

THE DEAF PEERS' HEALTH MANUAL

'A FACILITATOR'S GUIDE'



**A Training Manual With Participatory Activities
For Deaf Peers' Basic Understanding Of
Sexual Health**

2nd Edition



A collaborative effort of
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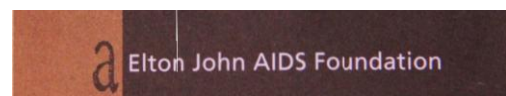
This Manual is distributed freely to the community to promote peer education work on sexual health issues.

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Prologue

The purpose of the first edition of this manual was to provide the Deaf youth and adults, teachers, parents and guardians with a tool for addressing basic health awareness within an independent framework, utilizing optimal communication. In this 2nd edition, the purpose is still similar, only that we have opted to create a guide specifically for facilitators: teachers, parents, and guardians of the Deaf children and youth. This resulted from realizing – through monitoring over the years – that the Deaf youth were not able to individually use the 1st edition without support from facilitators. We shall be making a simpler guide for the Deaf youth to use with minimal support from facilitators.

In this 2nd edition, we have tried to incorporate emergent issues that have come up over the years, as well as issues we may have not covered that form part of sexual health and rights awareness. We have also included more participatory/interactive activities to aid facilitators in addressing the topics in a more participatory manner using Sign Language.

The Guide is designed to blend with school curriculum/co-curriculum activities, and can be used in other settings, such as seminars and workshops, and to tackle a particular subject. It need not be followed systematically to the end: the contents may be used in any way befitting the participants. The Guide is appropriate for varied ages, communities, cultures, religions, and literacy levels; it has not intentionally ignored any group. We do not mean to be offensive in any way, but to bring our readers information that is as accurate as possible.

In case of any concerns, comments and/or suggestions, please contact us.

Odwesso Jakki
Founder – Sahaya Deaf Kenya

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The production of this Guide would not have been possible were it not for the combined efforts of individuals and institutions that gave of their time and funds.

Gilead Sciences Inc - USA without whose support this 2nd edition would not have materialized.

Elton John AIDS Foundation whose support towards administrative costs gave us the means and a place to work, and whose previous funding of deaf women empowerment and support services enabled us to use the manual, and undertake its review.

Schools for the Deaf with whom we work - under the 'New Partners Initiative' funded by USAID in partnership with GRACE Africa towards health and rights awareness programs - whose usage of the Guide enabled us to make necessary changes.

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We acknowledge the use of internet sites where we got pictures of STIs specifically.

And to all others who have strengthened our determination and dedication to see the manual to fruition, we say "*Asanteni Sana!*".

Use Of Manual

- This is a FACILITATOR'S GUIDE.
- It must be clear that using this manual entails NOT TEACHING the children, but GUIDING them through the activities that enhance their awareness of different issues.
- It needs to be clear that although any community can use this manual, the Deaf community's mode of communication is SIGN LANGUAGE.
- When using this manual a facilitator must ensure he/she has writing materials for his/her use, and for the deaf peers use in group work.
- This manual is unique in that it contains interactive/participatory-based activities – ANALOGIES - with steps to be carried out on each given topic.
- The facilitator needs to grasp the concept of interactive learning before embarking on these activities.
- The manual is designed for ages 12 and older and addresses topics applicable to both youth and adults. Thus, the facilitator needs to choose topic(s) relevant to the specific age group.
- The manual guides the facilitator on how to interactively involve participants and help them acquire knowledge and skills by following the given steps on topics being addressed.
- The facilitator, having grasped the concept of interactive learning, may at his or her discretion formulate other interactive activities to address topic(s) not in the manual but for which there is a need in the group.
- The illustrations are guides to designing the activities, sources of information, or teaching aids.
- Many of the illustrations can also be downloaded from our website (www.sahaya.org) to allow printing and use in the programs.
- More referencing needs to be done to ensure the facilitator have enough knowledge on topics to be addressed. Some references are readily available after each topic while other sources of information are also indicated.
- The activities can be carried out over a series of meetings, within several weeks' time to create a cohesive pattern of learning and development, or can be used at a 3 – 5 day workshop or seminar depending on the age group or topics being tackled.
- The manual allows for the replacement/improvisation of materials used as teaching aids if the ones mentioned are not available.
- Other varied methodologies, such as the use of resource persons, can be applied depending on the topic being addressed.

- The pre-workshop questionnaires need to be used to better assess the participants' levels of health awareness to guide what to teach; one is for the leader or administrator of a Deaf group or institution and the other is for the Deaf adult and/or youth.
- More Sign Language vocabulary is still needed; encourage the participants to be involved in the formulation of vocabulary.
- The facilitator should acknowledge if he or she is not aware of answer(s) to questions asked by participants. Encourage brainstorming among the participants and ask for help from other facilitators.
- **No question is stupid or not worth asking**
- Ask open-ended, probing and clarifying questions to encourage people to talk more fully.
- Put a box nearby so that people can write their questions anonymously.
- Focus the discussion and summarize so that people can see what they have covered and where to go next.
- If you use a picture, make sure that everyone can see it. Pass it around the group. Ask people to give the characters names and tell a story about them.
- If you are using a story, role-play or picture to start a discussion, use these questions:
 - *What is happening in the story or picture?*
 - *Does this happen to people like us?*
 - *What are the causes and consequences of the situation?*

Dealing with Difficult Behaviors

Talkative: Has something to say about everything; always volunteers to be group leader, answer questions, and offer suggestions. *Say, "I appreciate your comments but let's hear from some other people." Suggest further discussion outside of class, "In order to stay on schedule, let's discuss this further during break."*

Clueless: Seems to have no idea what is going on, misunderstands the question or topic. *Say, "Something I said must have led you off track. What I was trying to say is..."*

Rambling: Talks about things that do not relate to the topic. Differs from clueless because they know what is going on but prefers to follow their own agenda. *Say, "I don't understand. How does this relate to what we're talking about." Use the .car park'.*

Hostile: Acts and says things to challenge and argue. Questions the facilitator's knowledge. Do not become hostile as well. *Say, "I understand and appreciate your point of view. What do some of the rest of you think?" (Gives others opportunity to exert peer pressure.)*

Stubborn: Refuses to see anyone else's point of view. Is difficult to deal with in groups. *Say, "I appreciate your point of view, but for the sake of the activity/discussion, I'm going to insist that we move on. We can talk about this more."*

Silent: Seems attentive and alert but will not comment or answer questions; happy to listen. *Say, “I know you have some experience in this area. It would be helpful if you would share your thoughts with the group”.* Putting participants in small groups often encourages shy people to participate more.

Know-it-all: Views self as authority on every subject and knows more than the group and facilitator. Do not let your annoyance show. Acknowledge his/her contribution by saying, *“That’s one point of view. However, there are other ways of looking at it.”* Ask other participants for their opinions and move on.

Class clown: Makes a joke out of everything and tries to get attention. *Say, “We all enjoy a little fun. But right now, let’s get serious and concentrate on the topic.”*

Negative: Complains about everything and may frown, keep arms crossed, and look away. *Say, “I understand your point. What suggestions do you have to change the situation?”*

Indifferent: Makes no attempt to participate or contribute. May engage in activities separate from the group. (Often has been forced to attend). As for the silent type, *say, “I know you have some experience in this area. Please tell us about it.”*

Personality clashes: Some people in a group may not get along, and engage in verbal battles, directly or indirectly, with personal and hurtful remarks. Address personality clashes early by having ground rules or saying, *“I suggest that we keep personalities out of the discussion. Let’s get back to the topic.”*

Side conversations: Two or more learners have their own conversation while another learner or the facilitator is talking. Sometimes just walking over to the individuals will cause them to stop their conversation. If not, try saying, *“(persons’ names), we were just talking about. . . What are your thoughts?”*

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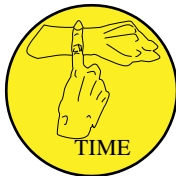
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Puberty



Physical and emotional self awareness



1 Hour

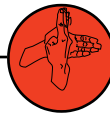


**Illustrations of male and female
body change, manila paper,
markers, masking tape.**



'Body Mapping'

- Let participants sit in a semi-circle.
- Introduce the topic; ask participants to state their understanding of the words 'adolescence' and 'puberty' and/or what the difference may be.
- Ask them to state, voluntarily, when they started noticing the changes in their bodies and how they felt.
- Let them know they need not be shy to talk about their bodies; thus in mixed groups of 6 boys and girls, hand out manila papers and markers, and let them draw the varied changes they know of for boys and girls on different manila papers. Give them 10 minutes.
- Each group is to mount their drawing; let them choose a group leader who will discuss their work to the rest of participants. Add on what may have been forgotten to what they have done.
- Reinforce the fact that each one's body changes are not the same; e.g. some are tall, others short; some have big bodies, others small bodies, some have pimples, some don't. Let them know this is normal because in general people are different, and acceptable.
- Now talk about emotional changes; ask them some of the situations or things they have done during their adolescent period. Cover the facts mentioned.
- Ask them what areas of these changes they need to monitor so as to avoid negative consequences; e.g. rudeness; one need not be rude to an adult as that can elicit punishment.
- Let participants know that these changes are normal and each one must go through them, except that they need to be aware, and adopt skills to ensure other people, especially family members, and authorities (e.g. in school), are not offended by their actions. These skills shall be addressed in-depth under 'personal skills'.
- Allow Q/A.
- Do a recap to ensure the topic is well understood.



Puberty is the time in which a child's sexual and physical characteristics mature. It occurs due to hormonal changes.

Adolescence is the period between puberty and adulthood, ages 13 – 19. The exact age a child enters puberty depends on genes, nutrition, and gender. The adolescent experiences not only physical growth and change, but also emotional, psychological, social, and mental change and growth.

Puberty in Girls

- Breast development is the main sign that a girl is entering puberty.
- The first menstrual period (menarche) follows within 2 years.

- An increase in height
- An increase in hips size
- Clear or whitish vaginal secretion
- Pubic, armpit, and leg hair growth
- Ovaries begin to increase production of estrogen and other female hormones.

Puberty In Boys

- Enlargement of both testicles
- Faster growth, especially height
- Hair growth under arms, face, and pubic area
- Increased shoulder width

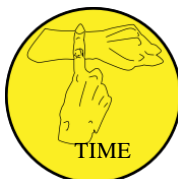
- Growth of the penis, scrotum, and testes
- Night time ejaculations ("wet dreams")
- Voice changes/breaks
- Testicles increase production of testosterone



Reproductive Organs



Understand the different parts of the reproductive organs and their functions. Understand the specific position(s) of the reproductive organs in the body



1 Hour

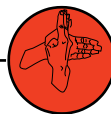


Illustrations of male and female reproductive organs, manila paper, markers, leaves, small pieces of sticks, or papers.



'Body Modeling'

- Gather participants in a semi-circle.
- Introduce the topic; let participants know that it is okay to talk about reproductive organs, and they need not feel shy or ashamed.
- Discuss what reproduction is and what it involves.
- Ask participants if they know what their reproductive organs look like. They need not answer.
- Let them know you wish for them to take part in an activity; divide them in groups of 6 – gender sensitive – and give each group a flip chart. If your group does not have flip charts, it's okay, give them chalks and assign them some space on the floor of the classroom. In fact the activity is more interesting done outside on the ground.
- Tell participants that they are to try modeling the male and female internal organs using materials they can find outside; papers, straws, stones, sticks, leaves etc. Tell them the idea is to gauge if they have an idea of how the organs look internally.
- Tell participants they are to choose 2 persons to draw the outer outline of both male and female organs Separately. Other 4 members are to go pick any material(s) they can find.
- Give participants 10 minutes to collect and model the organs; walk around encouraging, guiding, and asking simple questions such as 'is this the ovary?', to jog their minds.
- When participants are done, praise them for trying, and tell to keep the materials collected, as they are to use them again.
- Take the female reproductive organ illustration and mount it on a wall where participants can view it clearly. If there is no big illustration, put participants in groups, still facing you somehow, and distribute copies of illustrations to them.
- Discuss with participants the parts of the female organ, internally and externally.
- Take the male organ illustration and mount it, and discuss with participants both internal and external parts.
- Tell participants to go back to their previous work and try modeling the organs again. Tell them why this is important.
- Give participants time, and walk around the groups; encourage them to try getting it right, and enjoy while doing so.
- Give time for Q/A.
- Do a recap to ensure the topic is well understood.



Reproduction is process by which humans and animals multiply.

The reproductive system or genital system is a system of organs within an organism which work together for the purpose of reproduction.

The major organs of the human reproductive system include the **penis** for males, and **vagina** for females. Both penis and vagina have external and internal features.

Reproduction involves the process of sexual intercourse between the male and female, where fertilization takes place internal within the interior of the female organ.

Parts of the female reproductive organ (*See Appendix*)

Vagina - where sperms are deposited during sexual intercourse/passage to uterus/menstrual blood passage/childbirth passage

Vulva (*labia majora/labia minora*) - protects the vagina

Clitoris - body of spongy tissue that functions solely for sexual pleasure

Cervix - door of the uterus

Uterus - holds the developing fetus

Ovaries – production of the female's ova and the female sex hormones

Fallopian tubes - passage for ovum every month when released from the ovaries; it is also where fertilization of the ovum takes place, when the sperm swims to meet it after sexual intercourse.

Hymen - thin fold of mucous membrane that separates the lumen of the vagina from the urethral sinus. The hymen may tear during non-sexual activities such as exercise/sports or during intercourse.

Urethra - used for the passage of urine

Breasts - feeds the baby when born

Purposes of the female organ

- Secretes sex hormones
- Produces eggs (ova)
- Provides the route for the menstrual blood (menses) from the uterus, to leave the body.
- Receives a male's erect penis and semen during sexual intercourse.
- There is not always bleeding at first vaginal penetration. The blood that is sometimes, but not always, observed after first penetration can be due to tearing of the hymen, but it can also be from injury to nearby tissues.
- May hold forms of birth control, such as a diaphragm, or female condom.
- Protects and nourishes the fertilized egg until it is fully developed
- Pathway through a woman's body for the baby to take during childbirth.
- Delivers fetus through birth canal
- Provides nourishment to the baby through milk secreted by mammary glands in the breast

Parts of the male reproductive organ (*See Appendix*)

Scrotum - pocket that carries the testes

Testes - organs that produce the sperms and male sex hormones

Seminal vesicle - produces mucus which makes semen

Prostate gland - produces the milky substance that makes semen

Vas deferens - tube that removes sperms during sexual intercourse

Epididymis - sperm storage room

Urethra - urine and sperm passage

Purposes of the male reproductive organ

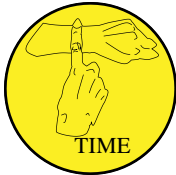
- Produce sperm that fertilize the ovum
- Passage for urine
- Transport sperm
- Produce and secrete male sex hormones



Menstruation



To enable participants to understand what menstruation is, how menstruation happens, what to do when menstruating.



1 Hour 30 Mins



Internal illustration of the female reproductive organ, manila papers, marker pen, masking tape, scissors.



'Egg-Dance'

- Get participants to sit in a semi-circle.
- Introduce the topic, and get the participants' feedback;
- Ensure you state factly what menstruation is, menstrual cycle, ovulation, problems experienced during menstruation, and care during menstruation.
- To understand the topic well, engage the students to participate in this activity.
- Get the 1st group of volunteers who are to act as 'menstruation'.
- You can either ask the students to move behind or go outside where there is space; draw a big enough shape of the internal female reproductive organ.
- ask for 5 volunteers: 2 volunteers are to act as the ovaries, standing at the appropriate spots on the drawing; one is to act as an ovum and thus to hold the 'ovary' volunteer's hand; 1 other is to act as the uterine wall and stand along the uterus wall drawing, and another volunteer to act as 'days'.
- Cut 2 manila papers labeled 'ovary', ovum, uterine wall, days and stick it on the volunteers.
- In the correct positions, the 'days' volunteer should pass around the drawing waving the card written day 14 when normally an ovum is released into the fallopian tube, and then sit down.
- 'Ovary' volunteers with the 'ovum' volunteer should then gently push the 'ovum' as a sign of releasing it into the fallopian tube. Make it interesting by making the 'ovary' wave 'bye' to the 'ovum', and the 'ovum' dancing its way majestically into the fallopian tube! In the meantime the other ovary is to pretend to be asleep as only one ovary can function at a given ovulation.
- 'Ovum' is to gently dance its way into the uterus, pretending as if waiting for something. Now pause the activity, and let participants know that the ovum is waiting for a sperm (in this case the person is engaging in unprotected sex).
- The 'ovum' is to look around for the sperm, and in the meantime, the 'uterine wall' is to look at the 'ovum' anticipating attachment (hug or handshake).
- Because there's no sperm, the 'ovum' cannot continue living in the uterus and will thus die by falling down.
- The 'uterine wall' will act disappointed because it knows it cannot stay on as well because it has no work. It will thus fall on its knees, and gently push the 'dead ovum' out with it – signifying menstruation.
- Ensure you liken the activity to the real situation for participants to understand.
- Another set of volunteers can enact the activity and make it even more interesting.
- Allow for Q/A – ask the girls if they would want to privately ask questions without the boys and allow for that.
- Reassure the girls that it's okay to be on their periods even if the boys get to know; they have nothing to be ashamed of even if they stain their dresses once in a while – this can happen.
- Do a recap to ensure the activity is well understood.



FACTS

Menstruation (monthly periods) is a woman's monthly bleeding. When you menstruate, your body sheds the lining of the uterus (womb) in form of blood which flows from the uterus through the small opening in the cervix and passes out of the body through the vagina.

- Menstruation usually begins when a girl is aged 10 – 14 but can begin earlier or later.
Most menstrual periods last from 3 to 5 days.
- At first the periods will be irregular; one may miss their period in between months, or sometimes get 2 periods in a month.
- Over time the cycle will normalize; one needs to keep track of when the period occurs, how long it takes, and how long before the next period. This will help predict when to be expecting the monthly periods.
- The ovaries (2) stores ova (eggs) since one's birth, and release an ovum every **menstruation** cycle of 28 – 32 days.
- The ovum travels down the fallopian tube into the uterus.
- Because the ovum is not fertilized the egg breaks down, and the lining of the uterus wall made of blood and other fluids is shed as the menstruation.
- During or just before each period, the girl may feel moody or emotional, and her body may feel puffy or swollen (bloating); this is termed **Premenstrual syndrome** (PMS), and occurs especially as the girl grows older.

Menstrual Cycle

- When periods (menstruation) are regular, it's termed a *menstrual cycle*.
- A *cycle* is counted from the first day of 1 period to the first day of the next period.
- The average menstrual cycle is 28 days long. Cycles can range anywhere from 21 to 35 days in adults and from 21 to 45 days in young teens.
- The menstrual cycle provides important body chemicals called hormones whose rise and fall control the menstrual cycle.
- *The hormone* called 'estrogen' tell the ovary to release eggs every cycle through a process called ovulation; it tells the uterus wall to prepare itself well which if there is no pregnancy breaks down as blood through the process of menstruation.

Problems during periods and seeking medical attention:

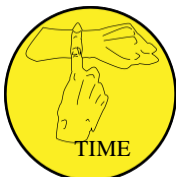
- **Amenorrhea** — the lack of a menstrual period by age 15 or lack of continuation, having started for over 3 months as a result of eating problems, stress, medical condition, or pregnancy.
- **Dysmenorrhea** — painful periods, including severe cramps. Menstrual cramps in teens are caused by too much of a chemical called prostaglandin. For this one can take painkillers, use heating pads, or see a doctor.
- Abnormal uterine bleeding which can be caused by bleeding between periods, spotting during ovulation, and excessive bleeding during menstruation.
- Sudden sickness during periods as a result of using a tampon.



Body Hygiene



To show participants why hygiene is important and what needs to be done to keep clean



1 Hour



Internal illustrations of the female and male reproductive organ, manila papers, marker pen, masking tape, scissors.



- Get participants to sit in a semi-circle.
- Introduce the topic hygiene, and ask participants to say what they know.
- Ask why it's important to keep hygiene.
- Talk of the 3 general areas that need to be kept clean; mouth, under arms, vagina/penis. Ask participants what one needs to do to keep these areas clean.
- Talk about other areas that need to be kept clean.
- Discuss with participants what they can do in the case of not having e.g. soap, toothpaste, but still maintain body hygiene.
- Discuss some of the reasons why some of our friends have difficulty keeping up with body hygiene.
- Engage participants to name and/or come up with ways of helping friends to maintain body hygiene.
- Engage the students in a skit: Ask for 2 volunteers: one is to be the one whose sweat does not smell nice, and the other is a friend who is to advice on what to do.
- Let other volunteers do other skits on how they can help their friends be clean; ensure you guide the activity
- Talk about the note below.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Hygiene is the act of keeping one's body/self clean by showering/bathing well on a regular basis using soap and water, and changing into clean clothes.

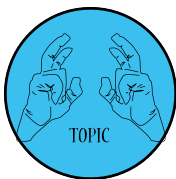
Puberty causes all kinds of changes in your body: skin and scalp may suddenly get oily; there is sweating for no reason; and you may notice there are odors where you never had them before.

Sweat and Body Odor - Perspiration, or sweat, comes from sweat glands in your body located under your arms, around the genitalia, feet and hands for some people. Thus one must:

- Shower every day using a mild soap and warm water to wash away any bacteria that contribute to the smells.
- Wear clean clothes, socks, and underwear each day; cotton materials are best for absorbing sweat.
- Others may use underarm deodorants if concerned about how they smell.

Bad breath is caused by smell-producing bacteria that grow in the mouth. When one does not brush and floss regularly, bacteria gather in the mouth and in between your teeth. Sulfur makes your breath smell. Foods like garlic and onion do make breath smell.

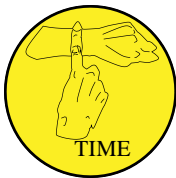
Menstruation/vaginal discharge: it is important for girls to keep clean by bathing once a day; the vagina releases whitish discharge, including the monthly menstruation and this needs good hygiene. When showering girls need to wash their genitalia just on the outside with mild bathing soap and not apply deodorants etc. Washing the inside of the vagina (also called douching) disturbs the normal pH of the vagina, and may lead to infections such as vaginitis; this can recur if the douching continues. The uterus knows it needs to clean itself, and will rid itself of unwanted discharges at its own time.



Sexual Intercourse



To understand the right time to engage in sexual intercourse; problems experienced in early sexual intercourse among youth



1 Hour



Illustration of the penis penetrating the vagina



- Gather participants in a semi-circle.
- Introduce the topic 'sexual intercourse'; underscore the fact that sexual intercourse is the right word, and not SEX as often used.
- Ask participants which organs are involved in sexual intercourse. Let them know the penis must be erect to penetrate the vagina.
- Show the illustration to elaborate.
- Ask participants why people engage in sexual intercourse.
- Ask participants the right age to engage in sexual intercourse.
- Ask directly (smiling) how many among them are already engaging in sexual intercourse. Don't expect Answer. Let them know that you are aware many youth are engaged in sexual intercourse.
- Ask participants why youth are engaging in early intercourse; add the stated points if not mentioned.
- Ask them to mention some of the setbacks or challenges they know of that their friends experience as a result of engaging in early intercourse.
- Ask them if it's worth having intercourse to e.g. please a boy/gal-friend but then get an STI and have no money for treatment, or are too ashamed to say you have an STI to be helped etc?
- Ask them if they would say no to early sexual intercourse.
- Let them know you are going to give a number of volunteers strips of paper to write down why they would NOT engage in sexual intercourse; they should not write their names, and when they are done, collect the papers and jot down their answers.
- Ensure you mention the written reasons if not mentioned to exhaust the NO reasons.
- Tell participants what saying NO leads to; get more responses from them
- Let them know saying NO to SEXUAL INTERCOURSE is a way of ABSTAINING, and shall be discussed further under the ABSTINENCE topic.
- Let participants know what they MUST KNOW or have to be ready for intercourse; let them add more points if they can.
- Allow Q&A.
- Do a recap to ensure the topic is well understood.



