/limit a boy's/man's health and the health of others, especially in relation to sexual and reproductive health?
  - How do these male gender norms affect women?
  - What happens to boys/men who try not to follow the gender rules? How are they treated?
7. Next, in large letters, print on the top of a sheet of flip chart paper the phrase "Act Like a Lady/Woman" and draw a large "box" around the perimeter of the flip chart paper. Ask participants what girls/women are told in their community about how they should think, feel, or behave. Write these on the flip chart paper.



## Activity 9: Gender: Act Like a Man, Act Like a Lady

### INSTRUCTIONS (CONTINUED)

8. When the group has no more to add to the list, facilitate a discussion with the questions listed below.

- Which of these messages can be potentially harmful? Why?
- How does living within the box impact/limit a girl's/woman's health and the health of others, especially in relation to sexual and reproductive health?
- How do these female gender norms affect men?
- What happens to girls/women who try not to follow the gender rules? How are they treated?

9. Ask participants:

- ✓ What was it like to think about gender norms in this way?
- ✓ What did you notice about characteristics that were in or out of the box?
- ✓ What conclusions can you draw about gender norms and how they might impact sexual behaviors? How they might impact your own teaching of sexuality issues to learners?
- ✓ Why do you think it is important for learners to explore gender norms as part of sexuality education? What can you do to minimize the influence of your own gender biases in teaching sexuality education?

10. Distribute the Frequently Asked Question and Answers About Gender Equality handout for teachers to have as a reference.

11. Conclude by noting that gender norms exist across cultures and greatly influence what is considered acceptable behavior for men and women in society, including behaviors that impact sexual health. Addressing gender norms constitutes part of sexuality education because of the influence these have on behaviors, including sexual risk behaviors. Further, teaching sexuality education free from gender biases is critical so as not to inadvertently reinforce harmful gender norms.



## Frequently Asked Questions and Answers About Gender Equality Handout

By UNFPA

### **What is meant by gender?**

The term gender refers to the economic, social, and cultural attributes and opportunities associated with being male or female. In most societies, being a man or a woman is not simply a matter of different biological and physical characteristics. Men and women face different expectations about how they should dress, behave, or work. Relations between men and women, whether in the family, the workplace, or the public sphere, also reflect understandings of the talents, characteristics, and behaviour appropriate to women and to men. Gender thus differs from sex in that it is social and cultural in nature rather than biological. Gender attributes and characteristics, encompassing, inter alia, the roles that men and women play and the expectations placed upon them, vary widely among societies and change over time. But the fact that gender attributes are socially constructed means that they are also amenable to change in ways that can make a society more just and equitable.

### **What is the difference between gender equity, gender equality and women's empowerment?**

Gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. Gender equality requires equal enjoyment by women and men of socially-valued goods, opportunities, resources, and rewards. Where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. Gender equality does not mean that men and women become the same; only that access to opportunities and life changes is neither dependent on, nor constrained by, their sex. Achieving gender equality requires women's empowerment to ensure that decision-making at private and public levels, and access to resources are no longer weighted in men's favour, so that both women and men can fully participate as equal partners in productive and reproductive life.

### **Why is it important to take gender concerns into account in programme design and implementation?**

Taking gender concerns into account when designing and implementing population and development programmes therefore is important for two reasons. First, there are differences between the roles of men and women, differences that demand different approaches. Second, there is systemic inequality between men and women. Universally, there are clear patterns of women's inferior access to resources and opportunities. Moreover, women are systematically under-represented in decision-making processes that shape their societies and their own lives. This pattern of inequality is a constraint to the progress of any society because it limits the opportunities of one-half of its population. When women are constrained from reaching their full potential, that potential is lost to society as a whole. Programme design and implementation should endeavour to address either or both of these factors.



