



The Deaf Peers' Education Manual



**A TRAINING MANUAL,
DEVELOPED BY THE KENYAN PEER EDUCATION NETWORK,
WITH INTERACTIVE-BASED ACTIVITIES FOR BASIC
UNDERSTANDING OF SEXUAL HEALTH, HIV AND AIDS.**



*A collaborative effort of
Sahaya International (www.sahaya.org)
and G.R.A.C.E. (www.graceusa.org),
with grant support by the Development
Marketplace (World Bank)*

G.r.a.c.e.
Grassroots Alliance for
Community Education

The Deaf Peers' Education Manual.

A training manual, developed by the Kenyan Peer Education Network, with interactive-based activities for basic understanding of sexual health, HIV and AIDS.

This manual is distributed freely to the community to promote peer education on HIV-related issues.

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INTRODUCTION

The Deaf Peers' Education Manual, the first of its kind in Kenya, is the culmination of the efforts of the Peer Education Network (PEN) that began in January 2004. The "HIV Awareness Project of the Deaf", under the wings of Sahaya International Inc., U.S.A., was awarded a grant from the Development Marketplace program of the World Bank to "enhance leadership skills and health awareness of the Deaf community toward informed decisions for health." Supported by earlier research from mid-2003, students and teachers throughout the year reached a consensus that there is a need for health awareness in the Deaf community, and they generously welcomed the project to the target schools of the Deaf. After training on leadership, health awareness, and use of participatory activities, a peer educator network for the Deaf and by the Deaf thus began.

The purpose of this manual is to provide Deaf youth and adults, teachers, parents and guardians with a tool for addressing basic health awareness within an independent framework utilizing optimal communication. The activities are participatory/interactive, and are designed with/by Deaf Kenyans fluent in Sign Language (SL), and acknowledge the use of other SL variations within the various Deaf groups. The information has its origins in mainstream literature and/or activities within the target Deaf community tabulated from the beginning of the PEN program and can serve other Deaf communities.

The three main issues addressed cover sexual education, relationships and hygiene. Each has sub-topics pre-tested by the efforts of project leaders, the Master Educators who supervised the Peer Educators during the PEN program. Although there remain other topics to be addressed on health setbacks in the Deaf community, the topics addressed in this manual were the most emergent issues among the target groups and a first step towards better awareness of health and specifically, HIV and AIDS.

This manual is designed to blend with the school curriculums/co-curriculum activities, plus other issues that affect students while in school. It also befits other settings such as seminars and workshops, and can be used to tackle a specific subject; it need not be followed systematically to the end. The contents may be used in any way befitting the participants. The manual is appropriate for varied ages, communities, cultures, religions, and literacy levels. The activities are participatory/interactive, guided by a facilitator. The manual has not intentionally ignored any group.

We would like to add that while this manual is not a panacea for all the health setbacks the Deaf community and other communities experience, it represents a big step toward empowering Deaf persons to be health-aware and to make informed decisions regarding their health. Do bear with us if some material is not comprehensive or cohesive enough; much more time and energy is still needed to upgrade the material. We do not mean to be offensive in any way, but to bring our readers information that is as accurate as possible. As the manual's development is ongoing, any suggestions for its improvement would be very much appreciated. Please contact us at HIV Awareness Project of the Deaf, PO BOX 11972-00100 Nairobi, Kenya, or visit our website www.sahaya.org.

ACKNOWLEDGMENTS

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

First of all, we like to thank our sponsors, the World Bank and UNAIDS whose generous grant support via the Development Marketplace program was the backbone of the whole program.