FACTS

Sexual intercourse (also known as 'making love') is the act of the male reproductive organ (penis) penetrating the female reproductive organ (vagina); the term also describes other sexual acts such as: *oral sexual intercourse*, where the genitalias touch/are placed on the mouth for stimulation, and *anal sexual intercourse*, where the male genitalia penetrates the anus of the partner. These methods are practiced/the acts in both heterosexual and same-sex relationships. Making love also includes kissing, and caressing to make it more intimate.

Reasons for Sexual intercourse:

- Human bonding leading to pleasure and emotional bonds
- Creating children
- It is good for heart circulation.

Sexual intercourse terms:

- Penetrative sex - when the penis penetrates the vagina
- Non-penetrative sex - no penetration, but other aspects such as masturbation, oral sex, etc.
- Unprotected (risky) sexual intercourse - one engaging in penetrative intercourse without a condom; risky especially when one or both don't know their HIV status, or other sexually transmitted diseases, and most especially have multiple partners.
- Protected sexual intercourse - having intercourse with protection (condom).

Reasons young people say yes to sexual intercourse

- To stop pressure from friends or partners
- To avoid loneliness and get affection
- To feel independent
- To prove one is an adult
- To satisfy curiosity
- To show loving feelings in a relationship
- To get or receive presents or gifts
- To hold/keep a boyfriend or girlfriend
- To become a parent

Challenges experienced by youth engaging in early sexual intercourse:

- Broken self esteem/spirit
- Sexually transmitted infections
- Teen pregnancies lead to dropping out of school - future ruined when unable to go back to school.

Why we must say NO to early sexual intercourse

- To avoid hurting parents and feeling guilty
- To avoid hurting your reputation
- To find the right partner and wait for marriage
- To follow personal, family, religious or cultural beliefs and values
- To avoid unplanned pregnancy and infection with STIs, including HIV
- To keep a romantic relationship from changing
- To reach future education and career goals

Saying NO leads to:

- Feeling good about ourselves
- Resisting peer and partner pressure
- Means one is assertive, and communicating clearly
- Following through with a decision
- Safeguarding future goals

Ways of saying 'NO'

“I don't want to have sex”

“My vagina is tired.... (yawn)”

“I have a stomach upset, it must be the ‘omena’ fish” “I have taken a six months vow”

“Can we stop at the supermarket to get some pads/tampons?”
(not always a deterrent though)

“It's too hot right now. Call me when it's cold”

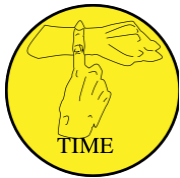
“I am not ready to tell you about my herpes/HIV status”



Masturbation



To understand what masturbation is and its benefits



1 Hour





- Gather participants in a semi circle.
- Write the topic on the chalkboard or flipchart; ask them what they know it is. Ensure you mention what it is, and talk about mutual masturbation, its commonness, and its non-association with mental disorders.
- Ask participants what they think (as there are misconceptions about it). Let them know it is medically harmless, and that one is free to follow their teachings and values.
- Take them through reasons behind masturbation. After each point, ask them what they would prefer if they were given a choice: unwanted pregnancy or masturbation? Contracting an STI, or masturbation.
- Take them through benefits of masturbation; ask them if they think there could be more.
- Talk about when masturbation can be bad; ask them to mention what else can make masturbation bad socially or medically.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Masturbation - Refers to sexual stimulation of the genitalia, or simply playing with one's genitalia for pleasure.

Mutual masturbation is when two partners stimulate each other's genitalia.

It is common in both males and females, and all ages of sexual activity.

It is not associated with any mental or psychological disorder.

Lack of information about masturbation among the Deaf has caused misconceptions that have bred negative attitudes towards the act itself, and those found in the act, or known to perform masturbation. Other teachings may not allow the act, hence one needs to follow their beliefs and values to be at peace with oneself. However, medically and socially it is harmless as long as it does not become a sexual offence.

Reasons behind masturbation:

- Relieving sexual tension that builds up over time, especially for people without partners, or who have partners but who are not ready for sex yet.
- It is considered an alternative to sexual intercourse, especially to unprotected sexual intercourse which carries many risks.
- Its used to preserve the virginity of the both male and female.
- It considerably prevents penetrative intercourse that would probably lead to pregnancy.
- It lifts the stigma of feeling un-equal with others who have participated in sexual intercourse and know the pleasure, which is similar to masturbation.

Benefits of masturbation

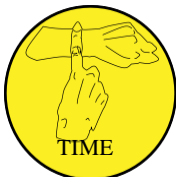
- Promotes fertility—in men it improves sperm health, and in women it improves her chances of getting pregnant.
- Female masturbation provides protection against cervical infections by increasing acidity of the mucus and removing debris out of the cervix.
- In males it removes sperm with no chance of fertilizing an ovum, so the next ejaculation has fresh sperms with higher chances of conception.



Fertilization



To understand how and where fertilization takes place



1 Hour

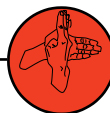


Illustrations of sperm, and the female reproductive organ, manila paper, scissors, marker pens



'Road Runner'

- Gather participants in a semi-circle.
- Introduce the topic 'fertilization' and try to get their points first.
- Ask participants what normally happens for fertilization to take place.
- Ask them where fertilization takes place.
- Ask participants what is brought forth when fertilization takes place.
- Let them know you wish to have 6 volunteers to carry out an activity; find enough space outside as the activity will involve a little bit of running, and let participants stand where they can see the activity well.
- Draw the outline of the female reproductive system from the ovaries to the cervix, including the vaginal Opening. Ask 2 participants to act as the ovaries and to stand at the right place; another volunteer to be the 'ovum' and to position herself next one of the ovaries. Ask the other 3 volunteers to be the sperm to stand along the vaginal walls (This activity will involve 'embracing' to mean sperm/ovum meet. Thus have same sex volunteers).
- One 'ovary' is to 'prepare' the 'ovum' and release it into the fallopian tube... the ovum is to walk slowly and majestically midway into the fallopian tube .
- In the meantime, tell participants you are all assuming that sexual intercourse has taken place, the 'sperms' are to run very fast into the uterus, and into the fallopian tube, and whoever runs faster is to meet the ovum midway.
- Both 'ovum' and 'sperm' are to smile at each other happy to be 'meeting'. The two are to embrace, and majestically 'dance' in the process of fertilization.
- Continuing to embrace, the 'zygote' – the 2 volunteers - are to walk slowly to the uterus, and find a spot on the uterine wall and stand there as a sign of 'implantation'.
- Ensure you reinforce what each person represents, as well as what their actions represent as they perform. This may mean you pause the activity from time to time to ensure participants get it right.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Fertilization is the process by which the sperm penetrates the ovum, fusing to make the zygote, which is the 1st stage towards a pregnancy.

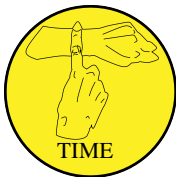
- Fertilization takes place when sexual intercourse is performed without protection such as condom, or a contraceptive that inhibits the fertilization process, during the woman's fertile period.
- This fertile period means one of the ovaries already released an ovum which is slowly 'travelling' in the fallopian tube.
- The fertile period is estimated as between the 10th - 20th day, counting from the 1st day of monthly period within the menstrual cycle.
- Upon ejaculation, either inside the vagina or just at the base of the vagina, many sperms are released which swim very fast into the vagina, to the uterus and into the fallopian tube to meet an ovum.
- Only one sperm is able to penetrate the ovum, therefore the rest 'die', and are shed from the body through vaginal discharge.
- Fertilization takes place in the fallopian tube, and the ovum changes through stages into a zygote.



Pregnancy



How it starts
How long it takes
Stages Of Pregnancy and Care



1 Hour

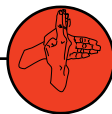


Illustration of pregnancy stages, big-size balloons, pieces of paper, marker pens, glue/glue stick



'Pretty Balloon'

- Ask participants to sit in a semi-circle.
- Introduce the topic of 'pregnancy' and get participants' views.
- Ask participants how they think pregnancy comes about.
- Ask participants where the pregnancy takes place in a woman's body.
- Ask participants how one knows when she is pregnant; talk about getting tested and the various test kits available. Show them the kits if you have them (the kits can be borrowed from a reproductive clinic.)
- Ask participants to talk about what happens when a woman is pregnant (signs of pregnancy); state what they may not have mentioned.
- Ask participants how long it takes for a baby to be born.
- Let participants know that you want them to take part in an activity that will enable them to know the baby's stages of development in the womb.
- Divide participants in 3 groups (gender sensitive) and name them 1st trimester, 2nd trimester, 3rd trimester; give each group a balloon, pieces of paper, and marker pen, glue/glue-stick.
- Group 1 is to blow their balloon to a diameter of 10cm; group 2 to blow their balloon to diameter of 20 cm; group 3 to blow as big as possible (big, bigger, biggest).
- As they blow, write on the board/flip chart, randomly, the stages of baby's development from 1st to 3 trimesters.
- Tell participants that according to their trimester, they can choose from the overall list what stages of development suit their group; let them jot their answers on a paper.
- When they have everything correct, tell them to write each developmental stage on the cut pieces of paper, as small as visibly possible.
- Let them stick the pieces of paper randomly on the balloon, labeling the balloon as well, according to their group's trimester.
- When they are done, each group is to find a place in the front of the activity room and hang the balloon.
- The group representatives, starting from the 1st trimester to the 3rd trimester group, are to present their work before others; as they do this, discuss in-depth what exactly happens in the developmental stages.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Pregnancy is the carrying of one or twin, or triplet fetus inside the womb of a female for about 40 weeks. World Health Organization defines normal pregnancy to be between 37 – 42 weeks; however, twins and triplets pregnancy duration may vary, and may be less than even 37 weeks. After the zygote (fused ovum and sperm) has moved down into the uterus within 2-4 days, and undergone more changes to become a 'blastocyst', which implants itself to the uterine wall (endometrium) within 8 – 10 days to obtain nourishment, pregnancy officially starts.

A woman knows she is pregnant by going to the hospital or conducting a home-test; the test involves the woman taking a sample of her urine in a container and dipping the testing kit stick into the urine for a few seconds then waiting for results. Check out the different test kits.

Signs of pregnancy include:

- Nausea
- Fatigue
- Monthly periods missing
- Lots of urination
- Dislike for certain smells and food
- Headache
- Bulging lower abdominal region
- Sore breasts
- Weight gain

The pregnancy period is divided into 3 trimesters which show also the developmental stages of the unborn baby.

1st trimester

- Brain fully formed
- Backbone, spinal column and nervous systems continue to form
- Heart and heartbeat of 50 beats/min
- Kidneys begin to secrete urine
- Intestines form
- Can feel pain
- Voice forms, and baby can cry silently

2nd trimester

- Taste buds
- Eyelids and brows are formed
- Limbs have lengthened enough and are now kicking
- Lungs are inhaling and exhaling amniotic fluid
- Genitalia completely formed
- Ears are formed and can hear the mother's voice, and other loud noises e.g. singing
- Growing fat to keep warmer and protect skin
- Hair on the skin

3rd trimester

- Eyes open and close
- Has intervals of sleeping and waking up
- Head has grown to accommodate brain
- All organs are now mature
- Skin is fully formed, ready for outside world

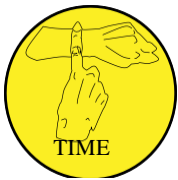
When a woman is pregnant, the size of the baby varies from one woman to another; this depends on genetics as well as eating habits. Some women add a lot of weight, others don't. Some babies are born big while others are born average weight.



Teen Pregnancy



**Learn setbacks caused by teen pregnancy
How to avoid teen pregnancy**

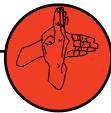


1 Hour





- Gather participants in a semi-circle.
- Introduce the topic 'teen pregnancy and ask participants what it is and at what ages it takes place.
- Ask participants what normally happens for a teenager to be pregnant... 1st sexual encounter?
- Ask them what normally leads to the 1st sexual encounter... is it curiosity? Coercion? Let them talk at length about different situations they may know of and how it happened. Add what they may have left out.
- Ask them to mention some of the setbacks experienced by pregnant teenagers e.g, dropping out of school. Mention what they may have forgotten.
- Ask for volunteers to participate in a skit: one girl to be the pregnant girl; one boy to be the boyfriend who made her pregnant; one to be a teacher who punishes her and chases her from school; one boy and one girl to be the parents; 3 girls to be her friends; 2 others to be villagers.
- Activity: let the pregnant girl stuff her blouse/dress with clothes to depict pregnancy of at least 3 months. Her friends will notice first and shun her fearing they will be punished together with her. Her teacher finally notices and tells her, and sends her to call her parents. Parents are notified and are in shock! They are told to take her home never to come back. Her parents begin to quarrel with each other. After a while neighbors notice and start gossiping her. She feels dejected, alone and miserable.
- Talk about the physical challenges faced by a pregnant teenager e.g. difficult delivery due to small pelvic region
- Let participants know that with these difficulties, social and physical, it's important they do not become pregnant; talk about the several ways to prevent pregnancy.
- Tell participants about the 'cross-finger' that is the sign used by the Deaf community to depict abstinence; tell them to flash it at any given time they are in a situation of temptation, as a reminder to abstain.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Teen Pregnancy is pregnancy among girls ages of 12–17, mostly who are still undergoing secondary/high school education. Many teenage pregnancies result from 1st sexual encounter out of:

- Curiosity
- Coercion to consent
- Force (which many are not aware is rape),
- Consented intercourse but un/misinformed about the risk of pregnancy.

Social challenges faced by expectant teenagers:

- Abandonment by boyfriend/father of the baby
- Shunning by friends, some teachers, society
- Dropping out of school
- Uncertain future for both teenager and child (especially if not supported)
- Deemed a disgrace to parents and relatives
- Parents blaming each other for poor parenting
- Unhappy, unknowledgeable pregnancy period
- Financial difficulties – unable to support the baby and herself

Physical challenges of teen pregnancy:

- No physical maturity; small pelvis can lead to a difficult delivery.
- Premature labor, spontaneous abortion (miscarriage), and stillbirths.
- First births being risky, young girls have a higher probability of developing health problems.
- Infant death rates are higher among girls than mature women.

How to avoid teen pregnancy:

- Abstinence is the only sure way to avoid pregnancy.
- Engage in other activities such as sports, community clean ups, and educational competitions so as to avoid getting pregnant.
- Do not be alone with a boy at any given time, to avoid temptations
- Be/practice assertive/ness to stand your ground despite what you are asked or see happening around your peers that is against your set standards.
- Set your own principles that you can follow through - and you can be guided by your family's principles or by school principles, or a role model you look up to. These principles ought to be a constant reminder to you to stay focused.
- Have someone – an adult - you trust, whom you can confide in: a mother, a sister, an aunty, a female teacher. They can help you with advice and right choice-making.
- Be part of a peer education program in your school, home or church.

NOTE:

Pregnancy is beautiful only when one is an adult in her house, married to a good husband, with sufficient income, and one is ready and comfortable with it.

Facilitator's Notes



Abortion



**When to seek abortion; under
what situations
Unsafe/safe abortion
Dangers of abortion**

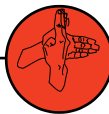


1 Hour 30 Mins





- Gather participants in a semi-circle.
- Introduce the topic about ‘abortion’ and ask participants what their understanding is of it; state what it means exactly afterwards.
- Talk about what the Kenyan Constitution says about abortion – it is illegal except for the 3 categories of Situation when the life of the mother is endangered.
- Ask participants what some of the reasons are for women have abortion; mention what may have been overlooked.
- Ask participants to try differentiating between safe and unsafe abortion; ensure you exhaust the different points on the two.
- Talk about the number of women/teenagers who form part of the abortion statistics in Kenya.
- Engage participants to mention the many un-medical procedures that happen to victims of un-safe abortions. Try to mention what may not have been touched on.
- Ask participants why unsafe abortions are more frequent compared to safe abortions; mention e.g lack of money to afford a qualified doctor.
- Now talk about safe abortion, where they are done and by whom.
- Let participants understand main reasons why few women secure safe abortion.
- Talk about problems associated with post abortion in women; mention what may not have been touched on.
- Let participants know there is post abortion care.
- Leave room for Q/A
- Do a recap to ensure the topic is well understood.



Abortion is the intentional termination of human pregnancy after conception. It is also the termination (killing) of undeveloped fetus or embryo.

Abortions are currently acceptable under the Constitution of Kenya among:

- Women and teenagers who have been raped
- Pregnancies resulting from incestuous relationships
- Women of unsound mind

Why abortions are procured:

- Due to rape
- Incest pregnancy
- Unplanned pregnancy (including not using condoms or other forms of birth control)
- Financial instability
- Unstable relationships – unwillingness to be a single parent
- Health problems – e.g. weak uterine wall
- Foetal problem
- Not wanting any more children
- Husband/boyfriend wants woman to terminate pregnancy as they are not ready.

Safe abortion:

This is the termination of pregnancy by qualified persons in a standard medical environment.

- This is when a pregnant woman seeks the help of a qualified doctor; in this case the woman will be questioned by the doctor to establish the reason for wanting to procure an abortion.
- The gynecologist will further send the woman to a psychiatrist who will analyze the woman on a psychiatric basis before a decision is made.
- Qualified doctors who perform abortions do so on medical grounds, including the stated cases under the constitution of Kenya.
- The gynecologist will inform the woman of the exact procedure, and perform the abortion using the correct and safe procedures. The patient will be given the correct after care, and monitored till they are fully healed.
- This process is mostly done for women who can afford to pay the gynecologist and the psychiatrist, purchase drugs, and pay for clinical procedures.

Unsafe abortions:

This is the termination of pregnancy by persons lacking skills or in an environment lacking minimal medical standards.

- Women with little or no source of income and teenagers account for most cases of unsafe abortions in public hospitals or backstreet clinics.
- Most poor women and teenagers who have procured unsafe abortions will fear visiting hospitals for medical support until the situation is out of hand and is too late.
- Most of these unsafe abortions are because of visiting unqualified doctors who use sub-standard methods to abort pregnancies at low cost (money).
- Lack of money on the client's part to purchase drugs for post-abortion care, and lack of post-care till the client is healed, results in unsafe abortion.

300,000 abortions take place in Kenya annually (46 abortions out of every 1000 women). Medics blame this on restrictive laws on abortion.

Unsafe abortion methods:

- Use of metal rods such as clothes hangers, or knitting needles to try breaking the amniotic sac.
- Ingesting toxic mixtures such as chilli peppers, plant poison, detergents, and concentrated solutions such as jik, and juice.
- Illegal acquisition of abortion drugs and doing self-administration, without post-drug care.

Complications experienced during and after abortion:

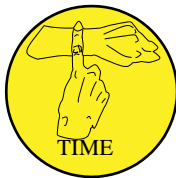
- Post-abortion syndrome – depression, anxiety, anger, hallucinations, confusion, memory repression, suicidal ideas
- Uterine perforation – when an instrument or the procedure injures the uterus wall
- Pelvic infection – exposure of the pelvic region to invasion by bacteria and lack of treatment.
- Future miscarriage - because of damaged uterine wall, zygote is unable to implant itself on the uterine wall.
- Infertility – as a result of damaged ovaries unable to manufacture ova.
- Ectopic pregnancies – pregnancy takes place in the fallopian tube .
- Death from excess bleeding.



Contraceptives



Types of contraceptives
Careful use of condoms that are the only protection from STIs including HIV



1 Hour 30 Mins



Photos of contraceptives
Penile model
Vaginal model



'Mask'

- Gather participants in a semi-circle.
- Introduce the topic contraception/contraceptives.
- Ask participants who the people are who use contraceptives; further ask if youth (if participants are youth) use contraceptives too.
- Ask them where they think the youth get the contraceptives; ask them which one is most used by youth.
- Talk about the different types of contraceptives (1-5, citing examples).
- Revisit the barrier contraceptives and focus on the condom; talk about its advantage and disadvantages.
- Tell participants you would like them to participate in an activity; get 6 volunteers (gender balance), 3 for 1st scenario, and 3 for second scenario.
- 1st scenario: a man goes to harvest honey without protective clothes; he is stung by bees as he runs away. 2nd scenario –a man goes to harvest honey wearing protective gears; though there are bees, he comfortably finishes harvesting his honey and walks away whistling.
- For 1st scenario, 1 volunteer is to act as the honey harvester without any protective gear and harvests honey; 1 volunteer to be like a tree, his/her hands held high and being swayed sideways, and the other volunteer to be the bees, standing next to the 'tree', and waits a bit before beginning to sting (pinches) the honey harvester.
- Scenario 2 should be done the same, only that the 'bee' tries to sting the protected harvester in vain.
- Let participants know that the protective gear signifies condoms, the bees signify pregnancy or infections, harvesting honey means sexual intercourse. The person with protective gear signifies a wise person having intercourse with protection, and not worried at all. The 1st scenario depicts a person engaging in risky sexual intercourse, and by being stung, signifies getting an infection or becoming pregnant.
- Other participants can volunteer to act the scenarios too.
- Now get participants to watch how a condom is correctly used by displaying use on the models; get some participants to also practice correct condom use on model.
- Open a guided short discussion on the myths associated with condoms.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Contraception is the prevention of conception through use of various devices, sexual practices, hormonal drugs, or surgical procedures.

The 'method' one decides to use to prevent conception is thus called a 'contraceptive'. Contraceptives are used among sexually active people to prevent unwanted pregnancies. Youth are also involved in early sexual intercourse, and a good number use contraceptives.

Types of contraceptives:

1. **Natural birth control methods:**

- *Abstinence* – no sexual intercourse; very safe
- *Withdrawal* – a man withdraws his penis from the vagina before ejaculation. This is however not safe as even a small spill of semen on the base of the vagina can carry one sperm that can swim into the uterus and fertilize an ovum.
- *Safe days* – having sexual intercourse during the 1st 10 days at onset of periods, and again 10 days before onset of the next menstrual period. This is not so safe because safe days may not be accurate.

- *Outer-course* – having other forms of sexual intercourse that do not penetrate the vagina, e.g., masturbation.

2. **Barrier contraceptives:**

- *Male condoms* – properly placed will effectively prevent pregnancy as well as infections.
- *Female condoms* – properly placed will prevent pregnancy and infections.
- *Spermicidal* – these are placed inside the vagina before sexual intercourse in readiness to kill sperms after ejaculation, and is best used alongside another barrier method. It does not prevent infections.
- *Diaphragms* – e.g. intrauterine device (IUD) are inserted into the cervix. The device releases chemicals which destroy sperms before reaching an ovum. It does not prevent infections
- *Cervical caps* are placed on the opening of the uterus through suction pressure. They are however not used much.

3. **Hormonal contraceptives:**

These contraceptives are hormonal based, and their work is to disrupt the normal operation of the menstrual cycle by preventing the ovary from releasing ova or making the uterine wall have a thick mucus membrane on the uterine wall to prevent sperm meeting with ovum for fertilization.

However they do not prevent sexually transmitted infections. They include

- *Pills* – taken orally on daily basis
- *Depo provera injection* – 2 and 3 month injection
- *Nuvaring* – a ring placed in the vagina
- *Ortho evra patch* – a plaster-like patch placed on the lower abdomen, buttocks, or thighs, and stays for a week to release hormones into the body
- *Implanon*
- *Norplant*

4. **Permanent methods:**

These are methods that are surgically done to the specific parts of the male and female reproductive organs to prevent conception.

- *Male sterilization (for example, vasectomy).*
- *Female sterilization (for example, tubal ligation).*

5. **Emergency Contraceptives:**

This is a contraception taken once immediately after sexual intercourse to prevent pregnancy, and should not be used repeatedly as it has a high failure rate. They include:

- Morning after pill
- Plan B pill

They are mostly used in situations such as

- Unprotected intercourse on odd moments unanticipated.
- Failure of other contraceptives such as slippage of condom, forgotten pills etc.
- In rape or incest cases
- Single act of sexual exposure

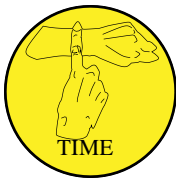
It is currently the most used (even abused) form of contraceptive especially among youth under 18 years who are sexually active youth under 18 years do not qualify for gynecological advice on family planning methods.