## Frequently Asked Questions and Answers About Gender Equality Handout

### What is gender mainstreaming?

Gender mainstreaming is a strategy for integrating gender concerns in the analysis, formulation, and monitoring of policies, programmes, and projects. It is therefore a means to an end, not an end in itself; a process, not a goal. The purpose of gender mainstreaming is to promote gender equality and the empowerment of women in population and development activities. This requires addressing both the condition, as well as the position, of women and men in society. Gender mainstreaming therefore aims to strengthen the legitimacy of gender equality values by addressing known gender disparities and gaps in such areas as the division of labour between men and women; access to and control over resources; access to services, information and opportunities; and distribution of power and decision-making. UNFPA has adopted the mainstreaming of gender concerns into all population and development activities as the primary means of achieving the commitments on gender equality, equity, and empowerment of women stemming from the International Conference on Population and Development.

Gender mainstreaming, as a strategy, does not preclude interventions that focus only on women or only on men. In some instances, the gender analysis that precedes programme design and development reveals severe inequalities that call for an initial strategy of sex-specific interventions. However, such sex-specific interventions should still aim to reduce identified gender disparities by focusing on equality or inequity as the objective rather than on men or women as a target group. In such a context, sex-specific interventions are still important aspects of a gender mainstreaming strategy. When implemented correctly, they should not contribute to a marginalization of men in such a critical area as access to reproductive and sexual health services. Nor should they contribute to the evaporation of gains or advances already secured by women. Rather, they should consolidate such gains that are central building blocks towards gender equality.

### Why is gender equality important?

Gender equality is intrinsically linked to sustainable development and is vital to the realization of human rights for all. The overall objective of gender equality is a society in which women and men enjoy the same opportunities, rights, and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home.

Within the context of population and development programmes, gender equality is critical because it will enable women and men to make decisions that impact more positively on their own sexual and reproductive health as well as that of their spouses and families. Decision-making with regard to such issues as age at marriage, timing of births, use of contraception, and recourse to harmful practices (such as female genital cutting) stands to be improved with the achievement of gender equality.



## Frequently Asked Questions and Answers About Gender Equality Handout

However it is important to acknowledge that where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. This would enable them to make decisions and take actions to achieve and maintain their own reproductive and sexual health. Gender equality and women's empowerment do not mean that men and women become the same; only that access to opportunities and life changes is neither dependent on, nor constrained by, their sex.

### **Is gender equality a concern for men?**

The achievement of gender equality implies changes for both men and women. More equitable relationships will need to be based on a redefinition of the rights and responsibilities of women and men in all spheres of life, including the family, the workplace, and the society at large. It is therefore crucial not to overlook gender as an aspect of men's social identity. This fact is, indeed, often overlooked, because the tendency is to consider male characteristics and attributes as the norm, and those of women as a variation of the norm.

But the lives of men are just as strongly influenced by gender as those of women. Societal norms and conceptions of masculinity and expectations of men as leaders, husbands or sons create demands on men and shape their behaviour. Men are too often expected to concentrate on the material needs of their families, rather than on the nurturing and caring roles assigned to women. Socialization in the family and later in schools promotes risk-taking behaviour among young men, and this is often reinforced through peer pressure and media stereotypes. So the lifestyles that men's roles demand often result in their being more exposed to greater risks of morbidity and mortality than women. These risks include ones relating to accidents, violence, and alcohol consumption.

Men also have the right to assume a more nurturing role, and opportunities for them to do so should be promoted. Equally, however, men have responsibilities in regard to child health and to their own and their partners' sexual and reproductive health. Addressing these rights and responsibilities entails recognizing men's specific health problems, as well as their needs and the conditions that shape them. The adoption of a gender perspective is an important first step; it reveals that there are disadvantages and costs to men accruing from patterns of gender difference. It also underscores that gender equality is concerned not only with the roles, responsibilities and needs of women and men, but also with the interrelationships between them.



## Activity 10: Harmful Traditional Practices: Female Genital Cutting/Mutilation



### TOTAL TIME REQUIRED

45 minutes



### MATERIALS NEEDED

✓ None



### RESOURCES NEEDED

✓ Leader's Resource on Harmful Traditional Practices, Female Genital Cutting/Mutilation (FGC/M)



### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Explore types of traditional harmful practices and define female genital cutting/mutilation and its consequences.