The project gives its thanks to the schools in the pilot project, students who were also Peer Educators, and their head-teachers: St. Mary's Primary School, and St. Joseph's Technical Institute for the Deaf in Nyang'oma; Maseno Primary School for the Deaf; and Mumias Primary, Secondary, and Vocational Schools for the Deaf. We give our heartfelt appreciation to the School Heads for repeatedly according us time to meet with the students during our surveys and monitoring activities and encouraging us to succeed; the devoted input of volunteer Master Educators who serve as teachers at these schools and have invaluable supervised the Peer Education Network and rigorously pre-tested the manual contents - Reuben Murubi and Margaret Odhiambo from Mumias; Maseno; Benard Mulama, Nyang'oma, and Tom Ger, Nairobi; outreached churches and schools of the Deaf: Kaaga Primary, Kuja Primary, Kuja Secondary, Nyangweso Primary, Sikri Technical, Kapsabet Primary, Kambui Primary, Nyandarua Primary, Murang'a Primary, Kerugoya Primary, Gospel Ministries Church, Ruiru Baptist Church, for allowing us time to spread the gospel of health reform through Peer Education Network's interactive/participatory learning. We acknowledge our volunteers – facilitators and participants -- for their support and readiness to participate in the health transformation of the Deaf community.

Not enough thanks can go to Dr. Koen Van Rompay, the founder of Sahaya International (www.sahaya.org), our main backbone, for his undying passion, advice, encouragement and constant contribution (regardless of distance) toward our efforts to produce this manual. We cannot forget other Sahaya volunteers for their endless contributions toward this project as well, including Kathy West and Elisabeth Sherwin.

We also thank the Development Marketplace program, which generously provided our funding through the World Bank, and took into consideration the obstacles we faced and extended our timeline to achieve our goal; also GRACE Africa's Natasha Martin and staff for their faithful and unwavering partnership and support in our project office. Our gratitude is also extended to CY Gopinath and Shilpa Patil who allowed us to make use of their publications from the Indian Deaf Manual; we also thank WiRED International for sharing information with us; Dr. Arthur Ammann (Global Strategies for HIV Prevention) for continued guidance and allowing us to use their cartoons on basic facts and myths of HIV. We thank Margarita Akinyi (Kenya) and Portrait Advertising (Chennai, India) for making many of the colorful cartoons.

*And to all others who have strengthened our determination and dedication to see the manual to fruition, we say **asanteni sana!***

Odwesso A.J.
Project Coordinator - HIV Awareness Project of the Deaf, Kenya

FOREWORDS

Twenty-five years after gaining visibility, the HIV pandemic continues to ravage many corners of the globe. While transmission of this virus is, in theory, easy to avoid, HIV still feeds on socio-economic conditions of ignorance, indifference, inequity and marginalization. Proper awareness and communication continue to be our first weapons.

Yet, despite all our medical and technological advances, many communities in the world still lack access to comprehensive health information and medical care. This problem is even more pronounced for persons who have disabilities. Special needs communities are generally ignored by the mainstream HIV awareness programs. This includes many deaf people who are ignored by traditional information sources such as radio and TV. Many deaf people in Kenya and other developing countries, having been deprived of quality education, have also limited literacy. Since HIV education necessarily touches upon sex- and sexuality-related issues, most hearing relatives or friends are too shy or inexperienced to explain the details of transmission to a deaf person. This is especially stressful for the deaf youth who are coping with puberty, growing up and trying to form an identity in a largely hearing world. Additionally, disabled people are frequently more vulnerable and therefore more likely to become victims of physical or sexual abuse. Without a proper HIV education, many youth are at risk of unprotected sex, which can often lead to unwanted pregnancies, sexually transmitted infections and HIV.

The origins of this manual date back to early 2003 when I met a deaf American who had just returned from Kenya. I vividly remember the many conversations we had at the dinner table in my apartment, and which helped me to understand the dramatic impact that HIV was having among the deaf community.

We felt that something had to be done. We believed that the deaf community can probably only combat these problems by empowerment, by training leaders and peer educators who can spread proper health awareness, responsibility and respect. But how do we start?