Abstinence



**To demonstrate the importance
of abstinence
Ways to abstain**



1 Hour



Abstinence Sign



'Cross-Fingers'

- Gather participants in a semi-circle
- Introduce the topic and write down their responses; ensure you state to them what it is exactly.
- Ask participants who abstains.
- Ask them to mention the truths about abstinence; mention what they may not have said.
- Ask them if they know of persons who are practicing abstinence; maybe some will raise their hands. Applaud them.
- Ask participants about misconceptions young people have about abstinence; mention the points they may not have said.
- Ask participants why young people have these misconceptions; answers can be e.g. lack of information/awareness. Let them know you are informing them so they make wise decisions.
- Talk about the abstinence sign; many Deaf people say the 'v' sign to them is 'open your legs', thus they prefer the 'cross-fingers' sign as it means their legs are tightly woven. Ask them how they feel about using the signs and what they prefer themselves.
- Let participants know you would like a few volunteers to demonstrate 2 activities.

1st Activity - A girl is being pressured by a boy to engage in sexual intercourse but she is not sure what to say; she is shy and not assertive. The boy eventually coerces her and she accepts reluctantly. The lesson here is that if one is not bold and assertive, they will be hurt.

2nd Activity - Nadia is a bold girl. She is approached by Juma who wants to prove to his friends that he can have sex with her even with her boldness. Juma is ashamed in front of his friends when Nadia puts him off and signs '*abstinence*' for everyone to see.

- After they are done, reinforce that the 2nd activity is what everyone ought to follow. They can practice to perfect their skills at it.
- Ask participants what they can do to practice abstinence; mention what they may not have said. The girls can walk in 'modeling' style, proudly flashing the abstinence sign for all to see.
- Allow other volunteers to practice assertion; you can change the activity for boys to also practice assertion skills as there are girls who also coerce boys into sexual intercourse.
- Let participants know that it is also possible to practice secondary abstinence if one was already sexually active.
- Make sure participants understand that abstinence is not having sexual intercourse with another person. Satisfying oneself (masturbation) is a form of abstinence and can help to deal with sexual urges.
- Leave room for Q/A; you can ask the questions below as well.
 - Do a recap to ensure the topic is well understood.

Questions:

- Can someone who decided to wait change his or her mind?
- Can someone who has had sex decide to abstain?
- What is the worst thing that can happen to a young person who decides to abstain? One who decides not to abstain?



Abstinence is a voluntary, conscious, deliberate decision not to do something.

In the circumstances of sexual intercourse, HIV, and unplanned pregnancies, abstinence is understood as not having sexual intercourse until marriage. Abstinence is the best and only certain way to prevent HIV transmission and unplanned pregnancy.

Good points about abstinence (truths)

- Proud of myself for staying a virgin until I am an adult!!
- Parents and friends will be proud of me for taking my education and my future seriously.
- I uphold my values for considering sexual intercourse to be done in marriage with a person I love and care about and vice versa.
- If I wait until I am ready, my first sexual intercourse will be better because I will be prepared.
- Saying 'No' to sex is the only 100% safe way of protecting myself from pregnancy and STIs, including HIV.
- Condoms and other contraceptives are NOT 100% safe; If I say 'No' to sex, I will not have any worries about HIV, other STIs, and pregnancy.
- I will have more time and energy for education and skills training.
- I will not be in danger of being forced, badly treated or used.

Bad points about abstinence (misconceptions)

- I will miss out on enjoying sexual intercourse...
- I will miss out on getting a future partner...
- I will not have enough ways to get money to pay fees ...
- I will feel sad and left out because my friends are all having sexual intercourse...
- I will feel bad that I am not loving my boy/girlfriend enough...
- My friends will insult me...
- My boyfriend or other boys may force me after all into having intercourse...
- I will deny myself pleasure...
- I will feel like a small girl/boy, and not grown up like other who have had intercourse...

Ways to achieve abstinence:

- Gaining self - esteem and self-control through constant role-play practice
- Stay focused - set goals, plans to motivate you into staying focused so as to not do things just because others are doing.
- Keep good friends - not those who would convince you to go against your values.
- Be assertive and stand your ground, even when others are giving in.
- Never be in lonely places with a boy alone.. you may be tempted.
- Make your stand known to male/female friends before they even think of coercing you into intercourse.
- Be active in other activities such as sports, drama, clean-ups.
- Masturbation is a form of abstinence and allows you an outlet for your sexual urges. It is safe and natural.

Secondary abstinence

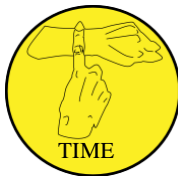
- If one is sexually active now, but wants to abstain, it is termed secondary abstinence; it's still important as one can prevent diseases and pregnancy.



HIV/AIDS



To promote awareness on HIV/AIDS
To differentiate between HIV and AIDS
Modes of transmission
Modes NOT of transmission
How to avoid contracting HIV



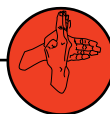
2 Hours



Flashcards with letters H, I, V, A, I, D, S
Illustration of HIV virus (one of the many known forms)
Illustrations of modes of transmission
Illustrations of modes NOT of transmission



- Gather students/participants in a semi-circle.
- Introduce H-I-V to participants, giving clear meaning of abbreviations;
- Introduce A-I-D-S, giving clear meaning of abbreviations;
- Make known to participants the difference between HIV and AIDS, as many say one 'has AIDS'.
- Give room for discussion and questions as there are many myths about HIV/AIDS.
- To make the topic participatory, indicate the abbreviations in KSL where
 - H - is body;
 - I - Protection nothing, and
 - V - Virus.
- Indicate these abbreviations in KSL as well, where
 - A - Have:
 - I - Protection;
 - D - Nothing;
 - S - Sickness
- Get volunteers to dramatize these abbreviations in KSL, making it into a song-like activity.
- Several other volunteers can dramatize the KSL based abbreviation.
- Open a guided discussion where participants can openly talk about HIV; after learning about the facts, and what they can do to help their friends at home and/or school.
- Talk about how one can know about their HIV status.
- Talk about modes of transmission.
- Tackling each transmission mode one at a time, discuss how exactly the virus is spread. Use the PICTURE cards to reinforce the different modes of transmission.
- Open a guided discussion where participants can talk in general of cases, myths, and situations they have heard, and facts they know about modes of transmission.
- Talk about how to avoid contracting HIV.
- Talk about how HIV is NOT transmitted; use the flash cards to reinforce how HIV is not transmitted.
- Open a guided discussion where participants talk about the myths about how HIV is not transmitted.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



HIV is the viral organism that finds its way into the human body through body fluids such as semen and blood; HIV transmission occurs when a sufficient quantity of these fluids get into someone else's blood-stream from an infected person.

HIV cannot grow on its own; it need to infect the cells of a human being to make new copies of the virus. The human immune system usually finds and kills viruses fairly quickly, but HIV attacks the immune system itself.

AIDS – is Acquired Immuno Deficiency Syndrome. It refers to the condition or the illnesses that people who are infected with HIV develop.

Classification of HIV :

Two species of HIV infect humans:

- ***HIV-1*** is thought to have originated in southern Cameroon after transmitting from wild chimpanzees to humans during the twentieth century. It is believed that when humans butchered monkeys for their meat, cuts in the skin of the humans were exposed to blood of the monkeys, leading to infection of humans. HIV-1 is the virus that was initially discovered and termed LAV. It is easily transmitted and is the cause of the majority of HIV infections globally.
- ***HIV-2*** may have originated from the Sooty Mangabey, an Old World monkey of Guinea-Bissau, Gabon, and Cameroon. HIV-2 is less transmittable than HIV-1 and is largely confined to West Africa.

HIV has been found at low concentrations in the saliva, tears and urine of infected individuals, but there are no recorded cases of infection by these secretions and there is no potential risk. The use of physical barriers such as the latex condom is widely advocated to reduce the sexual transmission of HIV.

Spermicide, when used alone or with vaginal contraceptives like a diaphragm, actually increases the male to female transmission rate due to inflammation of the vagina; it should not be considered a barrier to infection. Trials of circumcision have been randomly conducted in South Africa, Kenya and Uganda showing reductions in HIV transmission for heterosexual sex of 60%, 53%, and 48% respectively. As a result, a panel of experts convened by WHO and the UNAIDS Secretariat has “recommended that male circumcision now be recognized as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men.” Please note that circumcision does not reduce the risk completely. Thus, circumcised men should still wear condoms. Currently over 2 million people live with HIV in Kenya.

HIV Status: This refers to one’s knowledge of HIV in his/her blood either having the virus Positive (+), or Negative (-). This can only be known by doing a BLOOD SAMPLE TEST.

- The blood tests can be done in hospitals, VCT centers and blood test laboratories.
- CDC has in the recent past been conducting home tests, also known as Mobile Testing.
- Testing for HIV/AIDS requires that a person is tested 3 months after potential exposure to HIV virus; one can go for another second test after 3 months. It’s however recommended that one know their HIV status even without a known exposure.

HIV is spread through the following means:

- Sexual intercourse (anal, vaginal) - when condom is not used, and body fluids such as semen mixes with the other partners discharge.
- Sharing of needles – when more than one person uses the same needle and injects themselves or is injected.
- Blood transfusion – when infected blood is transfused to another person e.g. when they are sick and in need of blood.
- Mother-to-child transmission. A pregnant woman can transmit HIV to the baby in

the womb (across the placenta), during delivery (when mother's blood mixes with the baby), or through breastfeeding (when the baby ingests breast milk that carries HIV).

- Sores/wounds/cuts – when both parties have open wounds and their wounds rub (e.g. accident scene)
- Circumcision (where one blade is shared)

One can avoid contracting HIV by:

- Knowing their HIV status
- Abstinence
- Having 1 sexual partner
- Constant condom use
- If you have an STI, both partners to be treated immediately.
- Don't inject drugs /share needles as well as other sharp objects.
- Get involved in risk-reduction programs such as peer education.

HIV is NOT spread through the following way:

- Sharing of utensils, desks, books, clothes
- Air or water
- Insects, including mosquitoes
- Saliva, tears, or sweat
- Casual contact like shaking hands
- Closed-mouth or "social" kissing
- Hugging/holding hands
- Playing and dancing
- Sharing the same toilet.

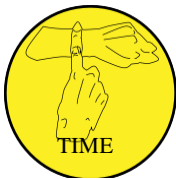
Facilitator's Notes



Opportunistic Infections



**To make known some of setbacks one experiences when the virus in the body is not well managed
To be able to live normally with proper management of health.**



1 Hour

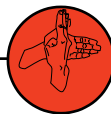


Rectangle pieces of manila paper, felt pens, masking tape



'Magnet'

- Gather participants in semi-circle.
- Remind them of the topic 'AIDS'.
- Talk of what opportunistic infections are, and in the process talk about magnet; let them tell you how a magnet works. Ensure they get it right and liken it to opportunistic infections; a weak immune system is like a magnet that attracts opportunistic infections. Ensure they get it right.
- Talk of how one succumbs to opportunistic infections when the virus is not well managed in the body.
- Ask them to name some of the opportunistic infections they know of or have learned about.
- Ask for 5 volunteers; let them label the rectangular manila papers with 'diarrhea', 'cough', 'itching', 'pain', 'AIDS'.
- One volunteer has HIV/AIDS and does not take care of his/her health by not taking ARVs and/or not eating well. S/he is to stick on her front the paper labeled 'AIDS'. The 4 other volunteers are to be the 'opportunistic infections' – diarrhea, itching, coughing, pain. Each person is to choose one infection and stick the on their front.
- Take the volunteers aside and take them through their roles; the volunteer with AIDS is to act stressed out by the disease and not adhering to treatment and eating poorly.
- In his/her condition, the first infection volunteer is to go and gently grab the AIDS person (the slow grabbing indicates the infection setting in) and cling on to him or her; other infection volunteers are to do the same, and all end up clinging to AIDS volunteer.
- The 'AIDS' volunteer is to act overwhelmed by the infections until s/he succumbs to AIDS, by falling down.
- Open a short discussion to know the extent to which certain diseases have been associated with HIV/AIDS, even when someone may not be having HIV, e.g. TB.
- Ask them if the opportunistic infections can be managed and a person a live a normal life.
- Talk about how to reduce opportunistic infections.
- Talk about ARV's; tell them these drugs help reduce the virus' strength of making many copies of itself in the body.
- Get another set of volunteers; this time showcase the opposite where the AIDS person, despite being attacked by opportunistic infections, fights to live by accessing ARVs/treatment for infections, and eating well.
- Leave room for Q/A.
- Do a recap to ensure participants understand the topic well according to the facts.



Opportunistic infections: these are organisms that attack and take advantage of a weakened body/immune system, and cause infections, which normally the body would easily fight off.

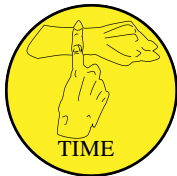
HIV causes *AIDS* by damaging the immune system cells until the immune system can no longer fight off other infections that it would usually be able to prevent, making it easy for attacks from opportunistic infections.



Sexually Transmitted Infections- STI's



To bring to light the various diseases transmitted through sex, contact of the genitalia and or regions around the genitalia.



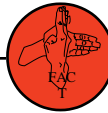
1 Hour 15 Mins



Pictures of various STD's



- Let participants sit in a semi-circle.
- Introduce the topic, and ask students what they understand; jot down their points.
- Ensure you state what STIs are: clearly stating those gotten through sexual intercourse and those that are by skin contact.
- Ask the students to name some of the STIs they know or may have heard of; jot down their answers.
- Talk of the various diseases, showing a picture of each STI; give them time to see as the picture is passed around, or mounted on the wall.
- As you talk of the infections, ensure you discuss with the participants the varied signs and symptoms of the infections, and all the available facts as mentioned below.
- Engage the students to talk about how/why people get STIs.
- Let them know the various reasons how/why people get STIs, as mentioned.
- Let them also discuss the various ways to avoid contracting STIs; at this point remind them that HIV/AIDS, is also an STI, and hence they can adopt the mechanisms of HIV prevention to also avoid contracting other STIs.
- Allow room for Q/A.
- Do a recap to ensure the topic is well understood.



Sexually transmitted infections are infections gotten through sexual contact with persons who have infection. Some are not gotten through sexual contact as such they are from contact of skin to skin where the infection is active. These parts of the skin may mostly be around the genitalia.

How STIs are acquired:

- Does not use a condom during sex
- Does not tell the partner about the signs and symptoms of the infection and continues to have sexual intercourse
- Does not get timely medical treatment and continues to engage in unprotected sexual intercourse
- Keeps quiet about it and wishes the infection will disappear yet continues to engage in unprotected sexual intercourse
- Ignorant perhaps of the changes in their genitalia area, and continues to engage in unprotected sexual intercourse
- Lacks money to access medical treatment, and continues to engage in unprotected sexual intercourse
- Has a partner who does not insist on use of protection during sexual intercourse
- Uses forceful sexual intercourse (sexual violence—rape) with another person

Chancroid is a *bacterial* STD causing genital sores. Antibiotics can cure the infection.

Symptoms in Men:

- Painful bumps on the penis that may develop into pus-filled open sores
- Pain in the genitals and groin.

Symptoms in women:

- Painful bumps in the genital area that can develop into open sores
- Swollen lymph nodes in the groin.

Not an STD itself, **Pelvic Inflammatory Disease (PID)** is a serious complication of untreated STDs, especially *chlamydia* and *gonorrhea*. It happens when bacteria spread to infect the uterus and other female reproductive organs. Prompt treatment is essential to prevent damage to a woman's fertility.

Signs and Symptoms: Lower abdominal pain, fever, unusual discharge, painful intercourse, painful urination, and spotting. There are often no warning signs.

Genital warts: You don't have to have sex to get it; skin-to-skin contact is enough to spread the virus. Vaccines can protect against some of the most dangerous types.

Signs and Symptoms: dark or flesh-colored warts that are raised, flat, or shaped like cauliflower. Often there are no symptoms.

Gonorrhea is bacterial disease, spread easily and can lead to infertility in both men and women, if untreated. Antibiotics stop the infection.

Signs and Symptoms: Common symptoms are burning during urination and discharge, but often there are no early symptoms. Later, the infection may cause skin rashes or spread to the joints and blood.

In Men: Discharge from the penis, swollen testicles.

In Women: Vaginal discharge, pelvic pain, spotting. Symptoms may be mild and are easily confused with a urinary tract or vaginal infection.

Syphilis: Most people don't notice the early symptoms of syphilis; without treatment it can lead to paralysis, blindness, and death. Syphilis can be cured with antibiotics, but early treatment is needed to avoid the major damage to the organs.

Signs and Symptoms: The first sign is usually a firm, round, painless sore on the genitals or anus. The disease spreads through direct contact with this sore. Later there may be a rash on the soles, palms, or other body parts, swollen glands, fever, hair loss, or fatigue. In the late stage, symptoms come from damage to organs such as the heart, brain, liver, nerves, and eyes.

Genital herpes are caused by a virus. It's highly contagious and can spread through sexual intercourse or direct contact with herpes sore. There is no cure; but antiviral drugs can make outbreaks less frequent and help clear up symptoms more quickly.

Signs and Symptoms: Fluid-filled blisters that form painful, crusted sores on the genitals, anus, thighs, or buttocks. Can spread to the lips through oral contact.

Bacterial vaginosis is an infection caused by vaginal bacteria and various anaerobes that replace the bacteria that normally live in the human female body. It's treated by anti-biotics, though easily recurs.

Signs and Symptoms: Excessive or foul-smelling discharge is common. Other signs or symptoms include redness of the skin, swelling, and genital itching.

Chlamydia is a bacteria infection transmitted via vaginal, oral, or anal sex.

Signs and Symptoms: may include abnormal genital discharge, and burning during urination in both men and women. Vaginal, penile, or rectal mucus or pus discharge that's milky white or yellow in color. Women may also experience lower abdominal pain or pain during intercourse, and men may experience swelling or pain in the testicles.

Yeast Infection: Yeast grows in harmless amounts in the vagina, rectum, digestive tract and mouth. When your system is out of balance, these organisms may grow profusely, causing burning, itching and discomfort. In the vaginal tract, yeast infection causes a thick, white discharge. It can also be transmitted to a sexual partner, as the yeast may live under the foreskin. Yeast infection is commonly recurrent because of:

- Hormonal changes due to pregnancy
- Hormonal changes before monthly periods
- Taking hormonal-based birth control pills
- Taking antibiotics (especially “broad spectrum” ones)
- Taking steroid medicines, such as prednisone
- Having elevated blood sugar (diabetes)
- Vaginal intercourse (with little or no lubrication)
- Douching

Scabies is transmitted by a scabies mite. It is spread through contact with clothing, beddings, and furniture of infected persons, and through sexual intercourse.

Signs and Symptoms of scabies include rashes, sores, and most notably severe itching over the body. These rashes and sores are caused by the scabies mites burrowing into the skin and producing pimple-like sores.

Granuloma is a bacterial infection; symptoms include single or multiple slightly elevated wounds appearing under the skin, which turn into heaped ulcers that are painless, bleed on contact, and enlarge slowly. It’s treated using antibiotics.

Lymphogranuloma is caused by bacteria which make a painless bump at the site of infection. It is not easy to notice it initially.

Signs and Symptoms: Swollen lymph nodes, sensation of stiffness and aching in the groin, followed by swelling of the abdomen. Swelling may go away on its own or proceed to form sores that swell and rupture. These ulcers may remain undetected within the urethra, vagina, or rectum.

NB.

Remember it is illegal for one to infect another with HI, if they already know their HIV status before engaging in unprotected sexual intercourse.

Note: As it is often difficult to differentiate between many of these STIs based on symptoms. If you think you may have one, do not hesitate; go to a reliable doctor or STI clinic. There they can take samples to make the diagnosis and start proper treatment. Don’t assume it will just go away!

Facilitator’s Notes



Vaccines



Importance and timeliness of vaccines



1 Hour

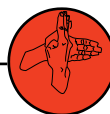


Nylon sheets – old and new; list of vaccines



'Umbrella'

- Gather participants in a semi-circle.
- Introduce the topic and ask participants to give their ideas.
- Ask them to mention some of the vaccines they know of and/or have gotten from the time they were young. Mention some they may not have.
- Let participants state which ones must be gotten at childhood, and what may happen if one does not, and which ones can be gotten in adulthood.
- Talk about the cervical cancer vaccine and what it prevents; talk about a possible HIV Vaccine being worked on by world scientists.
- Let them know you want them to participate in an activity to help them understand the timeliness of vaccines as well as consequences of late or no vaccines especially the important ones.
- Get 8 volunteers; take them aside and explain to them what they will be demonstrating to students. Ensure they are prepared.
- This activity may require you to move the participants outside as this activity involves use of water.
- 1st 3 participants are to use the new nylon sheet; 2nd 3 volunteers are to use the old nylon sheet. 2 other volunteers are to be sprinkling water.
- 1st 3 volunteers will be covering themselves with the nylon sheets; the 2 volunteers will hold a jar of water, or a sprinkler, and sprinkle water at the 3 volunteers, repeatedly, while the 3 try to ensure water does not pour on them.
- Get participants to discuss what's happening; explain to them the 'new nylon sheet' represents timely administration of vaccine, and 'water' represents disease. Because water could not make the volunteers wet, it shows they had vaccines on time to prevent the different diseases you earlier discussed, thus they cannot be sick.
- Get the 2nd group of volunteers to act out as the 1st group; 2 volunteers will wear the old nylon sheets and one will not.
- Discuss the activity and let participants know that because the nylon sheets were old and torn, and one volunteer had none, means the volunteers could not protect themselves from water. This shows that they got their vaccines late, or not at all, and thus were attacked by diseases.
- Leave room for Q/A.
- Recap to ensure all participants understand the topic.



Vaccine is a substance made from the germs that cause a particular disease, and given to a person or animal to prevent him/her/it from catching that disease. It is given to prevent diseases that may otherwise be fatal when a child/person contracts it. They are given on time for it to work well.

Importance of vaccines:

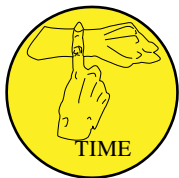
- Guard against catching fatal diseases in especially children
- Controls against pandemics
- Reduces cases of mortality
- Reinforces immunity
- Cost-effective compared to dealing with a disease breakout



Sexuality and Sexual Orientation



To explain and discuss sexuality and sexual orientation

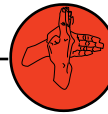


1 Hour





- Gather participants in a semi-circle.
 - Introduce the topic ‘sexual orientation’ and get their views on it.
 - Talk about the different orientations that exist, expounding on each vividly.
 - Discuss the topic ‘sexuality’.
 - Let participants know that sexuality is influenced by sexual orientation.
 - Talk about the aspects of sexuality.
 - Talk about what scientists think, and what communities think.
 - Talk about the state of homosexual rights generally; touch on the Kenyan Constitution about it and mention countries where their rights are recognized.
 - Talk about some of the challenges faced by same sex individuals.
 - Ask participants what they think causes homosexuality and bisexuality (myths, misconceptions etc).
- Ensure you state what ‘coming out’ is as mentioned in the ‘facts’.
- Ask them what they think when they know one is of a different sexual orientation.
 - Let them know that because people have all sorts of ideas to change sexual orientation, you would like to hear their ideas too. Summarize by mentioning the written points on ‘acceptance of people regardless of their sexual orientation’.
 - Let them know that because it’s a complex situation for everyone we can at least be mindful; mention ways one can be mindful, and ask them to mention more.
 - Leave room for Q/A.
 - Do a recap to ensure the topic is well understood.



Sexual Orientation describes a pattern of *emotional, romantic* and/or *sexual attractions* to males, females or both.