### INSTRUCTIONS

1. Explain that the purpose of this session is to discuss a harmful traditional practice known as female genital cutting/mutilation and its consequences.
2. Ask teachers what they understand by the phrase harmful traditional practices.
3. Once you have heard several responses, note that all over the world, violence and discrimination against women and girls violates their human rights and severely compromises young people's sexual and reproductive health. Explain that while all violations of women's and girls' rights may be described as harmful practices, there are some practices that stem from tradition, culture, or religion. These are known as harmful traditional practices and include female genital cutting/mutilation, femicide, child marriage, honor killings, among others.
4. Explain that female genital cutting/mutilation is the partial or total removal of the external genitalia of women and girls. Note that it is an age-old practice. It is most prevalent in parts of West, East, and Northeast Africa, though also practiced in Asia and the Middle East. In many countries, it forms a part of the rites of passage, marking the coming of age of the girl child. Reasons behind the practice include the belief that it will control a girl's sexuality and ensure a woman's virginity before marriage and fidelity thereafter.
5. Say that you will read several sentences on female genital cutting/mutilation. Some of these sentences are false and others are true. You will be asked to stand up if you think it is true or sit if you think this is false. If you are not sure—that's okay—this is why we are doing this activity together, to learn and to be able to teach others.
6. Using the Leader's Resource on Harmful Traditional Practices, Female Genital Cutting/Mutilation (FGC/M), read the statements one by one and ask teachers to stand up if they think it is true and to sit down if they think it is false. If there are teachers who choose correctly, ask for a volunteer or two to say why they selected what they did. Then, confirm whether it is true or false and complete their explanations with those noted below:



## Activity 10: Harmful Traditional Practices: Female Genital Cutting/Mutilation

### INSTRUCTIONS (CONTINUED)

7. Ask participants:

- ✓ How did it feel to discuss harmful traditional practices and FGC/M?
- ✓ Were there any surprises as to what was true or false?
- ✓ Why is it important to know what FGC/M is and its consequences?

8. Conclude by noting that FGC/M is a harmful traditional practice that has long existed. In many communities, it's hard to give up such practices, but the risks that girls and women face are increasingly understood and are considered a human rights violation.



## Leader's Resource on Harmful Traditional Practices, Female Genital Cutting/Mutilation (FGC/M)

1. FGC/M is a traditional practice that has been practiced for generations.

**True.** Among some, FGC/M existed even before the emergence of religions.

2. FGC/M is practiced in Tanzania, Kenya, Uganda, Ethiopia, and South Sudan.

**True.** These are the countries within the East and Southern Africa region where FGC/M is practiced.

3. The practice of excision is concentrated in 50 countries worldwide.

**False.** The practice of excision is concentrated in 29 African countries and the Middle East.

4. FGC/M is illegal in only a couple of countries in Africa.

**False.** Eighteen countries in Africa—Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Mauritania, Niger, Senegal, South Africa, Tanzania, and Togo—have enacted laws criminalizing FGC/M. The penalties range from a minimum of three months to a maximum of life in prison. Several countries also impose monetary fines.

5. Upon experiencing FGC/M, the possible consequences are pain, blood loss, possible infections, including HIV, injury to nearby organs, and even death.

**True.** FGC/M can result in serious complications, putting the health and life of the girl/woman at risk.

6. Once FGC/M is complete, there are no subsequent harmful consequences.

**False.** Additional consequences of FGC/M include lower abdominal pain, infertility, complications during childbirth, and increased newborn deaths.

7. FGC/M contributes to maintaining virginity and fidelity of women.

**False.** The behavior of a woman is not bound to a physical change in her genitals.

8. FGC/M is recognized internationally as a violation of the human rights of girls and women.

**True.** FGC/M constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.



## Activity 11: Drug Use and Sexual Risk

### TOTAL TIME REQUIRED

1 hour

### MATERIALS NEEDED

- ✓ A container
- ✓ Flip chart
- ✓ Markers
- ✓ Scissors

### RESOURCES NEEDED

- ✓ One copy of the Leader's Resource on Myths and Facts about Drugs and Their Use Statements (cut up into individual statements)
- ✓ One copy of the Leader's Resource on Myths and Facts about Drugs and Their Use Answers

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify health risks of using drugs, including risks to sexual health.