A small spark was ignited when we became aware of the grant program of the Development Marketplace. Sahaya International is a tiny fish in a huge ocean, and I predicted that our chances of getting the grant would be very slim. Yet, there was nothing to lose by trying. Our enthusiasm was infectious and soon several other Sahaya volunteers (Purnima Madhivanan and Karl Krupp) joined our grant-writing team; gradually our plans for a peer education program found shape in the grant proposal.

I was on my way back to the United States from our programs in India in December of 2003 when I received the happy news. I checked my email at an Internet stand at the Singapore Airport and had to control myself from dancing when I read the message -- we had the grant!

While the program implementation and development of this manual was definitely a rocky road with lots of unforeseen challenges (enough to fill a separate book), it is our vision that this first edition, which surely has room for further improvement, can be the spark of more programs in Kenya and other countries, and will inspire other groups to continue building on these activities.

I am a hearing person, so being part of this program for the past four years has been an enlightening experience. I am grateful to the many staff, volunteers and friends who have helped us in these efforts. I believe that many of the activities in this book, developed by and for deaf people, can also be useful for hearing people.

The more we try to break down communication barriers, the more we realize that regardless of language, age, race, gender or sexual orientation we share the same hopes and dreams. We can learn a lot from each other.

**Koen Van Rompay, D.V.M., Ph.D.,
Founder & Secretary, Sahaya International**

The international HIV community acknowledges that HIV can affect all individuals and that education is key to HIV prevention and care. Yet, educational material has not been developed for all those in need. This manual is an acknowledgment that everyone deserves to be protected from HIV by understanding how HIV is transmitted and how to protect themselves and others from infection. The fact that there was no previous manual for deaf people highlights how much more we need to do to control the epidemic. Often it takes the leadership of one person to recognize the needs of many. Dr. Koen Van Rompay is a voice for those who cannot hear. He advocates on their behalf for the education and care needs of others. In spite of many obstacles, this manual is objective evidence that persistence, dedication and compassion can triumph. However, as he himself acknowledges, it is not the end of the needs but a step towards achieving the ideal. It is one critically important advance to providing just and equitable health care for those who are deaf. To be successful, it must continue. Through advocacy and tenacity no group can be omitted and no medical advance in care and treatment squandered because of the failure to educate or the failure to include all individuals with disabilities.

Arthur J. Amman, MD
President
Global Strategies for HIV Prevention



HOW TO USE THE MANUAL

- *It needs to be clear that although any community can use this manual, the Deaf community's mode of communication is Sign Language.*
- *This manual is unique in that it contains interactive/participatory-based activities 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 capture topic(s) not in the manual but for which there is a need in the group.*
- *The illustrations are either guides to designing the activities, or are sources of information, or are 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 has enough knowledge on topics to be addressed. Some references are readily available after each topic while some sources of information are also indicated.*
- *The activities can be carried out over a series of meetings, within several weeks' time so as 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 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, so encourage the participants to be involved in the formulation of that 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.*

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Section A: Sexuality & Sexual Health

1. Body Anatomy

a) Body Mapping & Modeling

Activity I: Body Mapping

Description

This game enables participants to express their perceptions of human male and female anatomy, as well as various biological functions.

Time needed: 1 hour

Materials required:

Sheets of white chart paper cut into halves (paper to person ratio 3:1)
Color markers
Scotch tape
Scissors

Methodology: Drawing and Modeling

Steps:

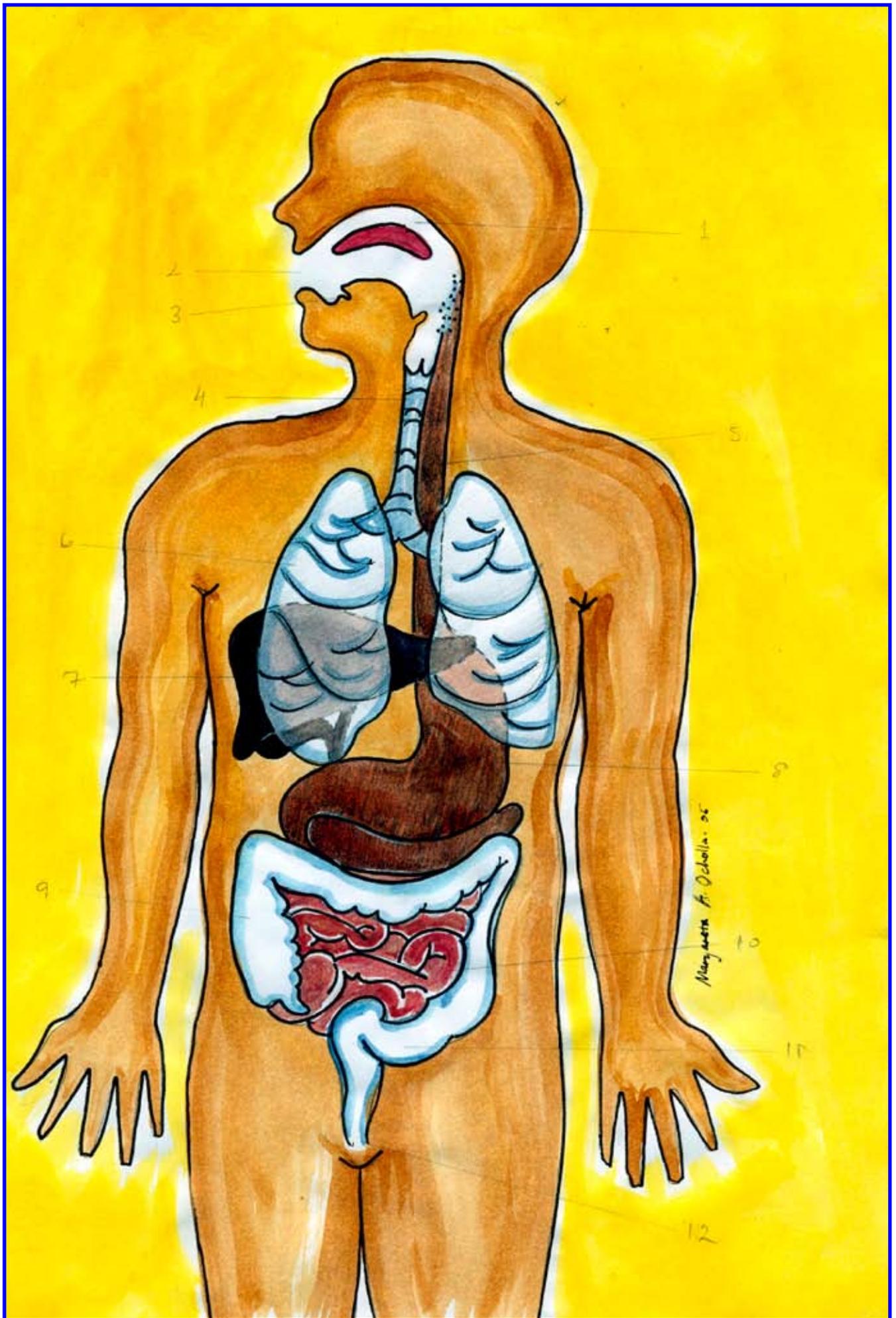
1. Divide the participants into groups of about 4 to 5 persons each. Try to mix up the males and females unless they prefer to remain among same-sex persons.
2. Give each group two half-sheets of chart paper and one set of color markers.
3. Explain that the game to be played is not a test of drawing ability and that each person in each group should participate.
4. In **Round 1**, ask each group to draw a standing male figure on one sheet and a standing female figure on the other sheet. Give the following instructions:
 - They should use the full length of the chart paper.
 - The figures should be facing forward.
 - Some members of the group may draw the male and the others may draw the female
 - No other instructions should be given. The participants may draw the figures in any way they wish (clothed or unclothed, in trousers or skirts, etc.)
5. While the groups are drawing, walk around making sure that each person is participating by drawing some part of the body, or coloring or shading. If one person is taking over the activity and not letting others participate, the facilitator should intervene and encourage the others to take part.
6. In **Round 2**, issue two more half-sheets of chart paper, and ask the groups to draw a standing male figure and a standing female figure, using the full length of the chart papers. This time, the figures should be wearing no clothes.
7. The facilitator should maintain a serious and sober expression while giving these instructions. The facilitator should not communicate that something “shameful” or “dirty” is taking place or grin or look mischievous. The facilitator should convey the attitude that the human body is something to be respected, not to be ashamed of.
8. While the group is at work, the facilitator should move about asking for details wherever they are missing. For example, if a group has shown only three toes or four fingers, ask: “Do your feet look like that?” or “Do your hands look like that?” Similarly, if the participants are displaying hesitation or shyness about drawing reproductive parts, then the facilitator should point to that