These attractions are subsumed under:

<i>Heterosexuality</i>	- Opposite sex- male and female.
<i>Homosexuality</i>	- Same sex - male to male (gay) or female to female(lesbianism).
<i>Bisexuality</i>	- Both sexes - attraction of a person to both male and female.
<i>Asexuality</i>	- Little or no attraction to either male or female.

Sexuality refers to the way someone is sexually attracted to another person (or not attracted) - which is influenced by their sexual orientation.

Sexual forces among the different sexual orientations are all determined by the mental activity, social, cultural, educational, and ordinary uniqueness of the environment where a person grows and develops their characters or individualism.

Current consensus among scholars is that sexual orientation is not a choice. No particular cause for sexual orientation has been conclusively demonstrated; however, research shows a combination of genetic, hormonal and environmental influences.

Aspects of sexuality:

There are many aspects that make up sexuality. Each of these aspects are connected to each other and make a person who he or she is. The following are aspects of sexuality:

- **Body image:** How we look and feel about ourselves, and how we appear to others.
- **Gender roles:** The way we express being either male or female, and the expectations people have for us based on our gender (sex).
- **Relationships:** The ways we interact with others and express our feelings for others.
- **Intimacy:** Sharing thoughts or feelings in a close relationship, with or without physical closeness.
- **Love:** Feelings of affection and how we express those feelings for others.
- **Sexual arousal:** The different things that excite us sexually.
- **Social roles:** How we contribute to and fit into society.
- **Genitals:** The parts of our bodies that define our sex. They are part of sexual pleasure and reproduction.

Scientists say that attractions one has between middle childhood and adolescence, even without sexual experience, may form the basis for sexuality.

In much of the world, spiritual standards, and communal practices consider heterosexual orientation as normal, hence term other forms of sexual orientation as odd. This may cause persons with different sexual orientation from the norm shying away from open society, and instead keeping mum about their orientation, or privately/secretly belong to a group of their kind. Laws that define homosexuality as a crime also cause people of different sexual orientation to be silent and/or secretive.

Those who have ‘come out’ about their situation, or have been secret about it but have been ‘found out’, have faced setbacks such as:

- **Discrimination** – unable to get jobs, unable to socialize, unable to move freely without back-talk
- **Harassment** - sexual harassment (negative sexual comments, jokes, signs etc)
- **Violence** – being beaten, even killed, sexual violence such as rape.
- **Legal prosecution** with severe forms of punishment (in some countries).

In other countries however, persons with other forms of sexual orientation have fought for their rights till their sexual orientation is recognized and their rights respected. Many are able to ‘come out’ and join groups of their kind without any problem. However these persons may still face discrimination, harassment and violence.

Causes:

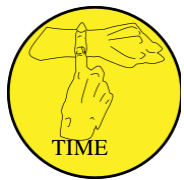
- It is said many people experience little or no sense of choice about their sexual orientation. Thus far, no single genetic cause(s) has been noted by scientists; research shows it is a combination of genetic, hormonal, other biological processes, environmental, social and cultures influences.
- Stories not supported by science: some state their sexual orientation was influenced by fellow peers or adults in their growing-up environments e.g. being in an all- boys or girls boarding school, sexual molestation from adults whose care a child or teenager was placed under in home, church, social settings, etc.



Gender/Sex



To distinguish between sex roles and gender roles



1 Hour 30 Mins



Scissors, Manila paper, marker pens



'Mimi'

- Introduce the topic 'sex'; ask them the different types of sex they know.
- Introduce gender; ask them what they think people expect of them and how they feel normally.
- Introduce gender roles; ask participants what roles they are currently undertaking.
- Ask them where they learnt the role.
- Let them know you want them to participate in an activity as you continue with your discussion; cut strips of manila paper and write the following statements in capital letters.
- Ask participants to 1st talk about what they think boys and girls are good at; 2nd make two columns – one for boys, one for girls. Go further ahead and ask them, 3rd, why the difference in what both sexes are good at... at the end of their answers state that though there are reasons why there are these differences e.g. men having bigger muscles than women. It is okay if one feels capable of doing what either women or men can do so long as they are comfortable... e.g. now men are chefs, and women are truck drivers.
- Ask them to state what they have seen both women and men do, or what more activities they feel each can do. At the end of their statements, let them know that what is important in both men and women being able to do the same thing is not to show off, not to ridicule, but instead to show harmony, acceptance and growth of a community.
- Talk about harms caused by gender roles; mention some of the written examples and encourage them to state others. Let them discuss how being boy/girl makes them feel, with regard to the harms stated.
- Ask participants how they would deal with these harms if they ever experience them later in life. Put across these statements to guide them in that effect...

Being a girl (or boy) makes me feel...

Boys are better at...

Girls are better at...

Both can do.....

If I were male/female I would change... ;

If I were the opposite sex, my life would be different because...

At the end of their statements, state that what is important is that a person is happy with themselves and what they choose to do as long as it is within the laws and norms of their society.

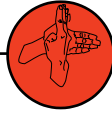
- Now talk about gender stereotypes: state its meaning and give examples. Ask them to state other stereotype situations they may have seen or experienced. Refer to the previous statements for discussion to see if participants may have mentioned some, and go through them together.
- Ask participants how they feel normally when they hear or see such situations
- Discuss how people generally deal with stereotyping; write out these two case studies – gender sensitive – and ask participants what they would do.

Case Studies:

Girls situation - Mariana has been offered a place at the school's vocational center to study carpentry. She is the only girl in the class and the boys are always teasing her about doing a 'man's job.' When she scored higher than the boys in the exams, the boys stopped talking to her. She is feeling lonely because she has no friends in the class. What should she do?

Boys situation - Njoro wants to help his younger sister prepare lunch but his friend Josh is telling him, "no way man, that's a girl's work!". Njoro goes ahead to do so but fears Josh may tell others. What should he do?

- Finally talk about the beliefs women and men have of each other, and let them discuss briefly some, stating how they feel.
- Let them know that stereotyping and belief patterns may not go away but what's important is that someone knows who s/he is, what they want to do and feel okay, regardless of what people think.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Gender -- describes the ideas and expectations people have about men and women.

A person's gender is made up of roles, duties, appearance, speech, movement, and more. Ideas about gender are learned from family, friends, teachers, religious leaders, advertisements, the media, and opinion leaders.

Sex: is the physical characteristics that identify a person as a male or a female. These physical differences determine a person's sex.

Gender roles

Activities that are deemed appropriate for persons based on their sex (male or female), and are defined by how a community characterizes as a female or a male role. E.g.

- Women fetch water and fuel, prepare food and care for their children and husband.
- Men work outside the home to care for their families and for their parents in old age and to protect their families from danger.
- From parents to children
- Extended family members
- Community members
- Media (television, internet)

NB-- Parents care for girls and boys differently-- sometimes unawares; children grow up accepting roles to please parents. These roles help children learn their gender and what it means/takes to be a woman or a man in their community. Currently the changing world has influenced gender roles and most young people want to live differently; there are however difficulties as families and communities still expect the status quo.

When gender roles cause harm:

Every culture has expectations of men and women's roles and actions; both can be satisfying and give sense of belonging and/or harm or limitations. E.g.

- In most communities, women are bearers of children and caretakers of children, husbands and home. Many women like these roles as it gives them status in society; however other women are following other interests and not getting married or having children, and are thus ostracized by society.
- Most communities find male work more important than female. A woman works all day, comes back and cooks, cleans, and cares for children without rest; however a man's work is considered more important implying he alone deserves to rest. Children will grow up thinking a woman's work is less important or valuable.
- Women are often considered more emotional than men, and are free to express these emotions with others. Men, however, are often taught that showing emotions like sadness or tenderness is unmanly, so they hide their feelings. Or they express their feelings in angry or violent ways that are more acceptable to men.

When men are unable to show their feelings, children may feel more distant from their fathers, and men are less able to get support from others for their problems.

- Women are often discouraged from speaking at or are forbidden to attend community meetings. This means the community only hears about what men think. Since women also have knowledge and experiences to share, the whole community suffers when they cannot discuss problems and offer suggestions.

Gender Stereotypes

A stereotype is an oversimplified or biased description of a group. Stereotypes are often negative and harmful. Gender stereotypes are generally used to describe the abilities of men versus those of women.

Female Stereotypes

- Gentle and caring
- Physically weak
- Less intellectual
- Submissive
- Cannot lead followers in a household
- Likes to gossip
- Cannot make decisions

Male Stereotypes

- Rough
- Individualistic
- Physically strong
- More intellectual
- Assertive
- Leaders and decision-makers
- Heads of household

Women believe they should be:

- Be emotionally sensitive
- Be vulnerable
- Submit to wishes of men
- Be dependent
- Meet needs of others before self
- Be physically attractive
- Be tolerant
- Avoid careers in math and sciences
- Have children when men want

Men believe they should:

- Be in control
- Appear unemotional
- Be dominant
- Be sexually active
- Have many partners
- Head the family
- Be the breadwinner
- Avoid household work
- Be strong (resolve conflicts with violence)
- Take risks
- Be in careers that are mechanical and analytical

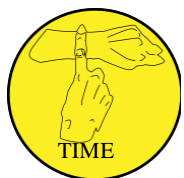
Facilitator's Notes



Friendship



**To clarify misconceptions about friendship especially among Deaf boys and girls
To show what makes good friendship among Deaf boys and girls**



1 Hour





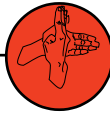
- Gather participants in a semi-circle.
- Introduce the topic friendship and ask participants what their understanding of it is.
- Further ask them the different types of friendship they know of;
- Ask them if it is normal and okay for a boy and girl to be friends. Let them know it is normal and okay so long as there are boundaries.
- Ask them what boundaries need to be in place for a boy/girl friendship to be normal.
- Ask them what differences there are between girl/girl and/or boy/boy friendship, and boy/girl friendship; make 2 columns and write the differences.
- Ask them if there are similarities; make 2 columns as well and write the similarities.
- Ask them why there is stigmatization of boy/girl friendship among the Deaf; explore this so they are able to exhaust the issue.
- Ask them how they can turn around the situation to undo the stigma in their school/community without causing other problems for themselves.
- Now ask for 4 volunteers: 2 boys and 2 girls. Tell participants the volunteers will be enacting 2 scenarios from a story line science teacher has given homework – science project to be done outside – and the students are to do the homework after class.
- Read to the participants what will be enacted in 1 scenario –

[Boy writes a secret note to girl and tells her they meet for ‘studies’ after other students have left class. The girl agrees and goes back to class to find the boy waiting. But instead of studying the boy starts to tell the girl he ‘loves’ her, wants to hold her hands, looks at her cheekily, and the girl runs away, without them doing their project]. Let the 2 participants enact this scenario.

- Ask participants what is wrong with the scenario has e.g. meeting in private instead of in the open - field, boy touching girl, boy lying he wants to study together, girl not sensing danger, homework is not done and they will be punished for that etc.
- Read out the 2nd scenario –

[Boy goes to girl without hiding and asks girl if she would like to conduct the science project with him. They both agree they meet outside in the field to study. While other students are playing out in the field, the 2 carry out their project cordially, not touching, without being cheeky, with no uncomfortable talks or looks. They finish and thank each other for their contribution, and they join their other friends to play]. Let the two volunteers enact this scenario.

- Ask participants what good things the scenario demonstrates e.g. meeting in the open, working without disturbing each other in a sexual manner, being cordial, respectful, etc.
- Let them know the 2nd scenario represents what normal friendship is and it applies to all categories of friendship.
- Summarize to participants what entails a cordial friendship between boys and girls, as well as what entails a disrespectful friendship.
- Let participants know what they should do when caught in the situation enacted in the 1st scenario or similar situations.
- Give room for Q/A.
- Do a recap to ensure the topic is well understood.



Friendship is a *source of support* found among age-mates, schools mates, work mates etc, including family, where one or two have similar mannerisms, goals, and activities. Commonly, friendship is among persons of the same sex e.g. girl/girl, and boy/boy. However there is also friendship among boys and girls and it is very much alright. It does not involve intimacy, and/or sex; **SEX IS NOT PART OF FRIENDSHIP**; instead these friends can be involved in doing activities such as cleaning, gardening, reading, sports, community work etc. They are like brothers and sisters who can be good friends.

Types of friendship:

- Associates where people share a common activity, like a hobby or a sport.
- Useful contacts where people share information and advice, typically related to work or advancing career.
- Favor friends where people help each other out in a functional manner, but not in an emotional manner.
- Fun friends where people socialize together, but only for fun. They don't provide each other with a deep level of emotional support.
- Helpmates are a combination of favor friends and fun friends. They socialize together and help each other out in a functional manner.
- Comforters are like helpmates, but they also provide emotional support.
- Confidants disclose personal information to each other, enjoyed each other's company, but aren't always in a position to offer practical help, for example if they live far away.
- Soul-mates display all of the elements.

Importance of friendship among young people:

- Helps young people share ideas, thoughts and experiences without fear or betrayal.
- Helps young people share experiences about bodily changes, which helps them feel normal.
- Helps them search and find people they identify with, who have characters similar to theirs.
- Helps young people be part of a group and feel they belong where they are accepted and respected.
- Helps young people work at pleasing others, and importantly in a good way, in the process growing certain values such as trust.
- Helps young people choose friends and relationships that are going to develop their personality positively.

Good friendship has the following good traits:

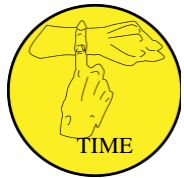
- Respect – both boys and girls should use proper language with each other, and not have derogatory term. Boys and girls need to respect each other's bodies, and there should be no touching of their bodies.
- Responsible – one should do as they say and not expect others to do things for them. Boys and girls should know that any activity can be done by either of them, and not expect only girls do so, and vice versa.
- Understanding
- Honesty
- Trusting
- Gentleness
- Kind



Infatuation



To demonstrate that infatuation is a kind of feeling that doesn't last long, but is normal to experience.



1 Hour

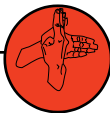


Rulers, pieces of paper, scissors



'Statism'

- Get participants to sit in a semi-circle.
- Introduce the topic, and ask participants what they perceive it as. Take them through what it is.
- Ask participants to divide into groups of 5 - be gender sensitive – and each group to ensure they have a ruler.
- Distribute a sheet of paper to each group; tell them to tear the paper into small pieces.
- One person from each group is to take the ruler and continuously rub it on their hair for a minute, and when they are done, then bring it closer – an inch or two – to the papers.
- The ruler is to stay suspended above the paper for a few seconds, and then lifted up a bit; let participants observe what is happening to the papers.
- Let them do this repeatedly to carefully observe what is happening, and then get their comments about the activity.
- Tell them that this activity signifies how infatuation is; the sticking of papers on to the ruler signifies the sudden feelings one has for another, and when the papers eventually fall, signifies the sudden fading away of feelings.
- Take participants through what causes infatuation; get their ideas as well on what they think makes them go through infatuation.
- Ask participants to state some of the signs of infatuation that they have ever experienced. Ensure you mention what they may not have said.
- Ask (in a joking manner) how many have experienced the mentioned signs; let them know everyone has infatuations and it is okay to acknowledge them.
- Ask a volunteer to share, if they feel free, what made them infatuated... was it the boy's physique? The girl's figure? Hairstyle?
- Ask for volunteers who will enact some of the signs for infatuation; let them choose the aspects they want to enact and guide them.
- Ask participants what they did about how they felt; be sure to state how one can overcome the situation.
- Give time for Q/A.
- Do a recap to ensure the topic is well understood.



Infatuation is defined as being carried away by most probably unworkable expectations about passion and romance. It is a common emotion, usually felt at the start of a relationship. It's short-lived, and weakened with time and distance.

Causes of Infatuation

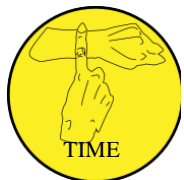
- Superficial reasons – when one notices the other due to e.g. how they dress, how they walk, hairstyle, monetary issues etc.
- Biological reasons – when one is getting into puberty, and is going through hormonal changes such as getting attracted to the opposite sex.



Love



To demonstrate romantic love and not confuse it with infatuation



1 Hour

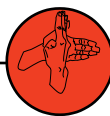


Firewood, paper, match-box, 3 big stones, sufuria/pan(s), water



'Moto Moto'

- Gather participants in a semi-circle.
- Introduce the topic love; ask participants what their understanding of it is.
- State what it is, and let participants know of the different types of love as well.
- Talk about sexual/eros/romantic love with participants; if you are in love or have been in love yourself, be comfortable to talk about your situation with them so as to help them warm up to talking about love.
- Discuss what sexual love entails; as you talk about it, try and compare with traits of infatuation to help them differentiate the two issues e.g. love is patient and waits for the right time for sexual intercourse, infatuation is impatient and demands it.
- Let participants know you want them to participate in an activity; get participants to go outside.
- Let them know you want them to make fire and therefore to collect materials needed for the fire; firewood, 3 big stones, papers/leaves, etc.
- Ask participants how many have made 3-stone fires either at home or at a camp-out.
- Tell participants to join forces and start making the fire; if they like they can collect more materials and make separate fires. When they are done making the fires, let them place the sufurias/pans with water on the fires.
- As the fires burn, ask participants what they need to add to the fire to keep it burning for the water to boil: firewood.
- Now let participants know that the fire signifies the attraction one has for the other; firewood signifies love traits - fondness, respect, appreciation, protection; boiling water signifies love.
- Let them know that the process of making fire is basically one showing the other how they feel, and for the fire (feelings) to continue burning (be felt more and more), firewood (traits of love - respect, fondness, appreciation etc) must be added to the fire, for the water (love) to boil (grow). This takes patience.
- Let them know that as they are a team making the fire, so should be the two people in love to ensure their love grows.
- To compare with infatuation: if only one person is busy making fire, and adding firewood alone, without the other person's help... shortly the fire will die down.
- Adding wet firewood to the fire will make the fire not burn well, or will give out a lot of smoke. This means that one person is doing what the other does not want e.g. making one have sexual intercourse when they are not ready, making the other feel uncomfortable. Wet firewood means e.g. sexual intercourse, and the smoke means discomfort.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



There are several types of love, e.g.

- *Eros* - Between two people who are in love, and on cloud nine, queasy stomachs, and warm feelings. This can also be termed as romantic/sexual love.
- *Philiial love* - Between brothers, friends.
- *Agape love* - Unconditional, between Jesus and man – based on commitment and the words decreed do not change.

We however can break the word love into further categories as below as it encompasses also that particular love between parents and children.

- Security/storage love – given by parents to children
- Friendship love – between good friends
- Romantic/sexual love – between people who are on cloud 9 and learn to commit to each other
- Unconditional love – between man and God

The kind of love we are talking about here is the ‘eros’/romantic/sexual love; it refers to a deep feeling of fondness, sexual attraction, respect, caring and understanding for another person. It is not short-lived or weakened by distance or jealousy.

Eros/romantic/sexual love has the following traits:

- It cares for your health and future and never puts them at risk.
- Both emotion and devotion are involved in real love, and it comes gradually between two people; they grow into it after many experiences together.
- It involves the entire personality.
- Each person respects the mind and body of the other.
- It is based on knowing and understanding each other.
- It thinks of the other person, wants to protect him/her and does things to make him/her happy.
- It is trustful, calm, secure, hopeful and self-confident
- Its physical expression has tender meaning and comes slowly, naturally and sincerely.
- It causes one to be proud of the other person and wants to introduce him/her to others, including parents and other adults.
- It is patient and says, “We want to be together forever! We can wait! Nothing can happen to our love for each other.”
- It makes the other person happy and makes him or her a better person.
- In case of real love, you will care about the other person, rather than think about yourself.
- Love is all about giving and not bothering about what you get in return.
- Real love becomes stronger with passing time.
- The pain of separation or breakup is real; when two persons are in love.
- Love will exist in spite of imperfections in the other person.
- You will cover his/her faults, rather than reveal them to other people.

***NB:** It is important to remember that sexual intercourse is not the only way of showing love to someone, and having sex does not mean that two people will fall in love. When you love someone, you will respect their body till you are both ready.*



Sexual Rights



Knowledge on sexual rights



1 Hour



Sexual Rights

Clarification

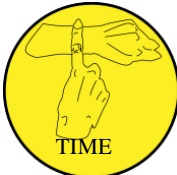
The right to make your own decisions about being sexual (or not), regardless of your partner's wishes.	To opt not to be sexual; choose not to be sexual anymore if before one was sexual.
The right to decide about birth control and protection from sexually transmitted infections (STIs); the right to make free and responsible reproductive choices.	Choosing to use birth control and the control method; choosing when to have a child; choosing protection from STIs. Pregnancies and sexually transmitted infections should not "just happen."
The right to stop sexual activity at any time, including during or just before intercourse.	The right to make your own decision/choices about the several levels of sexual activity you are comfortable with and engage in only those activities you want to participate in.
The right to state discomfort of any sexual activity.	Right to tell partner or relative the discomfort to certain ways of expressing affection.
The right to know a partner's sexual health status - for sexually transmitted infections (STIs).	Asking a partner about STIs – It's being a responsible, sexual person. It's not wrong to want to protect self.
The right to tell a partner sexual likes - to be hugged, cuddled or touched without sexual intercourse.	The right to say your wants and needs; the right to be sensual without being sexual; the right to say when.
The right to sexual independence, sexual honor and sexual body safety.	The right to decision making on sexual life based on own values. To be sexual without violence.
The right to sexual privacy.	The right to make your own decisions about sex without ignoring sexual rights of others, including privacy of your medical information, unless in cases of sexual violence.
The right to sexual fairness.	By consent, the right not to be discriminated against based on gender, sexual orientation, age, race, social class, religion or physical and emotional disability.
The right to sexual pleasure.	Right to responsible and safe sexual pleasure.
The right to emotional sexual expression.	To convey your sexuality, including communication, touch, emotions and love, not necessarily through sexual acts.
The right to complete sexuality education.	To be educated about sexuality to empower you to make safer sexual decisions and know when to seek attention when unwell.
The right to sexual information based on scientific studies.	Studies of sexuality ought to be done, and data gained be made available.
The right to sexual health care.	Treatment for any sexual problems, get preventive care to keep you healthy regardless of sexual orientation, disability status, race, class, age.



Sexual Offences



Awareness of various forms of sexual rights' violation
Legal action to take upon violation
Prevention of violations



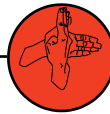
2 Hours



Illustrations/pictures of sexual offences;
Stories on sexual offences



-
- Gather participants in a semi-circle.
 - Introduce the topic sexual rights violation
 - Ask participants what crimes they know of that are termed a sexual offence.
 - Let participants know that the crimes to be discussed are happening among Deaf adults and to deaf Children.
 - Take participants through the list of sex crimes; give clarifications, examples if possible, or ask participants if they have heard or know of situation(s) regarding the offence.
 - Ask participants who can draw, to try drawing out some of the offences as they perceive them.
 - Discuss the drawings with other students.
 - Talk about what one should do when they suffer other severe forms of sexual offence; make it clear one must visit both the police and hospital to be helped, and for action to be taken against the perpetrator.
 - Discuss with participants why people don't report sexual offences; mention what may not have been touched on.
 - Talk about the problems one experiences after a sexual offence; allow them to tell a few stories if they know of any.
 - Bring to participant's attention what makes one vulnerable to sexual offence; expound and ask them to give examples.
 - Talk about the very many preventive measures one can deploy to prevent a sexual offence; ask participants if they would like to dramatize some of the prevention measures (keep the session lively).
 - Leave room for Q/A.
 - Do a recap to ensure the topic is well understood.



Sexual rights violation (sexual offences) is the going against one's sexual rights by unlawfully committing or trying to commit an act against one's will. It is said that every 6 seconds, a rape takes place. The majority of sexual offences victims are women, men being the aggressor. Below are the different forms of sexual offences:

- ***Sexual harassment*** - It involves unwanted physical contact, sexual comments and attention, which are intended to hurt, offend or intimidate a person.
 - The harassment can be done by either male or female i.e boys harass girls and girls harass boys.
 - Adults can harass young boys and girls, and teenagers, or people of same age group can also harass each other.