### INSTRUCTIONS

1. Explain that the purpose of this session is to increase awareness about drug use, its harmful effects, and its effects on sexual health.
2. Ask teachers what substances people put in their bodies and jot these down on flip chart paper. Responses should include drugs, alcohol, tobacco, medicines, steroids, and so on.
3. Point out that some substances, such as vitamins and medications, have positive effects on health when used as prescribed, but can be harmful if abused.
4. Drug use can be problematic for young people's sexual and reproductive health as substances can cloud decision-making and enhance feelings of invincibility, which can lead to risky sexual behaviors. Sharing needles to consume drugs also puts young people at risk of HIV and other serious infections and disease.
5. Split teachers into two teams and explain that we will be playing a game to test knowledge about drugs. Ask each team to come together at opposite sides of the room and to pick a team name.
6. Explain that each team will take turns drawing a statement about drugs from a container (you may want to pick the statements most relevant to the local context and/or add others to address prevalent myths and commonly used drugs in your country). Some of the statements are true and others are false. After reading the statement, the team member should consult with the entire team on the best answer and provide their answer. Teams get a point for each correct answer and an extra point for sharing accurate supporting information.
7. After teams are named, have a member from one team draw a statement, read it out loud and then confer with team members for an answer. If the answer is correct, give the team a point. Additional information about why the statement is a myth or a fact gets an additional point.
8. When teams do not know the correct answer, provide additional information from the Leader's Resource on Myths and Facts about Drugs and Their Use Answers.



## Activity 11: Drug Use and Sexual Risk

### INSTRUCTIONS (CONTINUED)

9. Ask members of the other team to draw a statement and repeat the process. Alternate statements until there are no more.
10. Keep the activity moving—do not allow too much time for answers but encourage some discussion of the statements.
11. Ask participants:
  - ✓ What was it like to test your knowledge about drugs in this way?
  - ✓ What did you notice about the facts and myths—which statements were more difficult to identify as a fact or myth?
  - ✓ Which myths or facts can impact the health of learners? How can these impact sexual decision-making?
  - ✓ Why do you think it is important for learners to know about drugs? How might you use this activity with learners and does drug use impact you as a teacher?
12. Conclude by noting that it's important for learners to know about drugs so that they can better understand how drug use can cause harm and affect decision-making abilities that can put them at greater risk of violence, unintended pregnancy, and STIs.



## Leader's Resource on Myths and Facts about Drugs and Their Use Statements

1. Alcohol is an addictive substance, not a drug.	2. Coffee, tea, and many sodas contain drugs.
3. Cigarette smoking can be addictive.	4. Inhalants are basically harmless.
5. A cup of coffee and a cold shower can make you sober.	6. Alcohol affects some people more than others.
7. Using un-prescribed steroids is not that dangerous.	8. Alcohol is a sexual stimulant.
9. Anyone using oral contraceptives (the birth control pill) has to be careful about taking prescription medication.	10. When people stop smoking cigarettes, they can reverse some of the damage to the body.
11. Cigarette smoking will hurt a pregnant woman but not hurt her baby.	12. Drinking only beer will prevent problems with alcohol.
13. Alcoholism tends to run in families.	14. Smoking cigarettes every now and then is not harmful.
15. Marijuana is not harmful.	16. Cocaine is addictive
17. Larger amounts of alcohol help women to achieve orgasm.	18. In men, long-term abuse of alcohol may cause enlarged testicles.
19. Women become more sexually aroused with increasing amounts of alcohol.	20. Alcohol gives you energy.
21. The use of alcohol and drugs may place a person at risk for sexual violence.	22. Young people who use drugs and alcohol are less likely to use condoms.
23. Young people's decisions are not impacted while under the influence of drugs or alcohol.	24. Marijuana is not harmful.
25. Driving after using marijuana is much safer than driving after drinking.	26. The only drugs that increase the risk of HIV infection are those that are injected with a needle and syringe