part of the drawing and ask, “Is this how people really look? Is this part of the body empty?”

The facilitator should not name any part of the body by saying, for example, “Draw the penis” or “Draw the vagina.”

9. If any person seems to be offended or seriously disturbed by the prospect of drawing an unclothed human figure, the facilitator should not pressure that person, or make them feel that there is something wrong with them. Participants who firmly refuse to participate may be allowed to observe.
10. The facilitator should avoid passing comments about the artistic merit of the drawing efforts. If a drawing is disproportionate, or is missing important details, the facilitator should avoid passing remarks about it. The objective of the exercise is to understand the human body, not to test the participant’s artistic skills.
11. In Round 3, the facilitator will issue more half-sheets of paper to each group, and ask them to draw a standing male figure and a standing female figure, using the full length of the chart papers. But this time the group will be asked to draw as many details as they can of what is inside the body. To explain, the facilitator may say that there are organs inside the body for digesting, breathing, pumping blood and so on.
12. Explain again that this is not a test of their knowledge. They should consult each other as a group and put in as many details as they can remember together.
13. While the groups are working, the facilitator should walk about observing the effort and asking questions that will help them think about body organs they have forgotten such as, “How do you breathe?” or “How do you digest your food?”
14. As soon as a group has finished its drawings, ask them to write the names of as many parts of the body as they can, and draw lines pointing to these parts. The group may write in whatever language they are comfortable with.
15. After all have completed their work and the facilitator is satisfied the objective has been met, let participants hang their work on the wall. It may be used for future references for some topics in the manual





Activity II - Body Modeling

Description

This exercise helps the facilitator test the participants' understanding of body systems by making them construct models of the respiratory system and the digestive system using simple tools such as bags and straws.

Time needed: 1 hour

Materials required:

Clear plastic bags (small)	Masking tape
Clear plastic bags (medium)	Scissors
Scissors	Scotch tape
Supermarket bags (medium)	Sponges
Box of straws	

Methodology: Modeling

Steps:

1. Arrange all the materials required for the session on a large table.
2. Divide the participants into groups of about 4-5 persons each. Explain that the following exercise is not an examination but a game through which they can explore their own understanding of the human body.
3. Explain the rules:
 - Each group can construct models of the respiratory system and the digestive system by using the props provided.
 - As an example, the small clear plastic bags could be used as the stomach, and two holes cut into opposite ends of it, one for the esophagus, and the other for the duodenum.
 - The medium clear plastic bags could be used as lungs.
 - The sponge could be cut into different shapes and used as the liver or the kidneys.
 - Explain relevance—for example, because lungs fill with air, a plastic bag is more related to the lung than a sponge. And because the bladder holds urine, a sponge is more related to the bladder.
4. Ask the participants to move to the table and take whatever props they need for their models.
5. As the groups work, the facilitator should move about inspecting their work, offering guidance, suggestions, and corrections. The facilitator should help them create reasonably accurate models.
6. The facilitator should pay particular attention to the relative position of the different organs. The overall model should be properly proportioned.
7. Ensure all groups are thorough and understand what they have been doing to ensure your objective is met; then allow them to hang their work on the wall.

b) Blood Routes and Body Organs

Description:

This activity will enable participants to understand how blood flows from the heart to the various parts of the body and organs via arteries and veins and back to the heart. This activity will indicate how and what the heart needs to function effectively to support the rest of the body, by playing the role of different organs.