These actions include:

Sexual Offense	Clarification
Making sexual jokes, comments, or signs to or about someone	
Showing someone sexual videos or pictures.	
Sending sexual messages on phone	
Touching, grabbing or punching someone without their consent	
Pulling someone's clothing	
Brushing up body parts against another person in a sexual way	
Rape	Unlawful/forceful use of private parts to penetrate another person's private parts
Attempted rape	Attempting to unlawfully use private parts to penetrate another person's private parts.
Sexual assault	Assault of a sexual nature on another person, or any sexual act committed without consent.
Induced sexual act	Overly persuasion into a sexual act, when someone does not want.
Induced sexual act with child or disabled person	Overly persuasion into a sexual act with a child or disabled person
Defilement	An adult having sex with anyone below 18 years even if the child agrees.
Attempted defilement	Attempting an act that causes penetration to child (below 18 years).
Gang rape	2 or more people forcefully penetrate the private parts of another person.
Indecent act:	A person uses his/her private parts to touch another person either adult or child.
Child trafficking:	Persons/organization transporting a child in/out of Kenya for a sexual crime to be committed to the child.

Child sex tourism	Arranging for persons travelling to commit sexual crimes to a child
Child prostitution	Keeping, giving out, taking advantage, or threatening a child so they can be sexually abused or be part of indecent shows.
Child pornography	Making sexual films of children performing sexual acts
Exploitation of prostitution -	Making money from another person who is a prostitute.
Trafficking for sexual exploitation	Transporting persons willingly or against their will to other destinations for gainful sexual activities.
Prostitution of persons with mental disability	Making money by making a disabled person take part in prostitution.
Incest by male or female	Sexual intercourse with someone who he/she knows is his/her: <i>Daughter or son</i> <i>Granddaughter or grandson</i> <i>Sister or brother</i> <i>Mother/ father</i> <i>Niece / nephew</i> <i>Aunt/ uncle</i> <i>Grandmother/ grandfather</i> <i>Half -brother, half-sister</i> <i>Adopted brother or sister</i>
Sexual offence relating to position/person in position of trust	A person in authority engages in sexual intercourse with employee, or student.
Deliberate transmission of HIV	A person who knows s/he has HIV knowingly infects others deliberately.
Administering substance with intent	Giving a substance to another person that overpowers them, in order to have intercourse.

Action on Sexual harassment:

- If you see something odd, say something, report it to authority.
- If you can, lead away the person being offended .
- Record situations of such harassment e.g. keep messages, photos e.t.c.
- Be careful when around people to ensure you are not a victim in any way.

Action on Rape:

1. Do not shower; don't wash your clothes, including underwear.
2. Talk to a parent or trusted adult.
3. Go to the nearest hospital or health facility for a medical exam and treatment. A doctor should provide treatment, confirm the rape, and obtain evidence. A medical report allows the P3 form to be completed effectively because it contains all clinical notes. You should be given the original medical report.
4. Take the medical report to the police station where a report is entered into the Occurrence Book.
5. You will be issued a P3 form, which should be free of charge. An OB number should be given to you. Bring the clothes worn at the time wrapped in newspaper (not nylon or plastic). If severely hurt, the police should be asked to visit the health facility with a P3 form to record the crime.
6. The police should record your statement and that of any witnesses. Only sign it when you are satisfied with what is written.
7. Take the P3 form to be completed by an authorized health worker based on the medical report.
8. Identify the accused for arrest and attend court when the accused is charged.

Most rape cases are not reported because:

- Fear of being blamed.
- Fear of consequences.
- A false sense of obligation to protect a relative or acquaintance.
- Fear that no one will believe them.
- Fear that everyone will know about it.
- Fear that no one will care or listen.

Consequences of sexual offences:

- Pregnancy.
- Gynaecological complications e.g ruptured vaginal wall, pelvic pain.
- Infections- STIs (like HIV, gonorrhoea).
- Mental instability (behavioral problems) –confusion, fear, denial, distrust
- Suicidal tendencies – feeling unworthy, damaged beyond repair.
- Harmful substance abuse – alcoholic, smoking.
- Unhealthy dietary behavior – overly fasting, vomiting, overeating.

Vulnerability to sexual offences:

- *Age* – children and the elderly are the easiest targets of sexual offenders as they are defenseless; children are often enticed by material things such as sweets.
- *Drugs and alcohol* – one can be intoxicated to not know what is happening to them and can be taken advantage of.
- *Poverty* – makes one undertake risky sexual ventures to make ends meet.
- *Isolation* – staying alone in a house, walking alone at dark etc, makes one vulnerable to attack.
- *Illiteracy* – not knowing your rights, what is wrong or right makes one vulnerable to sexual exploitation, among other forms of human oppression.

Preventive measures:

- Awareness on general rights as well as sexual rights
- Avoiding isolation whenever possible
- Teach children to not talk to strangers; to not accept anyone to touch them; to not accept anything from anyone; to be free to talk to you who they trust about anything.
- Trust your instinct; leave if a situation makes you uneasy.
- Be alert to your surroundings and the people around you.
- Don't appear vulnerable, walk confidently and with a steady pace.
- Always let someone know where you are and where you may be going.
- Don't let strangers into your home-no matter what the reason or emergency. Make the emergency phone call while they wait outside.
- If you come home and find a door or window open or signs of forced entry, DON'T GO IN! Call for help from neighbours or police.
- Never mention you, a friend, or a neighbor lives alone or is at home alone.
- In public or on a cell phone, don't broadcast your plans so strangers can overhear.
- Keep entrances well lit. It is not uncommon for a criminal to remove, unscrew, or break bulbs in entryways.
- Always have your door key ready so you can enter your home without delay.
- When friends or family escort you home or to work, have them wait until you are safely inside before leaving and do the same for your friends and family.
- If you think you are being followed, walk to a public place or to an open police or fire station.
- Don't accept rides from strangers.
- If a driver stops to ask directions, avoid getting near the car. Never let someone get you in their car - run, yell, attract attention.
- If you are harassed by the occupants of a car as you walk, turn and walk the opposite direction.
- Avoid walking alone at night and avoid doorways, bushes, and alleys.
- Have an idea of where you are going and be suspicious of sudden changes to the plan. Let someone know where you are going.
- Meet persons in open places, unless you trust them
- Stay sober while on a date. Remember, alcohol impairs judgment and memory.
- Don't accept drinks from other people, except someone you trust.
- Open containers yourself.
- Never leave your drink unattended. Take it with you, even to the bathroom.
- Don't share drinks.
- If you feel sick or dizzy while out socially, go to someone you trust or call someone to come pick you up. Never leave alone or with someone you do not trust with your life.
- When somebody talks to you in a sexual way, or touches you in a way that makes you feel uncomfortable, be very clear and tell them in a strong way "stop!@

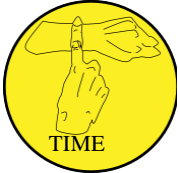
Remember, NO means NO!!!!



Values



Importance of values
Ways one acquires values



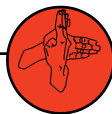
1 Hour



Value structure form



- Gather participants in a semi-circle.
- Introduce the topic stating its meaning. Expound touching on several but similar meanings.
- Let participants know how one acquires values.
- Mention how one can have many values, make some core values, and follow others knowingly or unknowingly.
- Talk about difference in values, what the difference can bring about, and the existence of laws.
- Let participants know about importance of values.
- Take participants through some of the mentioned values; discuss each value, citing examples. Let them also try and add to the list.
- Let participants know you want them to take part in an activity that is about their personal values, and how those values can be influenced by others.
- Draw a copy of 'my value structure' – found in appendix 14 – on the chalk board; tell participants to copy it in their notebooks, and guide them how to put the sign 'X'.
- When they are done, ask them to add up the 'X' in each column, and to note the column with the most 'X'.
- Let them know the column with the most X is where they get the most influence from.
- Let them know it's okay for one to be influenced on practicing a certain value, so long as it is right, and they are comfortable.
- They can do this activity by coming up with some other values and getting to know who influences, as well as the values they possess.
- Talk about some of their school values that are similar to personal values.
- Discuss with participants what lack of value observance can cause; let them also try mentioning more setbacks, and if possible cite stories of what they have seen, or even done.
- Let participants know that one can 're-value' him/herself, by striving to achieve their set values so they can have a meaningful life.
- Talk about physical values: ask participants what they would wish to buy when they start getting money.
- Let them know that to get physical values one has to work at his or her personal values.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



A **Value** is a conviction or belief that defines your life - made real through emotions and feelings, which you strive to achieve to make you feel purposeful in life. They are like personal rules and standards that guide your life. We are motivated to do things in different or certain ways; this motivation is determined by the values we believe in.

One can have many values, and can decide which ones are core to guide his or her life, while practicing others without noticing.

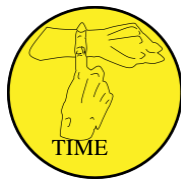
Humans have different values as far as each person's upbringing, growing up environment, and genetics is concerned. Others are acquired as one matures and sets their own path in life.



Self Esteem



**Importance of self-esteem;
Building/rebuilding self
esteem**



1 Hour 30 Mins





- Gather participants in a semi-circle.
- Introduce the topic.
- State how self esteem is built from childhood through motivation.
- Talk about the aspects of self esteem; let participants also say what they think make up aspects of it. Cite an example of an esteem aspect you have yourself to help them along.
- Let participants know what 'high self esteem' is, and what its traits are; cite an example to help them participate in stating the traits.
- Ask participants if there can be a negative side of one who has high self esteem. Ask them if they have come across someone who is arrogant, boastful... mention all the negativity of too much self-esteem.
- Let participants know you would like them to participate in an activity of role-play involving only action, no talking/signing.

ACTIVITY 1

'Arrogance'

Jane is walking past Janet who's carrying her books. Jane knocks off Janet's books accidentally, does not apologize, and instead tells Janet to look at where she is going.

ACTIVITY 2

'Boastful Jacob'

Jacob is constantly boasting about his basketball prowess to his team-mates that he scarcely gives out the ball during play; the team recently lost a game, and Jacob went ahead blaming others except himself.

- Let them know that some people with high self esteem tend to forget the humaneness and moderacy of things, and instead go overboard with their actions, hurting others and themselves as well in the process.
- Talk about how one can work at moderating their high self esteem; let participants say what they feel can be done or the person can do. Mention what may not have been said.
- Bring to participants attention 'low self esteem' and its traits;
- Let them know that having low self esteem is as a result of negativity in one's 'growing up' environment; cite some reasons and let participants say the rest. Mention what may not have been said.
- Tell participants that low self esteem can also be worked on and improved for the better; talk about ways one can build their self esteem every day.
- Involve participants in this activity:
 - Write any 5 qualities you appreciate about yourself e.g honesty, friendliness
 - 5 skills you posses e.g. cooking
 - 5 great achievements e.g. certificate, degree
 - 5 things that can make you happy
 - 5 things you can do to make others happy
- Let them know that these lists can be improved every day, and planned for the future
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Self esteem is the sense of worthiness one possesses; it describes how one feels about him/herself.

- Self esteem is something deep inside you.
- Self-esteem protects you. When someone treats you poorly, your sense of self esteem shouts: “This is wrong. I do not want to be treated like this!”
- People are not born with self-esteem. It is learned as children realize that they are loved and valued.
- As children hear positive remarks including praise, encouragement, and reassurance, about themselves and the things they do, their self-esteem is strengthened over time.
- Parents and family play a crucial role in building or damaging a young person’s self-esteem and helping a child to grow up believing that he or she is both lovable and capable.
- High self-esteem is different from pride or being conceited. People with high self-esteem like themselves, but that does not mean that they think they are perfect or better than other people.

Aspects of self esteem:

- Know yourself -- who you are; your values, goals, dreams, and priorities.
- Respect yourself: some people can do certain things better than others. Our friends may play football better, work better, or learn faster. They are not better, just different. Never compare yourself to others.
- Love yourself: we must love ourselves before we can love others. When we have a good relationship with ourselves, our relationship with others will improve.
- Affirm yourself: don’t hate yourself for what you haven’t managed to do, give yourself credit for the little you have managed to achieve.
- Belief in yourself: trust yourself to be your own teacher, your own guide, and your own decision maker over what concerns you.
- Acknowledge yourself: recognize yourself just as you are. You are doing your best now to next time create improvement.
- Show yourself: show others who you really are. Good character is based on being honest about who we are.
- Broaden yourself: self-image enables one to have a picture of what they want to be; don’t limit yourself. Undertake trials, take sound risks, dream big to empower you to achieve great things.
- Self Discipline: staying focused and having control over actions helps to achieve our goals.
- Foster yourself: encourage yourself with good friends, food, books, and experiences. Take care of your mind, body, and feelings, and take charge of our life.
- Be yourself: people may tell you or want you to be what they want, but be yourself, and be proud of who you are.
- Share yourself: feeling good about yourself, your time spent with others will be more satisfying and fulfilling. Sharing our life with others will help us to feel better about ourselves.

Traits of high self esteem:

- How people feel about themselves influences their actions towards others and what they can accomplish in life.
- People with high self esteem may have a high regard for themselves. They know that they are worthy of love and respect.
- They respect themselves. When people feel worthy of love and respect, they expect it from others.

- Having self esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times; but someone with high self-esteem can accept his or her mistakes and move on.
- If another person tries to convince or persuade him or her to do something they really do not want to do, people who feel good about themselves will be less likely to fall under another person's pressure. • They will feel more confident that their own decision is the right one and will make their own choices based on their own desires, and not the desires and values of others.
 - Belief in ourselves and in our own ability, then we are able to
 - Work hard
 - Set goals
 - Accept new challenges and try new activities
 - Be more comfortable with others, and develop closer and healthier relationships
 - Believe we can succeed
 - Gain self confidence
 - Be the person we want to be
 - Be assertive and refuse to be pressured into what you don't believe in

Negative side of too much self esteem and it's impact on you and others around you:

- | | |
|---------------------------|----------------------|
| • Arrogance | • Overly proud |
| • Boasting | • Air of superiority |
| • Tending to be selfish | • Blind to own fault |
| • Impulse control problem | • Overly aggressive |
| • Too defensive | • Egotistical |

Moderating high self Esteem:

- One can be counseled/talked to, to be aware of their negative actions as sometimes they are not
- Professional management of e.g. anger, impulse control
- Practice moderation with people around you to ensure you are working on your weaknesses
- Accept feedback from others to help you improve

Traits of low self-esteem:

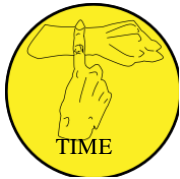
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|--|--------------------------------------|
| • More likely to fall under the influence of others. | • No assertiveness. |
| • Not trusting their own values or decisions. | • do not accomplish goals. |
| • Doesn't accept challenges easily | • Lacks enough levels of confidence |
| • Lack of social skills | • Disturbed and depressed appearance |
| • Eating disorders | • Fears criticism. |
| • Pessimistic | |
| • Negative thoughts hindering their recognition of potential | |



Assertion



**To show participants how to stand one's ground
to ensure they live up to their own principles**



1 Hour 30 Mins



**Paper
Pens**



- Gather participants in a semi-circle.
- Introduce the topic assertion; talk about what the traits are.
- Let participants know that if one is not assertive, they may act submissive, aggressive or passive; let participants know what each means, and the traits.
- Ask participants what the importance of assertion is; let them try to say why it's important for them to be assertive. Re-affirm the importance of assertion.
- Let participants know you wish to have them participate in a personal activity; tell participants to have paper and pen ready. Let them know it's a private activity and if someone likes, they can sit somewhere to privately do the activity. Tell them it is important they answer the questions frankly as it's meant to help with their assertion skills.
- Now write the statements in brown (below) on the chalk/flipchart; tell participants that for each statement they can either indicate as indicated below.

M - for most of the time, S - for some of the time, and N - for almost never.

1. I can express my feelings honestly.
2. When I say how I feel, it is not to hurt someone else.
3. I express my view on important things, even if others disagree.
4. I offer solutions to problems instead of just complaining.
5. I respect others' rights while standing up for my own.
6. I ask my friends for a favor when I need one.
7. I take responsibility for my own feelings instead of blaming others.
8. If I disagree with someone, I don't use verbal or physical abuse.
9. I can admit when I'm angry.
10. I can say "no" without guilt or an apology.
11. I do not do risky things with my friends.
12. I ask for help when I am hurt or confused.

Tell participants to count the number of Ms they have and see which group of count it belongs!

0 – 4: Need to work hard at being assertive.

5 – 9 : Somewhat assertive, but could improve.

10 – 12: Good and keep practicing.

- Give participants time to tally how many M's they have to know their assertion level.
- On the grounds that they were truthful to themselves, ask them how they feel about their results. They don't need to answer but check their reactions.
- Tell participants that the exercise is helping each person know the level of their assertion skills, and its meant to help them work at it, as no one is perfect, even those who scored more Ms.
- Now remind participants about the traits of submissiveness, aggression and passiveness, and talk about how one can improve on being assertive.
- Let participants know they can practice how to be assertive; choose certain activities, if not all, and get volunteers to enact them. Guide them through the activities.
- Let them know they can continue practicing even on their own to ensure they acquire the skills needed to be assertive.
- Leave room for Q/A.
- Do a recap to ensure the topic is well understood.



Assertiveness is expressing thoughts, feelings and beliefs in a direct, honest and appropriate way. It is standing up for yourself and being straightforward and honest with yourself and others about what you need and want. This is pegged to moderate high self esteem. Traits include:

- Telling someone exactly what you want in a way that does not seem rude or threatening.
- Standing up for your rights without endangering the rights of others
- Knowing what you need and want
- Expressing yourself with “I” statements. Say “I feel” not “You...”
- Looking people in the eyes when conversing
- Standing your ground

Submissive: the opposite of assertiveness. Unable to stand up for yourself, unable to say what you need or want, unable to express feelings and beliefs directly. Traits of submissiveness are pegged on traits of low self esteem. Traits include:

- Talking quietly
- Looking down or away
- Hiding the face with hands
- Giggling
- Sagging shoulders
- Avoiding disagreement

Passiveness:

- Giving in to the will of others
- Leaving it to others to decide for you
- Hoping to get what you want without having to say it

Aggression: a feeling of hostility that may lead to attacks or an unprovoked violent action. It is putting other people down, blaming, or criticizing them. It is highly pegged to the negative side of too much self-esteem. Traits include:

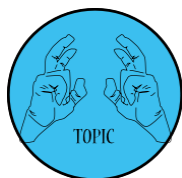
- Expressing your feelings or desires in a way that threatens or punishes others
- Insisting on your rights while denying their rights
- Dominating, shouting, demanding, not listening to others
- Looking down on people
- Saying others are wrong
- Blaming, threatening, or fighting with others

Importance of assertion:

- Skill for getting along with others and achieving your goals
- Helps you protect yourself from dangerous situations
- Helps you resist peer pressure to doing things that make you uncomfortable.

How to be Assertive:

- Decide what you feel or want and say it— be honest about your feelings, do not fear. Being confident about your own feelings will encourage others to respect them as well.
- Look people in the eye - portrays seriousness, attentiveness.
- Do not make excuses - if you don't want something, say it so, do not bring other people into the issue; what you want is what matters.
- Do not seek approval from others—never ask others what they think about your indecisiveness. Decide yourself and state so.
- Do not get confused by the other person's argument-- Stand your ground and never give in to what you don't want.
- You have a right to change your mind—you may have promised your boy/girlfriend you would have sexual intercourse, but you are now changing your mind; it is in order for one to change their mind.



Peer Pressure



**To learn skills to avoid peer pressure
To differentiate between bad and good peer pressure**



1 Hour 30 Mins





- Gather participants in a semi-circle.
- Introduce the topic, ensuring you touch on all the definitions, and where appropriate, allow them to give examples.
- Ask participants what ages of boys and girls experience peer pressure so much, and why it is so. Mention what they may not have mentioned.
- Let participants know how these ages can be trying, and the need for them to seek adult counsel.
- Ask participants to mention why they give in to pressure from their peers. Mention what they may not have mentioned.
- Take them through some of the bad activities friends pressure each other on; let them state what they can, and mention what they may not have mentioned.
- Let them know there are certain peers pressures which are good; give a few examples, and let them mention more. Mention what they may have not mentioned.
- Talk about resisting peer pressure; take them through each skill and try demonstrating physically.
- Let them know you want them to try demonstrating some of the skills as well; ask for 4 volunteers and assign each their task.

Activity 1: A boy is trying to pull a girl to a private place so they can go read together...

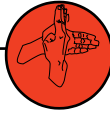
Activity 2: A girl is trying to convince the other to apply nail polish yet it is not allowed in the school...

- Ask them if they know other story lines and to demonstrate them.
- Let participants know that they can also apply their skills to help other friends who may be going through pressure but do not know what to do.
- Let them know you want them to demonstrate some of the skills; ask for volunteers and assign them their tasks.

Activity 1: Job and James have a cigarette and are daring Zack to smoke; Zack does not want to smoke but fears if he does not smoke, Job and James may use that to mock him every day. Zack's friend, Eric, sees him standing without saying or doing anything and comes to help him...

Activity 2: Janet comes and finds Nelly chatting with her friend Sally; she tries to convince Nelly to go out with her at night. Nelly tries to tell Janet that she does not like going out at night, but Janet insists, making Nelly uncomfortable and quiet. Sally then comes to her rescue.

- Ask them if they can come up with other story lines and demonstrate how they would help their friends.
- Leave room for Q/A.
- Do a recap to ensure all is understood.



Pressure - The feeling that you are being pushed towards making a certain choice – good or bad

Peer - Someone your own age group

Peer Pressure - Someone your own age group pushing you towards making a certain decision whether good or bad

Spoken Pressure - Something said directly to you that will cause you to make a choice e.g. being put down e.g. someone insulting you or name calling you to make you feel bad

Unspoken Pressure - Nothing said to you but peer action will cause pressure on you to make a choice e.g. dressing styles, hair styles, etc.

Peer pressure exists among all ages, as it's all about influence. However the most affected are teenagers whose minds are still developing, hence the easy sway, misjudgment, 'trying out' mindset, and the like. It's a time when boys and girls go through many forms of development emotionally, physically, mentally, psychologically, hence the 'rollercoaster' of events in their lives, and vulnerability.

It is a period in their lives when they need understanding, information, empowerment, support and guidance to go through this stage with 'minimal damage', so they can mature with less issues such as low self esteem, poor choices, addictions etc (bad experiences).

It is important for teenagers to be aware that it is the role of parents, teachers, and adult guardians to guide them through this period, and as such teenagers need them for wise counsel.

Why we give in to pressure from peers:

- Afraid of rejection; wanting to fit in
- Not wanting to lose a friend
- Don't want to hurt someone's feelings
- Feel you want to learn something
- Wanting to be liked
- Don't want to be made fun of
- Don't know how to get out of the situation
- Wanting to make more friends

Bad things friends put pressure on:

- That you must have a boy/girlfriend, or else you are not normal or beautiful or admired. It's okay to have a boyfriend, but you do not need to have a boyfriend to be loved by your peers.
- That when you have a boy/girlfriend, it means you must have sexual intercourse. No, you can have a boy/girlfriend and you do not engage in sexual intercourse.
- That it's okay to do drugs because everyone else is doing drugs or it is fashionable to do so. No, you do not have to do drugs because others are doing so or it is trendy to do so.
- That you need to dress a certain way to 'belong' or feel trendy, or to be noticed. No, you need not dress to follow trend, please others, belong, or be noticed. One learns to identify their style of modest dressing and stick to their principles/good standards.
- That it's okay to be arrogant and disrespectful to adults, the opposite sex, and teachers etc, because your age allows it. No one is taught to be arrogant and disrespectful; therefore it does not pay to do so. Instead, be smart, respectful, and obedient.