## Leader's Resource on Myths and Facts about Drugs and Their Use Answers

1. Alcohol is an addictive substance, not a drug.

**Myth.** Alcohol is a drug as is any substance that affects the mind or body.

2. Coffee, tea, and many sodas contain drugs.

**Fact.** Coffee, tea, and many sodas and diet sodas contain caffeine, which is a stimulant. Caffeine is addictive; headaches are a common sign of withdrawal.

3. Cigarette smoking can be addictive.

**Fact.** Nicotine is an addictive substance found in cigarettes and therefore cigarette smoking is a very difficult habit to break.

4. Inhalants are basically harmless.

**Myth.** Using inhalants such as gasoline, hairspray, cleaning fluids, glue, or polish remover can be extremely dangerous. Unlike most drugs, inhalants can cause permanent damage to organs like the liver, brain, or nervous system. They are also extremely flammable and can cause serious injury if matches are lit nearby.

5. A cup of coffee and a cold shower can make you sober.

**Myth.** Only time will cause a person to become sober. It takes one hour for the liver to process one-half ounce of pure alcohol.

6. Alcohol affects some people more than others.

**Fact.** Factors that influence how alcohol affects the individual include: body weight, amount of alcohol consumed, the presence of other drugs in the system, the general health of the individual at the time, and how recently she or he has eaten.

7. Using un-prescribed steroids is not only illegal, it is dangerous.

**Fact.** Steroids (synthetic male hormones) have very serious health consequences, such as liver disease, heart disease, sexual dysfunction, and mood swings leading to aggressive or depressive behavior. Sharing needles for steroid use can transmit HIV, the virus that causes HIV.

8. Alcohol is a sexual stimulant.

**Myth.** Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as lack of erection, loss of sexual feeling, or inability to have an orgasm. In addition, alcohol or drugs may cause a person to do something sexually that he or she would not do while not under the influence of alcohol or drugs, such as having sex when they really don't want to or forcing someone to have sex.

9. Anyone using oral contraceptives (the birth control pill) has to be careful about taking prescription medication.

**Fact.** Girls and women who are using oral contraceptives to prevent pregnancy need to alert their doctor if they prescribe antibiotics as these may render oral contraceptives less effective in preventing pregnancy.



## Leader's Resource on Myths and Facts Answers

10. When people stop smoking cigarettes, they can reverse some of the damage to the body.

**Fact.** If there is no permanent heart or lung damage, the body begins to heal itself when a person stops smoking.

11. Cigarette smoking or using drugs will hurt a pregnant woman, but not her baby.

**Myth.** Smoking and drug use during pregnancy can affect how the baby's heart, lungs, and brain work and leads to premature birth and low-birth weight. It can also cause lifelong learning, emotional, and physical problems for the child.

12. Drinking only beer will prevent problems with alcohol.

**Myth.** Ethyl alcohol affects drinkers, and ethyl alcohol is present in beer, as well as in wine and liquor.

13. Alcoholism tends to run in families.

**Fact.** Children of alcoholics are much more likely to be alcoholics than children of non-alcoholic parents. Some theories state that alcoholics have a different chemical make up that might be passed from one generation to the next.

14. Smoking cigarettes every now and then is not harmful.

**Myth.** As soon as people start smoking, they experience yellow staining of teeth, bad breath, and a shortness of breath that may affect their physical performance. Addiction to nicotine is quick. People who smoke for any period of time have a greater risk of lung cancer and other lung diseases, cancer of the tongue and throat, and heart diseases.

15. Marijuana is not harmful.

**Myth.** Although research is ongoing, many experts believe that long-term use of marijuana is potentially dangerous and may lead to: a decrease in motivation, memory loss, damage to coordination, impaired judgment, damage to the reproductive system, and throat and lung irritation.