Peer Education



Benefits of peer education
Importance of peer education

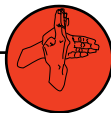


1 Hour





- Gather participants in a semi-circle.
- Introduce the topic, and mention examples such as Deaf peer networks that started after Sahaya Deaf Kenya trained some teachers as master teachers, and students as peer educators.
- Mention to participants that with training and support, a peer group can do wonders for teenagers and/or youth!
- Talk about why peer groups are of essence.
- Discuss the benefits of peer education; let participants add more of what they consider important in having peer education.
- Discuss how peer groups are formed.
- Let them try demonstrating how they would e.g. sit while discussing in a club setting.
- Give time for Q/A.
- Do a recap to ensure the topic is well understood.



Peer Educa~~tion~~ is a range of plans, programs and/or ideas where young people from a similar age group, background, culture and/or social status, educate and inform each other about a wide variety of issues.

By means of appropriate training and support, the young people become active players in the educational process rather than passive recipients of a set message. Central to this work is the collaboration between young people and adults.

Why Peer Education?

- Peers trust each other to share honest and explicit information
- Convincing source of information for other peers
- Share similar experiences and social norms

Benefits of peer education

- Positive changes in terms of knowledge, skills, attitudes and confidence.
- Strong emphasis on personal development
- Allows low achieving pupils to fully participate and succeed in a wider range of educational and health promoting activities.
- Peer group members can benefit from credible, up-to-date, relevant and fun activities delivered by fellow pupils with whom they can identify and build positive relationships.
- Plays a major role in helping schools foster positive relationships between pupils and teachers.
- Creates a caring and safe environment that promotes the health of all its members.
- Reduces chances of teenagers or youth engaging in harmful activities.

Appendix 01

Signs Glossary

Abortion - Kuavya mimba

The termination of pregnancy before full-term.



Abuse - Dhulumu

Mistreatment (emotional, physical, sexual) and/or misuse of something.



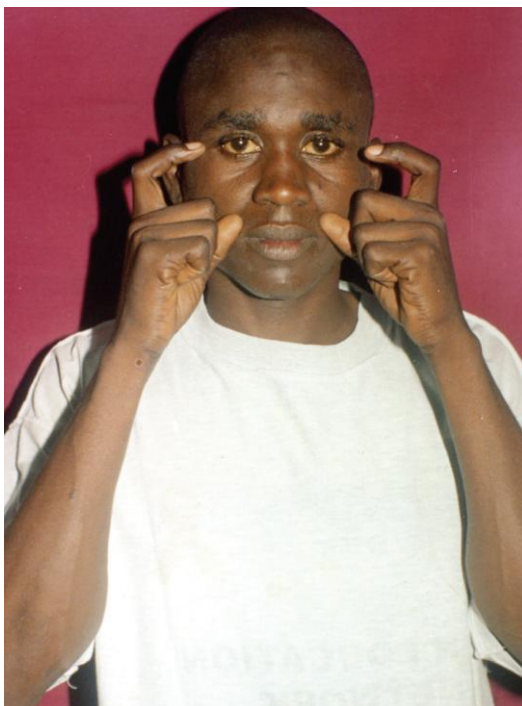
Adultery - Kuzini

A married person, or a person in a long-term committed relationship, having sexual intercourse with someone outside of the committed, monogamous relationship.



AIDS (Acquired Immunodeficiency Syndrome) - Ukimwi

An advanced stage of infection with HIV (human immunodeficiency virus) weakening the immune system. The infected individual becomes more susceptible to a variety of opportunistic diseases and other conditions, such as Tuberculosis. A diagnosis of AIDS is made based on clinical criteria and/or the results of blood tests.



“Acquired”- to have
“Immuno-“- protection
“Deficiency”-nothing
“Syndrome”- sick.

Birth - Kuzaa

The process of a baby being born through the vagina or the abdomen via C-section (see caesarean section).



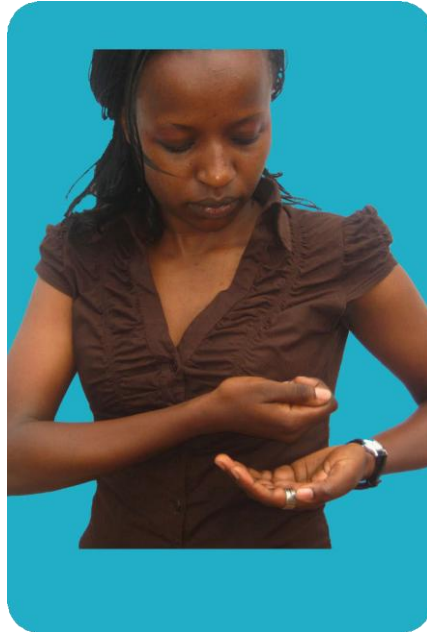
Breast - Matiti

Two organs on the chest of the man and woman which, in the case of the woman, produce milk for nursing babies.



Breast feeding – Kunyonyesha

The delivery of milk to the baby's mouth via the mother's nipple while nursing.



Caesarean section (C-section) – Upasuaji kuzaa

The delivery and birth of a baby through a surgical incision on the mother's abdomen.



Circumcision - Tahiri

The removal of the foreskin from the male's penis or the clitoris from the female's vagina (also known as female genital cutting/mutilation).



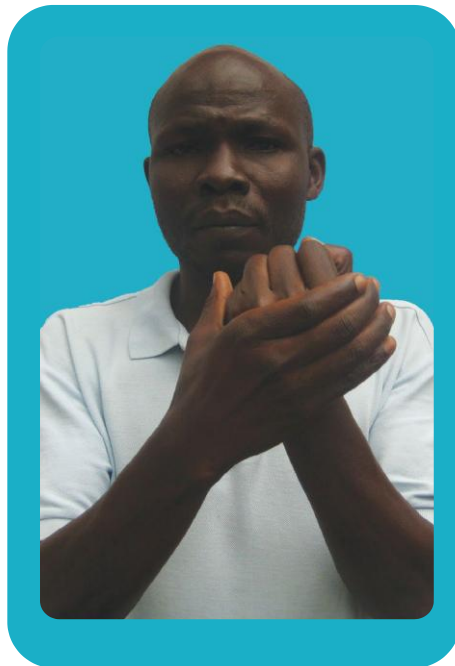
Clitoris - Kisimi/kinembe

A small organ enclosed by the upper labia of the vagina; its many nerve endings tends to make it very easily stimulated.



Condom - Mpira

A device used for prevention of pregnancy and infectious diseases, and used by either the man or the woman: a male condom is placed onto the erect penis before sex and removed (while erect) after intercourse; a female condom is inserted inside the woman's vaginal cavity and removed after intercourse.



Confidential - Kisiri

Spoken or written in confidence, information is agreed to be withheld from anyone who has no written consent from the client. This usually refers to the policy held by medical professionals and those who run VCT clinics to not disclose information of blood tests unless the client has granted permission.



Discharge - Usaha

Any liquid, fluid, or mucus released from the anus, vagina, or penis whether due to intercourse, menstruation, or an infection.



Discharge Female



Discharge Male

Disease - Ugonjwa

An impairment of health or a condition of abnormal functioning.



Drug (medicine) - Dawa

A substance used in the treatment, or prevention of a disease or as a component of a medication.



Ejaculation - Kutoa manii kwa ghafla

The expulsion and release of semen from a man's penis during sexual orgasm.



Erection - Msimiko wa mboro

Due to increased blood flow, the hardening and enlargement of the penis (and clitoris) from stimulation.



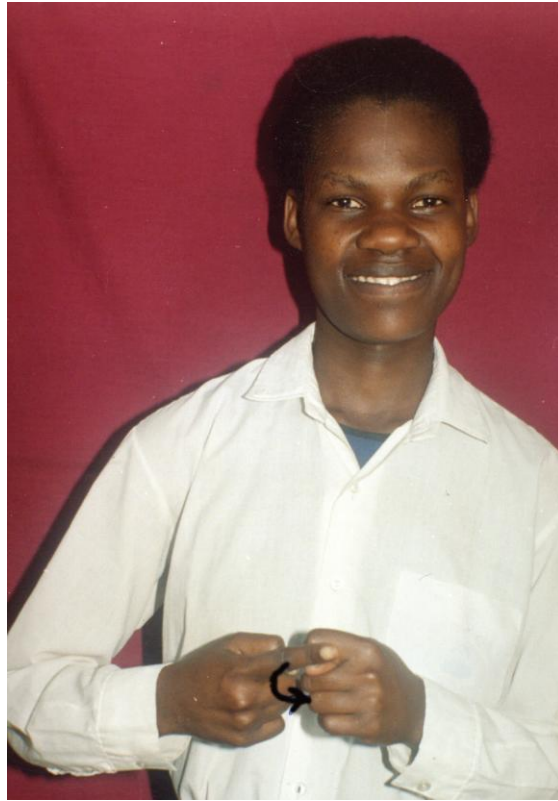
Fallopian tubes – Mshipi

Two tubes which extend from the uterus toward the ovaries and are responsible for channeling the ova (eggs) released from the ovaries towards the uterus for the fertilization of an egg.



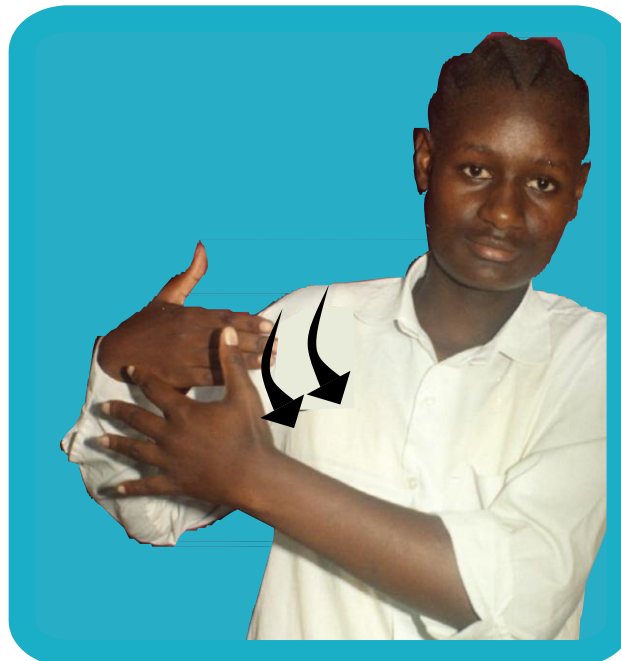
Female Genital Cutting (Female Genital Mutilation; FGM) – Kutahiri kinembe ya mwanamke

A ritual required by some community elders, the circumcision of the female's clitoris and, in some cases, parts of the vaginal lips; also called genital mutilation. Bleeding and pain may be severe in many if not most cases as the clitoris has many blood vessels and nerve endings like the end of the male penis. Those who undergo the process often do not heal fully, even die, or have greater difficulty delivering or having sexual intercourse. It is now considered a sexual crime.



Foreplay – Papasa

Any sexual activity leading up to intercourse; usually entails kissing, holding, hugging, and fondling.



Gay [also homosexual] - Ngono kati ya watu jinsia moja [k.m. mme kwa mme]

A person who is homosexual, namely having sexual orientation to somebody of the same sex.
May be used generally to refer to a male homosexual.



Gender [sex] - Uke/Uume

The sex of an individual-male or female; some cases show that an individual can physically possess both male and female traits (hermaphrodite).



Hygiene - Usafi

Practicing health and cleanliness through a variety of activities and preventive measures.



Immunity - Utaratibu wa kinga wa mwili

The natural defense system in a healthy body which fights foreign bodies such as viruses and bacteria.



Kiss(ing) - Kubusu

A form of foreplay or physical intimacy exchanged between two individuals by the placing of one's lips, and sometimes the tongue, on the other (usually the mouth).



Lesbian / Lesbianism - Ngono kati ya wanawake

A female who is homosexual; sexual attraction or sexual contact between women.

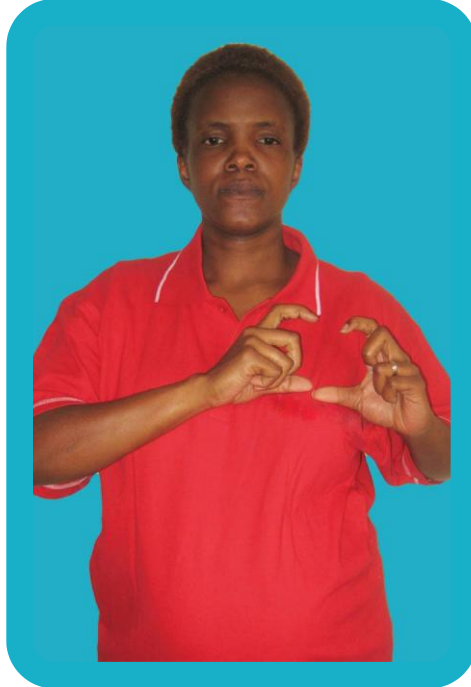


Lover - Mpenzi

A person's sexual partner; usually monogamous.

A married person's other sexual partner who is not the spouse.

Any one person with whom someone has sexual intercourse; not usually monogamous.



Marriage - Ndoa

The official union of a man and a woman under a public or religious authority.



Masturbation - Kujipura

Stimulation of one's own genitals that brings forth orgasm, or is simply performed for sexual stimulation. Although many misconceptions exist, masturbation does NOT have any negative effects on the person's health, and is thus a safe way to release our sexual urges. Morally speaking, some argue against it based on moral grounds.



Menstruation - Hedhi

The flow of blood, fluid, and tissue for approximately 3 to 5 days from a woman's uterus through the vagina, usually every 28 days. Symptoms such as cramping of the abdominal muscles may take place.



Miscarriage - Kupooza kwa mimba

The death of a baby inside the womb before it is fully developed.



Monogamy - Kuwa na mke mmoja

The practice of being married to only one partner at any time. The practice of having sexual relations with only one partner.



Nipple - Chuchu/titi

The protrusion on the breast of both male and female - through which milk passes.



Orgasm - Mshindo kutokana na ngono

The climax of sexual excitement. Usually the muscles around the genitals contract in rhythmic fashion and the male ejaculates.



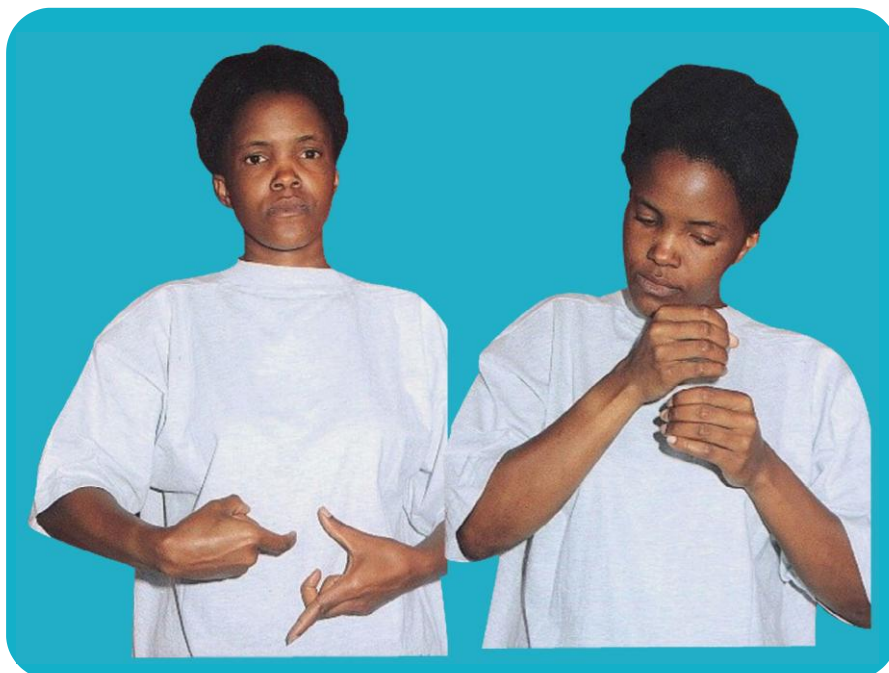
Ovum - Yai

An ovum (egg) in the woman's ovary which, once entered by a sperm cell, creates the embryo becoming a foetus (baby).



Pap Smear [Papanicolaou smear]

The process of extracting cervical cells and testing for a disease, e.g. cancer, STDs. This test, performed by a qualified doctor or nurse, should be taken annually once a woman is 18 years old or has begun practicing sexual intercourse.



Penetration - Kupyanya ndani [mboro kupyanya uke]

To insert an object into an opening e.g. putting the penis inside the vagina (in some cases also in the mouth or anus).



Penis - Mboro

The male sexual, soft, tubular organ which enables the male to pass urine. During sexual arousal it becomes hard (erection) and passes the semen during ejaculation.



Polygamy - Kuwa na wake wawili

The act of being married to more than one person at the same time.



Pregnancy - Muda wa mimba

Period during which a mother carries the development of a baby from an embryo at conception, to a foetus, then an infant usually in 9 months or 40 weeks, until delivery.



Prevention - Kuzuia/kinga

The process of avoiding a negative (presumably) occurrence; often associated with condoms and abstinence as methods blocking the transmission of STDs.



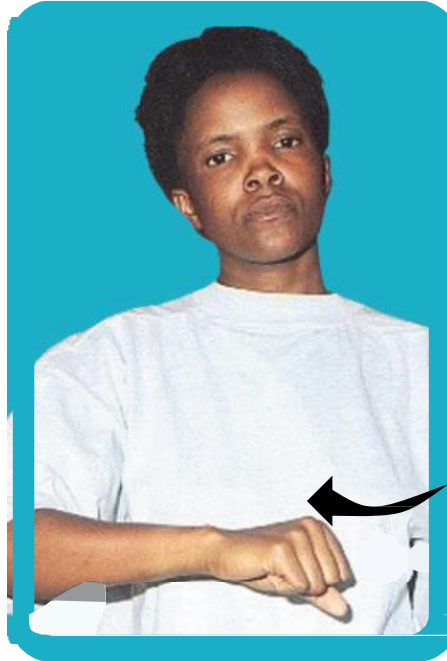
Promiscuous - Usherati

A person who is sexually active and has multiple sexual partners



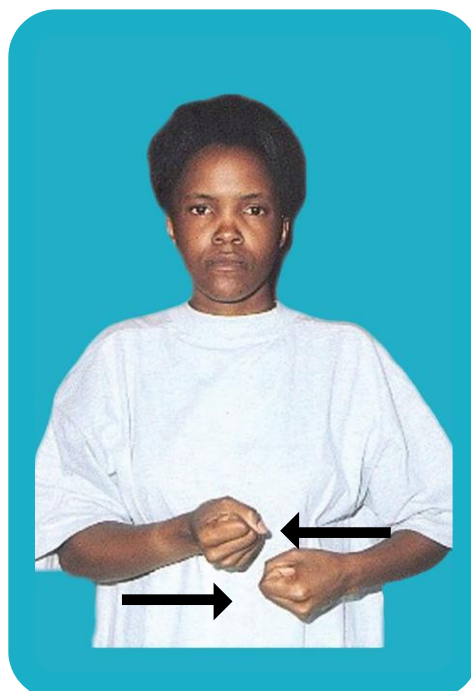
Prostitute - Kahaba

A person who engages in sex with different persons in exchange for money (also known as commercial sex worker).



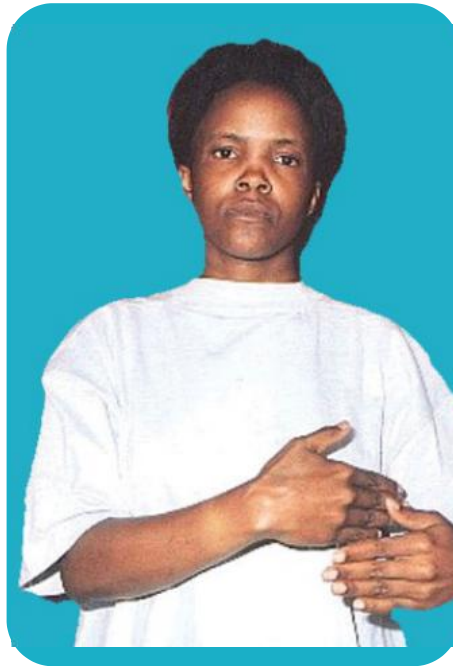
Rape - Kunajisi

A form of sexual assault in which the victim has not consented to intercourse or other sexual behavior; usually occurs when a male assailant penetrates a woman's vagina with his penis using violence and force. May be unreported; when reported, requires the P-3 form to investigate the incident, and prosecute as a sexual offense.



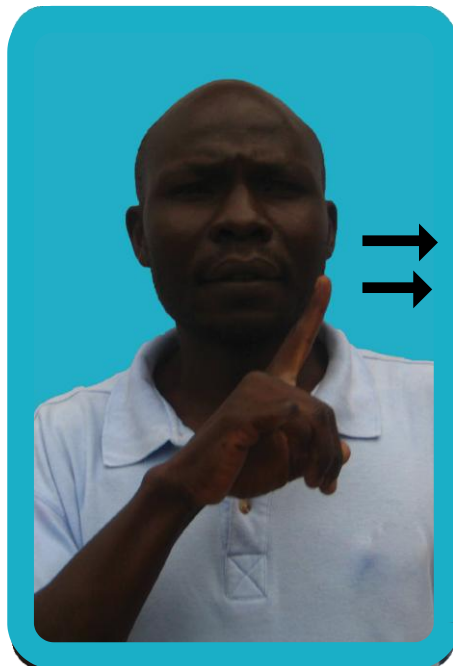
Relationship - Uhusiano

Any union - casual or formal, physical or emotional--between two individuals or entities; usually refers to two intimate partners.



Risk (vulnerable)Hatari

An enhanced danger, whether foreseen or unforeseen, of contracting a sexually-transmitted disease; usually dictated by an individual's behavior and decisions.



Sanitary Pads - Vipande vya pamba kutumika wakati wa hedhi

Absorbent cotton pad worn externally; when properly placed, lines the external genitalia of the woman and absorbs the fluids, blood, and lining of the uterus usually discharged during menstruation.



Scrotum - Korodani (mfuko wa pumbu)

Sac of skin between the thighs/hanging under the penis of a male that holds the testes and keeps the temperature optimal for production of sperm.



Sex / Gender - Jinsia

Physical identity (vis-a-vis roles) of a person [Male/Female]



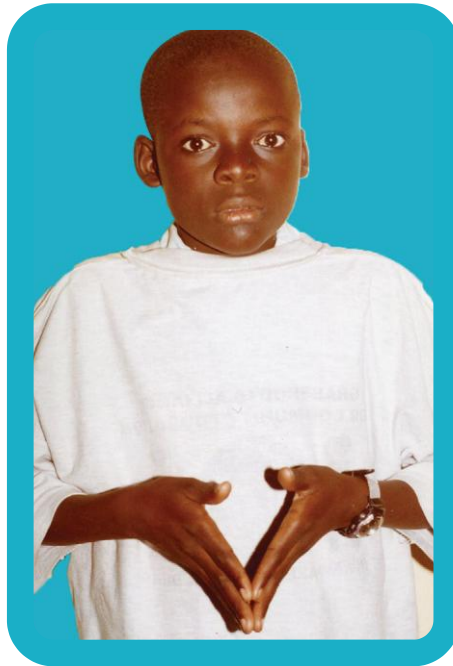
Semen - Manii

A sticky white liquid that comes out of a man's penis during ejaculation. Semen contains sperm which when deposited on the vagina of the a female during unprotected sexual intercourse can lead to pregnancy. Semen may carry HIV and other STDs.



Sexual Intercourse - Kushiriki Ngonu

Physical contact between two persons involving the genitals.



Sexual health - Uafya wa kutwaana

The practice of enhancing knowledge, information, hygiene, and well-being regarding sex.



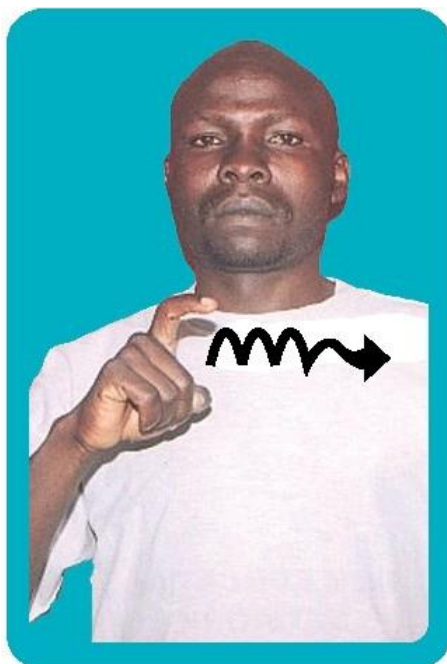
Sore (also Ulcer) — Kidonda

A tender, painful injury or wound - broken skin, like blisters and pimples, on the external sexual genitalia or the mouth of the male and female; it can be a symptom of a sexually transmitted infection (STI).



Virus - Virusi

A disease causing organism that lives in the body cells. In contrast to bacteria, a virus needs a living cell to replicate, and can therefore not replicate in the environment.



Unprotected sex - Ngono bila kinga

Having sexual intercourse without any form of protection against pregnancy or infections.



Uterus (also Womb) - Tumbo la uzazi

Muscular organ inside a woman's belly where the baby grows after fertilization.



Vagina - Uke

The passage linking the uterus and the outside sexual organ, also termed the birth canal.



VCT (Voluntary Counseling & Testing) - Kituo cha kujitolea, kushauriwa, na kupimwa

A centre for volunteering to be tested after counseling on HIV/AIDS, and other sexually transmitted diseases.



Appendix 02

Questionnaires

CONTACT INFORMATION FOR GROUP

Name: _____
Address: _____
Phone: _____
E-mail: _____

Questionnaire on HIV/AIDS Awareness

Note: This questionnaire is for the Headmasters/Mistresses, Teachers, Pastors, or Leader(s) of the group. Please take a few minutes to answer the following questions:

1. How many deaf children and adults are in your group or institution?

10-12 years: _____

13-15 years: _____

16-18 years: _____

18+ years: _____

2. Has your group or other groups organized an HIV awareness program for deaf children and adults?
Tick one:

No

Yes

If Yes, this program (check whichever applies)

On a continuous basis. For example, brochures and posters are always displayed to heighten HIV awareness)? Please give details on the space below.

On a periodic basis (if it is periodic, how often? Please give details in the space below)

Who organized it? (check all that apply).

Your group

Other church

Other school

NGO working with HIV/AIDS-related issues

Government (ie Ministry)

Other _____

How many attended it?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-10 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 21-50 |
| <input type="checkbox"/> 51-100 | <input type="checkbox"/> More than 100 |

3. Has your group or other groups organized an HIV/AIDS awareness program for its teachers, staff,, cooks, gardener, farmer, housemother, etc--and other members of your institution, church, group, or school who work with the deaf?

Tick one:

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

If yes, how many?

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 0 programs | <input type="checkbox"/> 1-3 |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> 7 or more |

How many people attended?

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 |
| <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-20 |
| <input type="checkbox"/> 21-50 | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 101+ | |

Who organized it?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Your group | <input type="checkbox"/> Other church |
| <input type="checkbox"/> Other school | <input type="checkbox"/> NGO working with HIV/AIDS-related issues |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other _____ |

When was the most recent program (approximate date)? _____

4. Is there anyone (teacher/counselor) trained in dealing with issues related to reproductive health, sex, sexuality-related issues?

No

Yes

If yes, have they trained students and staff to do counseling?

No

Yes

5. Is there anyone (teacher/counselor) trained in dealing with issues related to HIV/AIDS?

No

Yes

If yes, have they trained students and staff to do counseling?

No

Yes

6. Is there a VCT (Voluntary Counseling and Testing) center?

No

Yes

If yes, where is it ,and approximately how many kilometers away? _____

7. Do you feel there is a need for an HIV awareness program through peer education network at your school?

No

Yes

If yes, would you be interested in being part of this program?

No

Yes

How many hours can you spend per week? _____

Thank you!

Your School: _____
Your Class Level: _____

Baseline HIV/AIDS Questionnaire for Deaf Youth (14 years and more)

Part A - Background

1. Age _____

2. Sex

Female

Male

3. Age at onset of deafness _____

4. Age begin school _____

5. School level last completed _____

6. Marital status

Single

Married

Part B - Information and Awareness

1. How do you communicate with your family?

Speaking (Check One)

English

Kiswahili

Other _____

Sign language

Both

Neither

2. Do you know about your body and understand how it works?

No

Yes

3. Do you know how we get sick?

No

Yes

4. What do you do when you get sick?

Home

Friend

Headmaster/teacher

Hospital/clinic

Pastor

Other

5. Do you know how a child is born?

No

Yes

6. 'Today you are not feeling well and do not wish to do anything. You only want to rest but you have some chores which need to be done alongside other students.' Do you think you can talk about this problem to someone you trust? Who? Check all boxes that apply.

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Brother/sister |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Teacher | <input type="checkbox"/> Headmaster |
| <input type="checkbox"/> School Staff | <input type="checkbox"/> Pastor | <input type="checkbox"/> Other _____ |

7. Who helps you talk to the doctor at the clinic/hospital?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> A teacher | <input type="checkbox"/> A school worker | <input type="checkbox"/> A friend |
| <input type="checkbox"/> A family member | <input type="checkbox"/> An interpreter who works at the doctor's place. | |
| <input type="checkbox"/> I write my problems on paper for the doctor | | |

8. Do you know what HIV stands for?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

If yes, what? _____

9. Do you know what AIDS stands for?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

If yes, what? _____

10. Do you think you know enough about HIV and AIDS?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

11. How did you learn about HIV and AIDS? (*check all applying*)

- From talking to school staff/teachers/counselors
- From talking to friends
- From talking to my parents, uncles, aunts, brothers, sisters, and other relatives
- From newspapers, magazines, posters, and television
- From special HIV programs in the community and/or school
- Other

- I have not learnt about HIV and AIDS

12. Do you know anyone who has HIV No Yes

13. Can you tell by looking at a person if he/she has HIV/AIDS?

No Yes

14. Do you know how you can get HIV/AIDS?

No Yes

If yes, how? (*check all that apply*)

Mosquitoes, flies, and other bugs

Shaking hands with someone who has HIV/AIDS

Using the same spoon or dish as someone with HIV/AIDS

Unprotected sexual contact

Sharing clothing with someone who has HIV/AIDS

Sharing needles, razors, or any other sharp blood-contaminated objects

From mothers with HIV/AIDS to their babies

Using the same toilet, living in the same house with someone who has HIV/AIDS

Hugging someone who has HIV/AIDS

Don't know

15. Do you know what a condom is? No Yes

If yes, do you know how a condom is used? No Yes

16. Have you had sex in the past? No Yes

If yes, did you use a condom? Yes No

17. Do you know anyone who has become pregnant while in primary/secondary school?

No Yes

Thank You.

**Detailed Pre- & Post Program Questionnaire on
HIV/AIDS**

(Questions need to be selected and/or modified depending on which activities have been performed).

Instructions: Please mark one answer per question.

<i>Question</i>	<i>Answer</i>		
	Yes	No	Don't Know
1. There is a difference between HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HIV is spread by:			
(a) Kissing an HIV positive person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mosquito bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Blood transfusion with blood from HIV-infected person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Masturbation (manual stimulation of genitals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Sex with penetration without a condom with somebody who is HIV infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) HIV-infected mother can pass the virus to her baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral contraceptives can prevent HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Always and correct use of condoms prevents HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You can know for sure if a person is HIV-infected by:			
(a) the look of a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) the results of a blood test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If you donate blood, you will get HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A person living with HIV who wants to have sex should always use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If a pregnant woman is HIV-infected, then HIV is always (100%) transmitted to her baby
9. Do you think it is best for a man or women to be tested for HIV before getting married

Instructions: please mark one answer per question.

<i>Question</i>	<i>Answer</i>		
	Yes	No	Don't Know
10. Which of the following carries risk of getting or transmitting HIV infection?			
(a) Unprotected anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Unprotected vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Unprotected oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Mutual masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is it possible that a man married to a woman has also sex with other men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All homosexual men are feminine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Anal sex can happen between two men or between a man and a woman.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. For a man having anal sex with another man, which methods are known to reduce his risk to get HIV?			
(a) Use condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Use condoms with water-based lubricants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Use water-based lubricants only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sexually transmitted infections increase the risk of acquiring or transmitting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. An HIV infected person should be isolated in order to prevent HIV transmission to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. An HIV infected person should be allowed to continue to go to school or to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Which statements are correct:			
(a). HIV and AIDS is a disease that affects only heterosexual people and not homosexual people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (b). I can get HIV from hugging or shaking hands with somebody who is HIV-infected.
- (c) I can be friends with somebody who is HIV infected

Instructions: please mark one answer per question.

Question

Answer

**Yes
Know**

No

Don't

19. Most of the sexually transmitted infections can be cured completely by giving injections or tablets
20. In men and women, some sexually transmitted infections may not produce any symptoms.
21. If you suspect that you have a sexually transmitted infection, it is best to:
- (a) Just wait and then it will always be cured by itself
- (b) Go to a good doctor to seek treatment as soon as possible.
- (c) Take a good bath and wash the genitals extra well with soap.

Thank you for your participation!

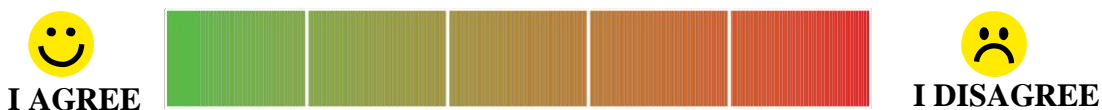
**Peer Training Programme for Leadership in HIV
Awareness
Evaluation Form**

Hello,

You have just completed the peer training program for leadership in HIV awareness. To help us make the programme better for future participants please take a moment to complete the following survey. You are not required to do so and your identity will remain confidential if you do not write your name on this paper. We appreciate your help. THANK YOU!

Date of program:

Location of program/ group name:



If 5 = 'I Agree Totally' and 1 = 'I Disagree', how do you rate the following? Please circle one number for each question.

You can give comments on your rating or any other comments below.

Rating	5	4	3	2	1
Program was fun					
I have gained more knowledge on important life skills for growing					
I learnt new information on HIV and AIDS					
I now know how HIV transmits					
I now know how to prevent HIV transmission					
I have gained more skills on how to talk about such topics with other deaf people of my age					
I plan on sharing what I have learned with my friends					
I think I will be a good peer educator to help other deaf people					
Overall, I found this program useful					

** Please turn the other side for more Questions*

a). What I liked most about the program:

b). What I liked least about the program:

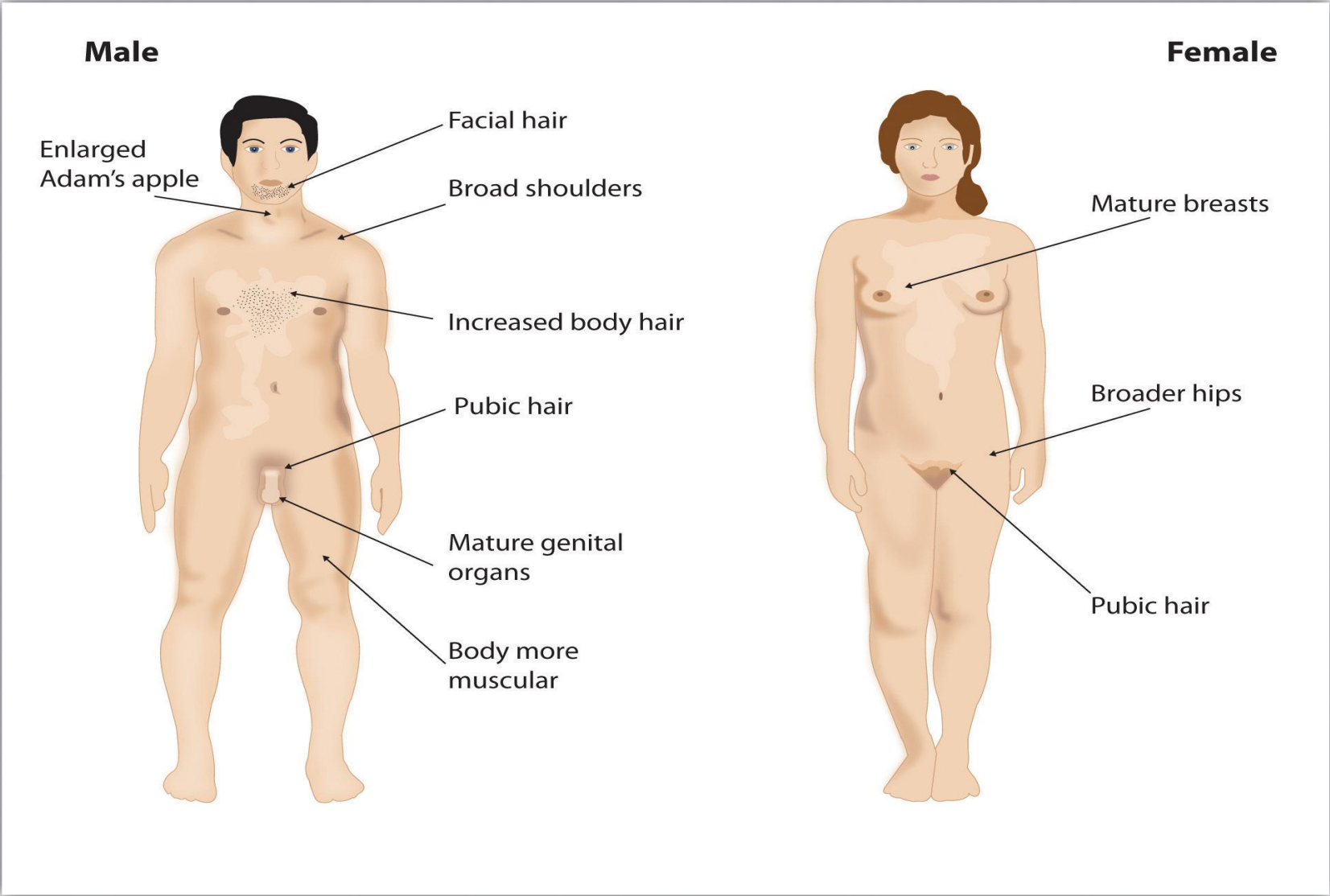
c). What I wish that the program would have covered more (and that I didn't learn now):

d). Other comments that I would like to give that can help future programs:

Appendix 03

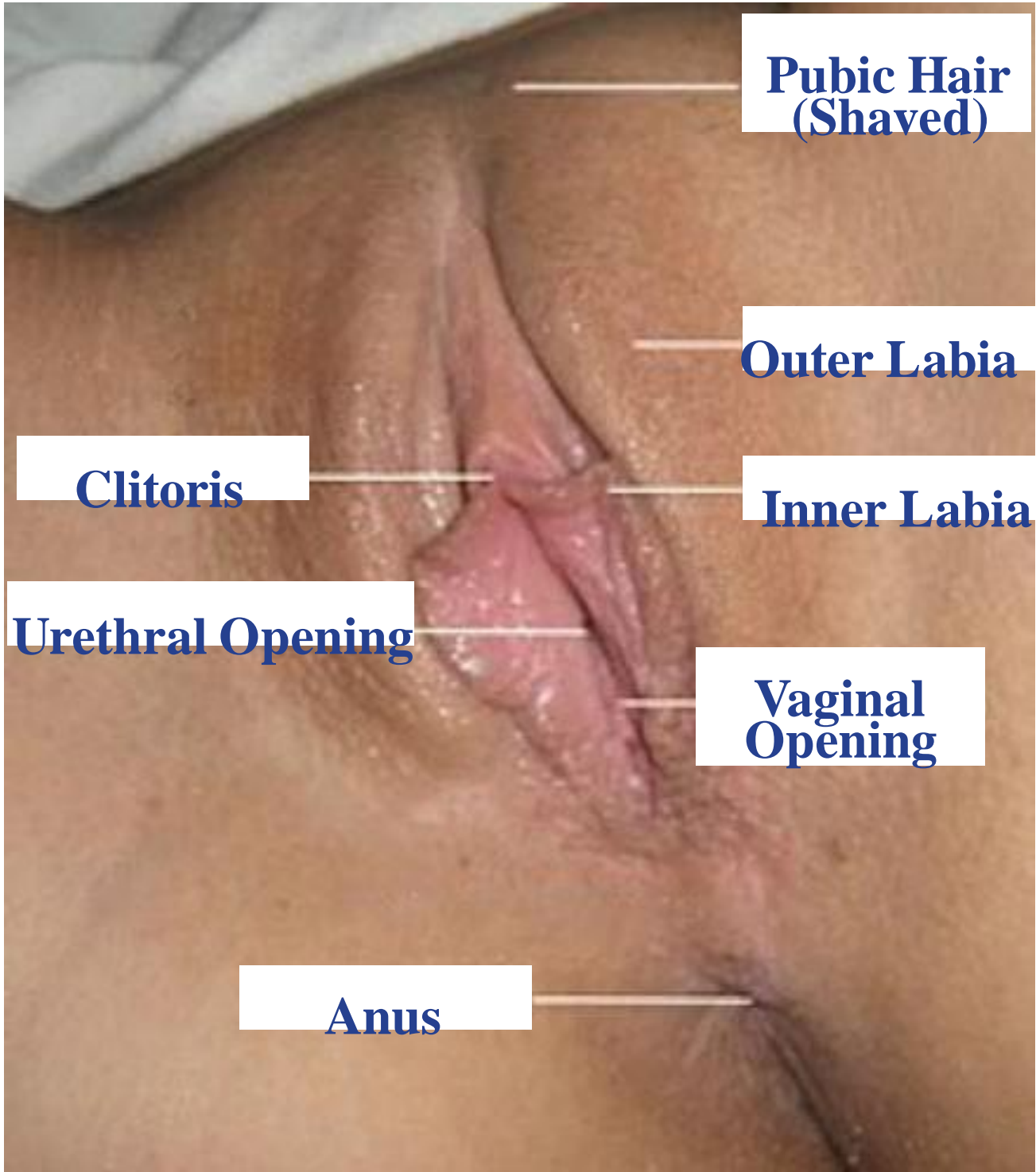
Body Changes

Body Changes In Male & Female

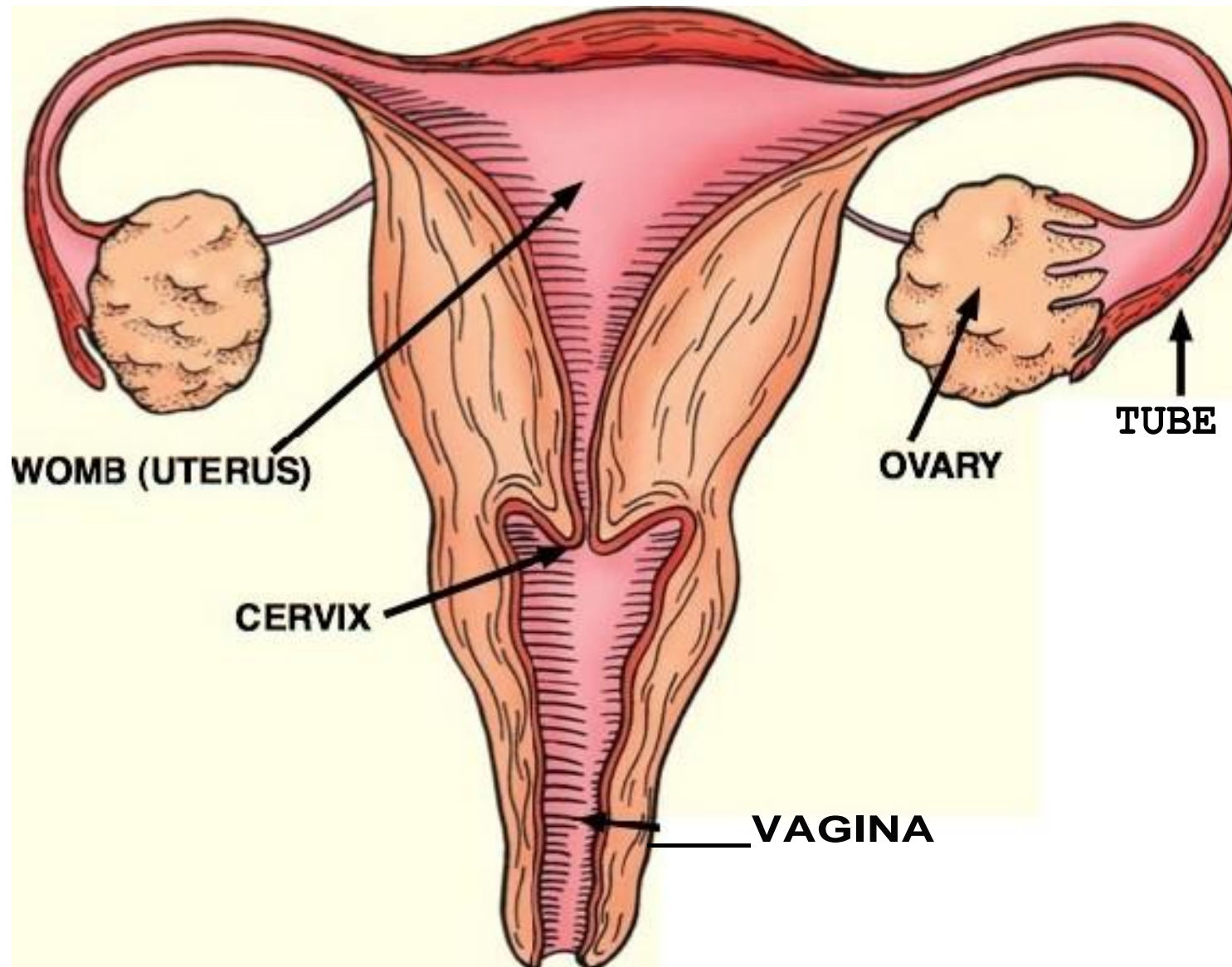


Appendix 04
Reproductive Organs

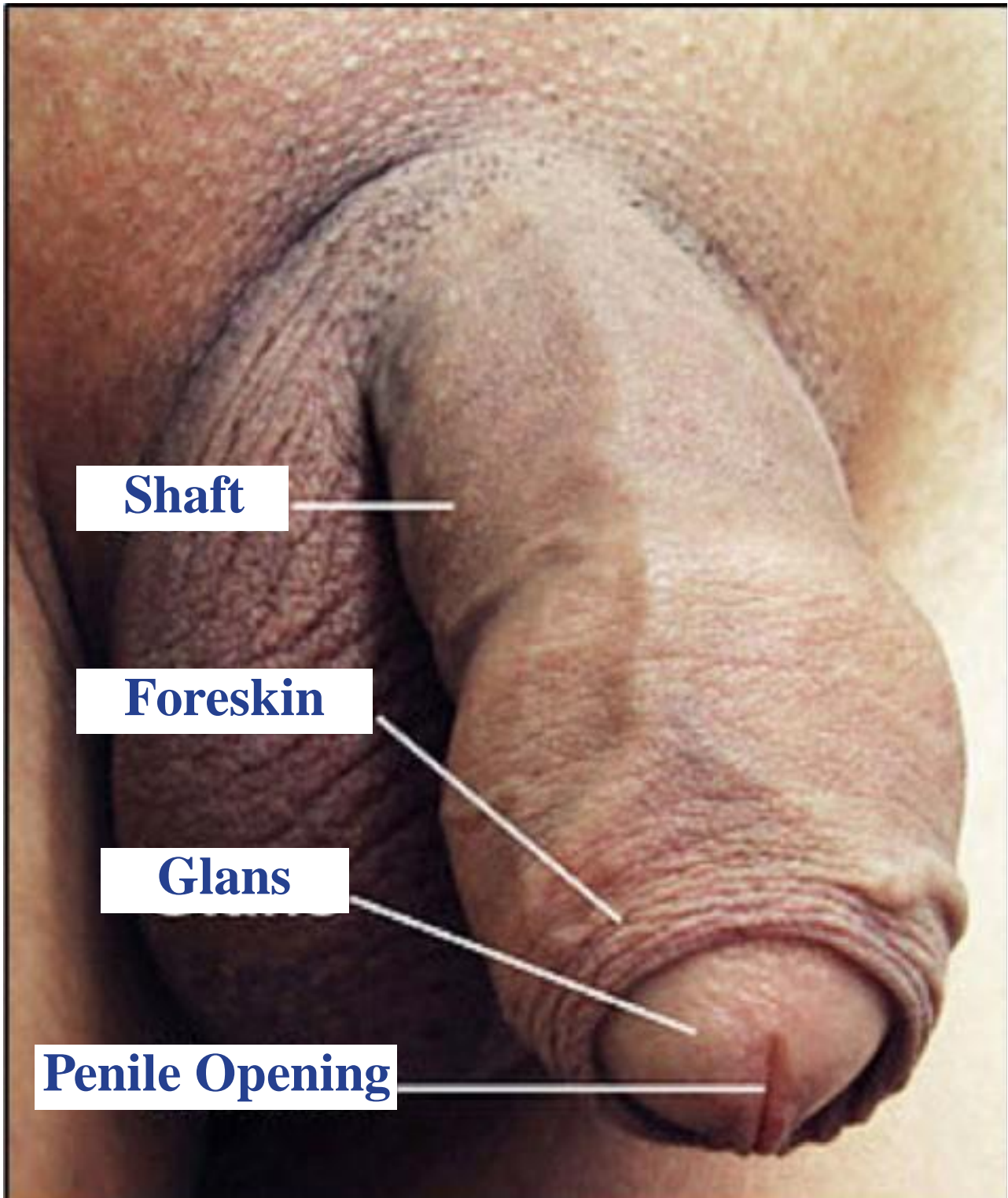
Female Reproductive Organ - External



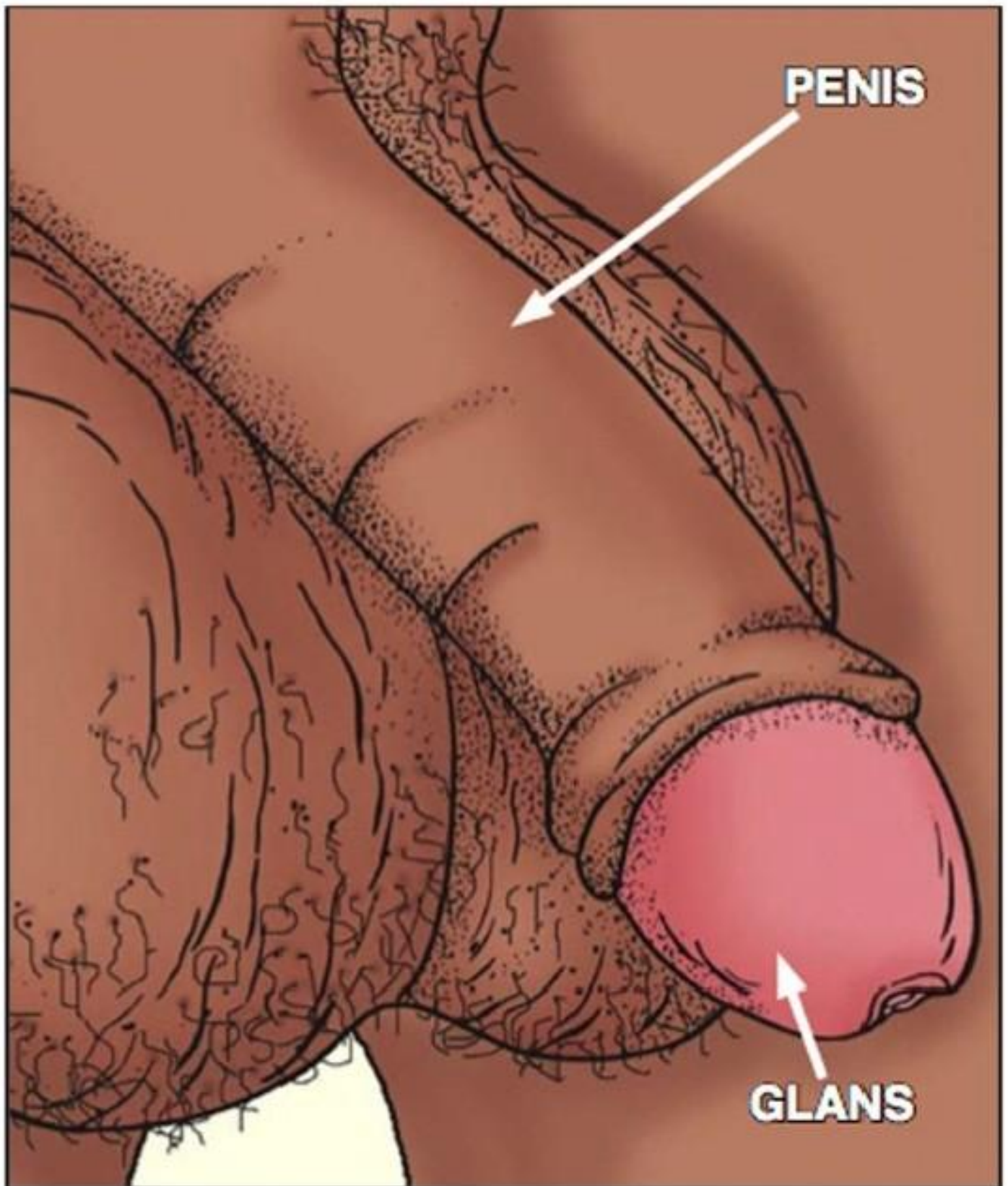
Female Reproductive Organ - Internal



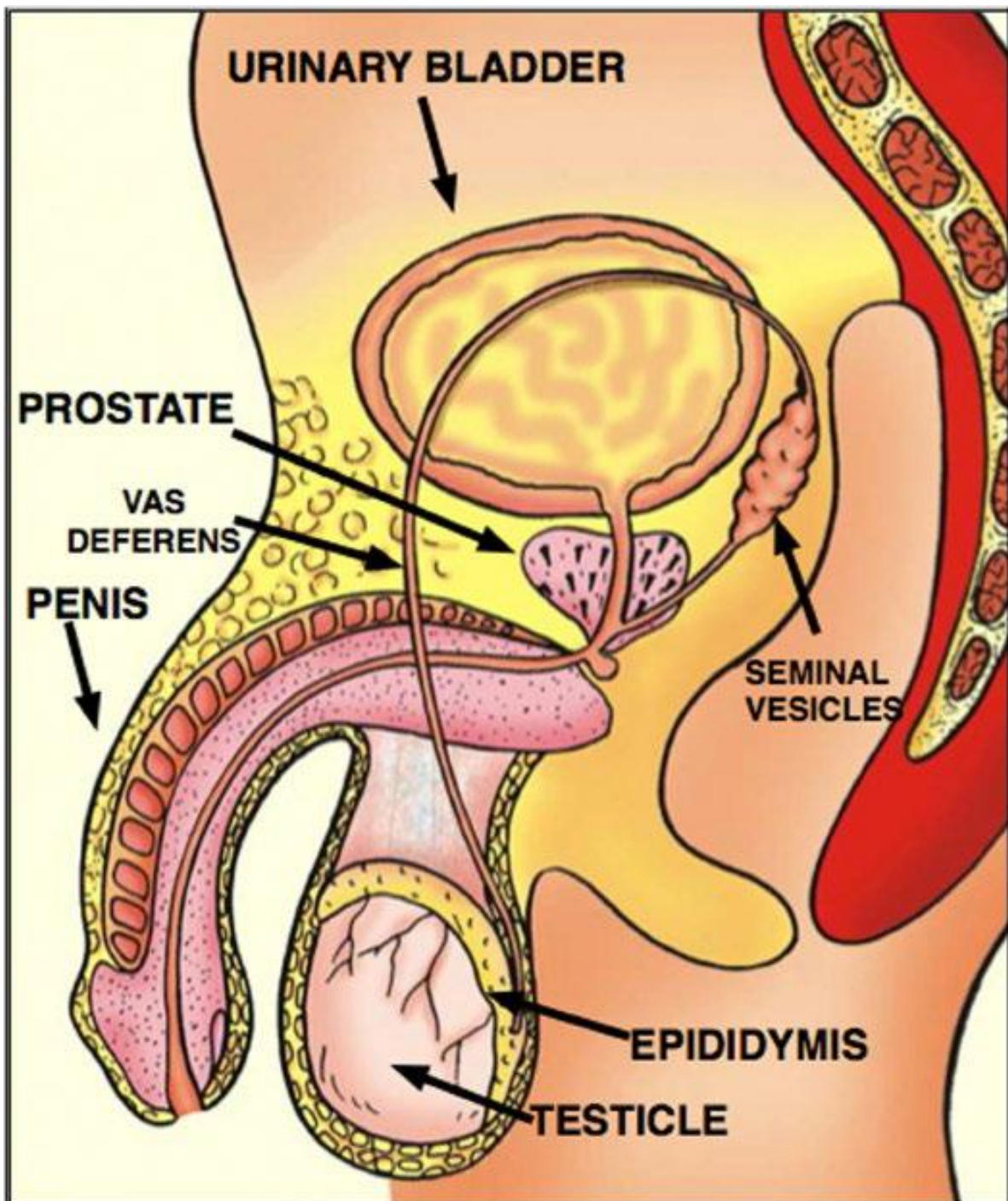
Male Reproductive Organ - Uncircumcised



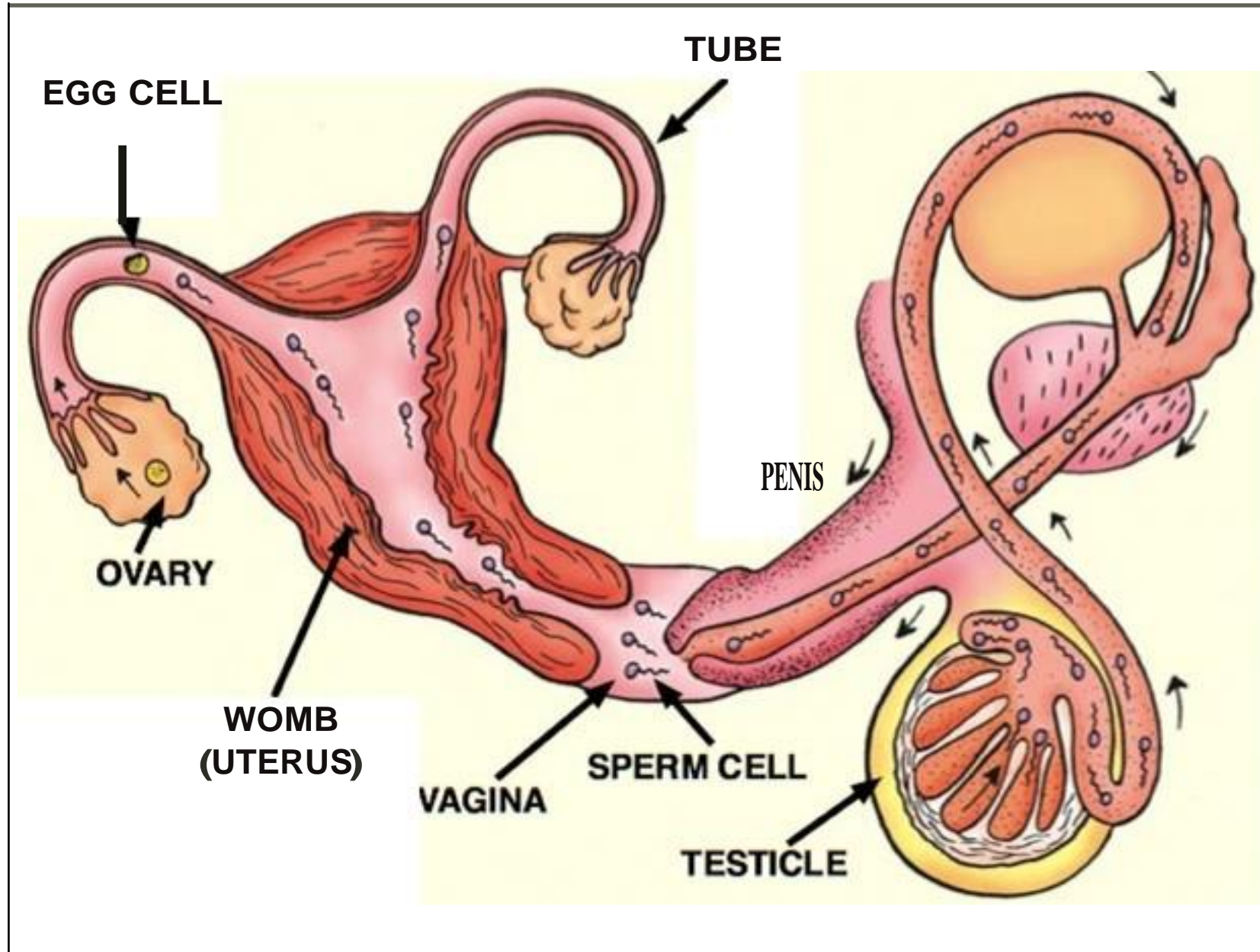
Male Reproductive Organ -Circumcised



Male Reproductive Organ- Internal



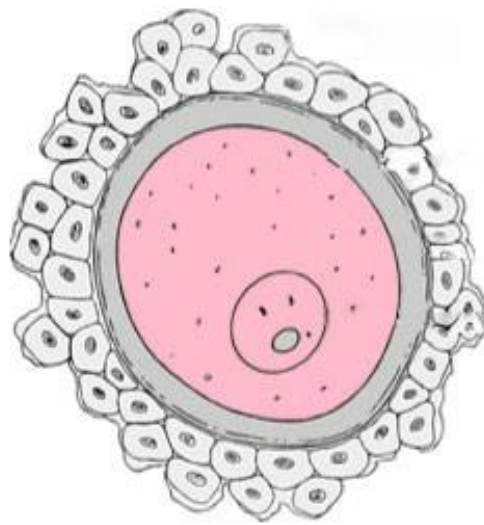
Penetration



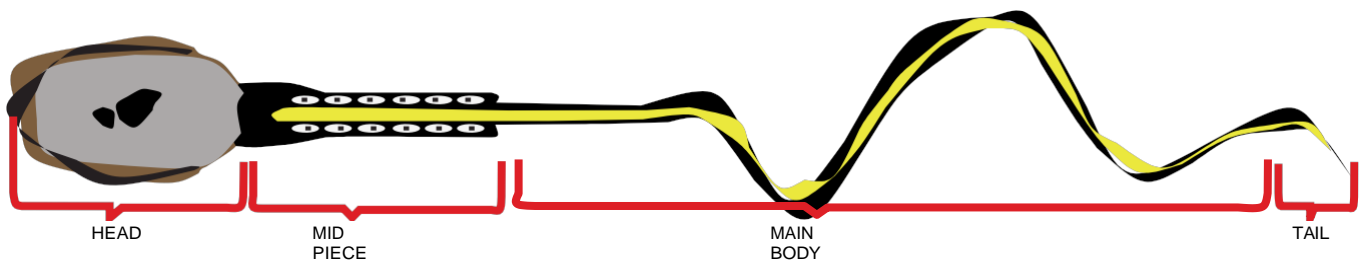
Appendix 05

Sperm and Ovum

Female Ovum

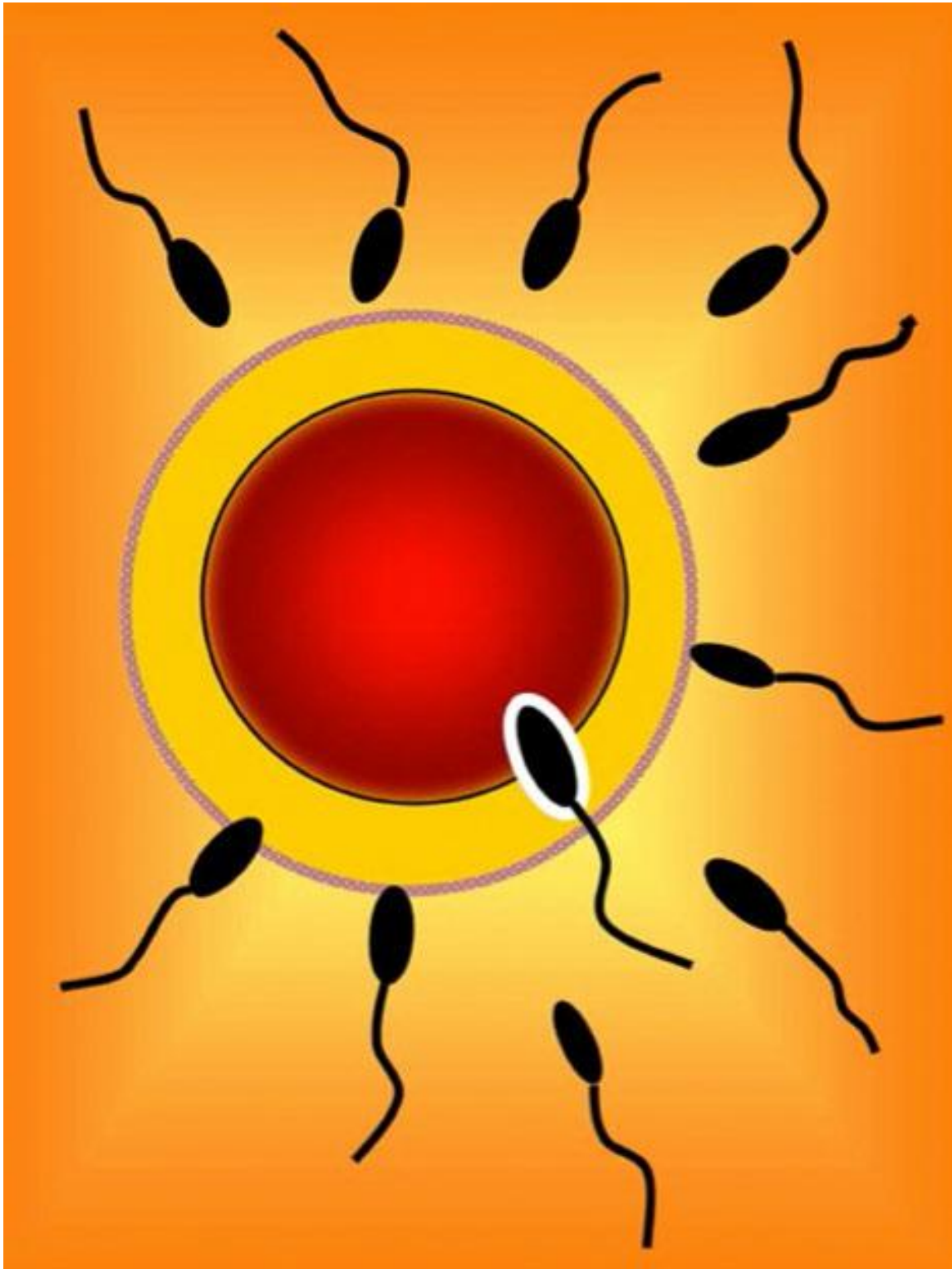


Male Sperm



Appendix 06

Fertilization



Appendix 07

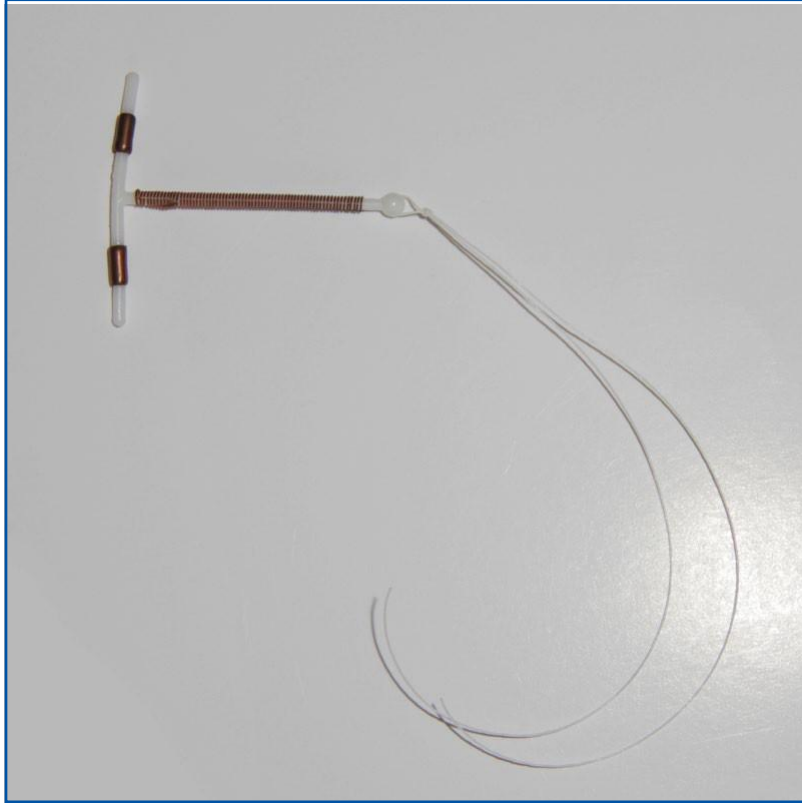
Pregnancy Stages



Appendix 08

Contraceptives

Intrauterine Device-IUD (Copper-T)



Female Condom



Injectible Contraceptives



Male Condom



Oral Contraceptives



Pregnancy Test-Kit



Appendix09

Abstinence Sign



Appendix 10

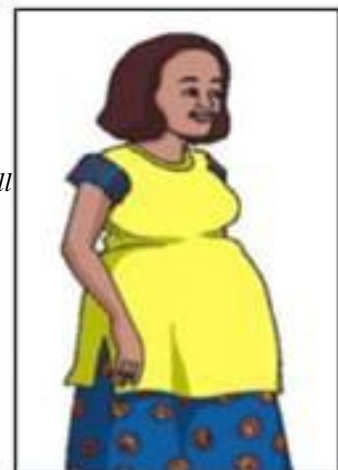
Modes Of Transmission



Sharing sharp objects, needles, blades.

Transmission from mother to infant:

If a woman is HIV-infected, she can transmit the virus to her baby during pregnancy, during delivery, or during breastfeeding. Not all babies born to HIV-infected mothers will be infected: only about 30 to 40% will be infected. The chances of transmission can be reduced further by medications and other methods....however, to make use of these methods, the pregnant woman has to know whether she is HIV-infected or not. Discuss with the audience that it is therefore useful for a pregnant woman to know whether she is HIV infected or not., so she can take the necessary steps that are best for her baby.



Appendix 11

Modes NOT Of Transmission



Shaking hands



Eating from the same plate



Sharing combs



Hugging



Sharing towels or clothing



Sharing toilets or latrines



Sitting close to HIV infected persons



Mosquitoes, insects and other animals

Appendix 12

Sexually Transmitted Diseases



Granuloma Female



Granuloma



Chlamydia Male



Chlamydia Female



Genital Warts Female



Genital Warts Male



Genital Herpes Female



Genital Herpes Male



Yeast Infection Female



Yeast Infection Male



Gonorrhea Male



Gonorrhea Female

Appendix 13

Value Structure

MY VALUE STRUCTURE

Your Values determine the actions you take, as well as the goals you set. Place X in the column where your values have been influenced

VALUE	FAMILY	FRIENDS (DEAF OR HEARING)	DEAF COMMUNITY	TEACHER
Career				
Education				
Forgiveness				
Freedom				
Happiness				
Health				
Honesty				
Justice				
Knowledge				
Love				
Loyalty				
Recognition				
Religion				
Traditions				
Trustworthiness				
Truth				
Wealth				
Wisdom				
TOTAL				

Add total X in each column to know who is influencing your values the most!