16. Cocaine is addictive.

**Fact.** Cocaine is psychologically addictive. Crack cocaine is especially addictive, sometimes developing dependence after only a few uses.

17. Larger amounts of alcohol help women to achieve orgasm.

**Myth.** Alcohol is a depressant that actually slows down the nervous system and impairs reflexes and muscle coordination making it difficult to maintain sexual arousal for both men and women.

18. In men, long-term abuse of alcohol may cause enlarged testicles.

**Myth.** In men, chronic abuse of alcohol may cause shrinking of the testicles, as well as lower levels of testosterone, lower sperm count, and the inability to obtain or maintain an erection.

19. Women become more sexually aroused with increasing amounts of alcohol.

**Myth.** Alcohol is a depressant that slows down the nervous system and impairs reflexes and muscle coordination making it difficult to maintain sexual arousal for both men and women.



## Leader's Resource on Myths and Facts Answers

20. Alcohol gives you energy.

**Myth.** Alcohol is often thought of as a stimulant because it lowers inhibitions, which means you may take chances that you would otherwise not take. Alcohol actually acts as a depressant on your nervous system, though, slowing down your brain function.

21. The use of alcohol and drugs may place a person at risk for sexual violence.

**Fact.** Both drugs and alcohol can affect a person's ability to assess risk and can thereby put them at risk of sexual violence as they cannot consent to sexual activity.

22. Young people who use drugs and alcohol are less likely to use condoms.

**Fact.** Research indicates that the use of alcohol and drugs increases the likelihood of having unprotected sex.

23. Young people's decisions are not impacted while under the influence of drugs or alcohol.

**Myth.** Alcohol and drugs can impact how you assess and make choices, making it difficult to keep to decisions about sexual activity.

24. Marijuana is not harmful.

**Myth.** Although research is ongoing, many experts believe that long-term use of marijuana is potentially dangerous and may lead to: a decrease in motivation, memory loss, damage to coordination, impaired judgment, damage to the reproductive system, and throat and lung irritation.

25. Driving after using marijuana is much safer than driving after drinking.

**Myth.** Like alcohol, marijuana affects motor coordination, slows reflexes, and affects perception (the way we see and interpret events around us). Any of these changes increases the likelihood of an accident while driving.

26. The only drugs that increase the risk of HIV infection are those that are injected with a needle and syringe.

**Myth.** Sharing needles with other people increases a person's chances of getting infected with HIV. In addition, however, use of any drugs, including alcohol, increases the likelihood that a person will be uninhibited enough to take sexual risks, like having intercourse without a condom, or having sex with several partners. Unprotected intercourse always puts a person at risk of HIV infection as well as unintended pregnancy.



## Activity 12: Communicating Assertively

### TOTAL TIME REQUIRED

1 hour

### MATERIALS NEEDED

- ✓ Flip chart
- ✓ Markers
- ✓ Pens/pencils
- ✓ Scrap paper

### RESOURCES NEEDED

- ✓ Communicating Assertively Handout
- ✓ One pre-written flip chart with the following questions:
  1. How will Alice feel?
  2. How will the two girls feel?
  3. What is the worst possible outcome?
- ✓ Pre-written flip charts each with one of the following at the top: Passive, Assertive, Aggressive

### LEARNING OBJECTIVES

By the end of this session, teachers will be able to:

1. Identify and compare passive, assertive, and aggressive responses and possible consequences to a situation.

### INSTRUCTIONS

1. Explain that the purpose of this session is to learn the difference between assertive, aggressive, and passive behavior.
2. Explain that when we teach learners to be assertive, we need to also teach them to assess situations and to consider their personal safety. In some situations, speaking up and communicating assertively can be dangerous (if someone has a weapon, has been drinking or taking drugs, is extremely angry, and so on).
  - Keep in mind that communicating assertively, especially for young people and young women in particular, is often not considered the norm. You are not suggesting to teachers that they encourage learners to behave in a way that could have unpleasant consequences for them in their cultural or family circles. It is important, however, that teachers help learners understand that there are certain situations in which assertive behavior will often yield positive results. (Examples include resisting pressure from romantic partners or peers to have unwanted sex, engaging in an activity that could put a young person at risk of violence, using drugs, or doing poorly in school).
3. Tell teachers that one way to make communication more effective is to choose the appropriate kind of communication in difficult situations. Read the following scenario aloud:

*Alice has been standing in line for over two hours to buy a concert ticket. The rule is, one person, one ticket. Her feet are hurting and she knows she is in trouble with her mom, who expected her home by now. But there are only five people left in front of her and she is sure she will get a ticket. Out of nowhere, two girls from school walk up and join their friend who just happens to be standing in front of Alice, taking places in line in front of her.*

4. Ask teachers to write one sentence describing what Alice should do in this situation.



## Activity 12: Communicating Assertively

### INSTRUCTIONS (CONTINUED)

Allow about 3 minutes, then ask participants to form three groups based on the following criteria, indicating a different area in the room for each group:

**Group 1:** All who wrote that she should stand there but not say anything

**Group 2:** All who wrote that she should raise her voice and threaten them if they did not go to the end of the line

**Group 3:** All who wrote that she should speak up and tell them to go to the back of the line

5. Once the three groups have formed, ask each group to take 5 minutes to discuss the questions you have posted on the flip chart.

- How would Alice feel after making the response you chose?
- How do you think the two girls who got in line will feel if Alice responds like you?
- What is the worst thing that could happen if Alice were to give the same response you did? *(Note: If there is only one person standing in either position, join that person to form a group and discuss the questions with her or him.)*

6. Call time and ask for one participant from each group to share group responses to the questions. Record the major points on the three pre-written flip chart papers titled “assertive,” “aggressive,” and “passive,” asking teachers where each response should be placed.

7. Review Alice’s choices for action one more time and illustrate why assertiveness is usually the best choice in a situation like this.

8. Conclude by reviewing definitions of the different kind of responses:

**Passive Response:** Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be addressed. A passive response is not usually in your best interest, because it allows other people to violate your rights. Yet there are times when being passive is the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.



## Activity 12: Communicating Assertively

### INSTRUCTIONS (CONTINUED)

**Aggressive Response:** Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s). An aggressive response is never in your best interest, because it almost always leads to increased conflict.

**Assertive Response:** Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's rights or put the individual down. An assertive response is almost always in your best interest, since it is your best chance of getting what you want without offending the other person(s). At times, however, being assertive can be inappropriate. If tempers are high, if people have been using alcohol or other drugs, if people have weapons, or if you are in an unsafe place, being assertive may not be the safest choice.

9. Ask participants:

- ✓ How did it feel to decide what you think Alice should do?
- ✓ Was there anything surprising to you as everyone chose their responses and discussed possible consequences?
- ✓ What are some things you would consider when deciding how to react to a situation?
- ✓ How might you approach situations like this in the future?
- ✓ How could you use an exercise like this in your class?

10. Conclude by noting that thinking critically about how to respond to difficult situations is an important life skill. Understanding the difference between assertive, passive, and aggressive communication and the potential harmful outcomes or benefits to these can help equip learners with the skills they need to foster their own self-respect and confidence while also minimizing sexual risk.



## Communicating Assertively Handout: Definitions of Passive, Aggressive, and Assertive Responses

**Passive Response:** Behaving passively means not expressing your own needs and feelings, or expressing them so weakly that they will not be addressed. A passive response is not usually in your best interest, because it allows other people to violate your rights. Yet there are times when being passive is the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

**Aggressive Response:** Behaving aggressively is asking for what you want or saying how you feel in a threatening, sarcastic, or humiliating way that may offend the other person(s). An aggressive response is never in your best interest, because it almost always leads to increased conflict

**Assertive Response:** Behaving assertively means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's rights or put the individual down. An assertive response is almost always in your best interest, since it is your best chance of getting what you want without offending the other person(s). At times, however, being assertive can be inappropriate. If tempers are high, if people have been using alcohol or other drugs, if people have weapons, or if you are in an unsafe place, being assertive may not be the safest choice.