Time: 1 hour 30 minutes

Materials:

- 1 Illustration of the circulatory system (75cm x 100cm)
- 1 Large outline of the body (75cm x 100cm)
- 1 Outline of a map of Kenya (75cm x 100cm)
- 3 Toy cars
- 1 Rod

Methodology: role-play

Steps:

1. Mount the illustration of the circulatory system on the wall and begin a discussion on how blood flows through the arteries and veins. Ask participants what they know about blood and if they know how it flows throughout the body. Ask volunteers to point, using the rod, the direction of blood flow beginning and ending with the heart.
2. Mount the map outline and ask participants where the big cities are. Can they guess where the capital city of Nairobi may lie? Do these cities function alone or do they have exchanges with each other? Are the interconnecting roads serving a purpose? Then return to the circulatory system of the body and ask whether there are similarities or differences in cities and roads, veins and arteries. Ask participants if they can compare the two illustrations. Ask them to explain what the presentation means, what the roads depict, and what the petrol station depicts. Let them also state what roads and petrol stations are for. Ask them about an existing petrol station near them.
3. With the answer of what roads are for, choose volunteers to show how the cars move from one area to another. Notice the person(s) stopping to fuel at the petrol station. Let several volunteers try out this activity.
4. Ask participants why they are stopping for fuel or why they are not.
5. Now liken their activity of illustration 2 with illustration 1. Let them again state what each part in illustration 2 represents in illustration 1 (ensure they can spell or write the names of their answers).
6. Choose characters to role-play the following parts of the body:
Blood Lungs Brain Kidneys Skin
Face Heart Stomach Skin Legs
7. Choose a participant to role-play the heart.
8. Arrange all the organs and the heart in positions like the body.
9. Choose a participant to role-play blood.
10. Choose one participants to move his hands in the rhythm of the heartbeat. The participant is to stand on a chair at the end of the hall, so that other players can see him or her.
11. Demonstrate the heartbeat rhythm that will be used in the game. This should have the tempo of a heartbeat, a set of two beats followed by a pause, by opening and closing of the fist. Ask all players to copy in unison, following the player on chair, and to sway side to side with each set of heartbeats. The facilitator should continue this until everyone is moving together well.
12. The facilitator should ask the players to stop and explain the sequence of movements in the game. He should demonstrate this by playing the role of Blood.
13. Blood will be held tight by Heart. In rhythm with the heartbeat, Heart will first push Blood forward. Blood will keep both hands behind his back and move toward Lungs. Reaching Lungs, Blood will extend the left hand holding something which represents the waste products, and Lungs will pick up the object from the palm of the hand.

14. Then Blood will place the left hand behind the back and extend the right hand, with palm open. Into this, Lungs will make a movement of placing fresh air.
15. The Blood will now run forward in rhythm with the heartbeat and go from organ to organ. With each organ, Blood will first extend its left hand to collect the waste, and then the right hand to give the fresh air.
16. The facilitator should continue demonstrating the role of Blood until the group is moving in rhythm to the heartbeat and understands the game.
17. When Blood has finished its round of the body, it will return to the embrace of Heart. Heart will push it forward with energy and start the cycle once again.
18. Once the players understand the game, ask them to play it until they are at ease with the movements and are able to play it like a graceful dance.

c) Male & Female Genitalia (Internal and External)

Description:

This activity will enable participants to understand the genitalia, the various parts and their functions. They will understand how the genitalia play a role in transmission of disease.

Time: 45 minutes

Materials:

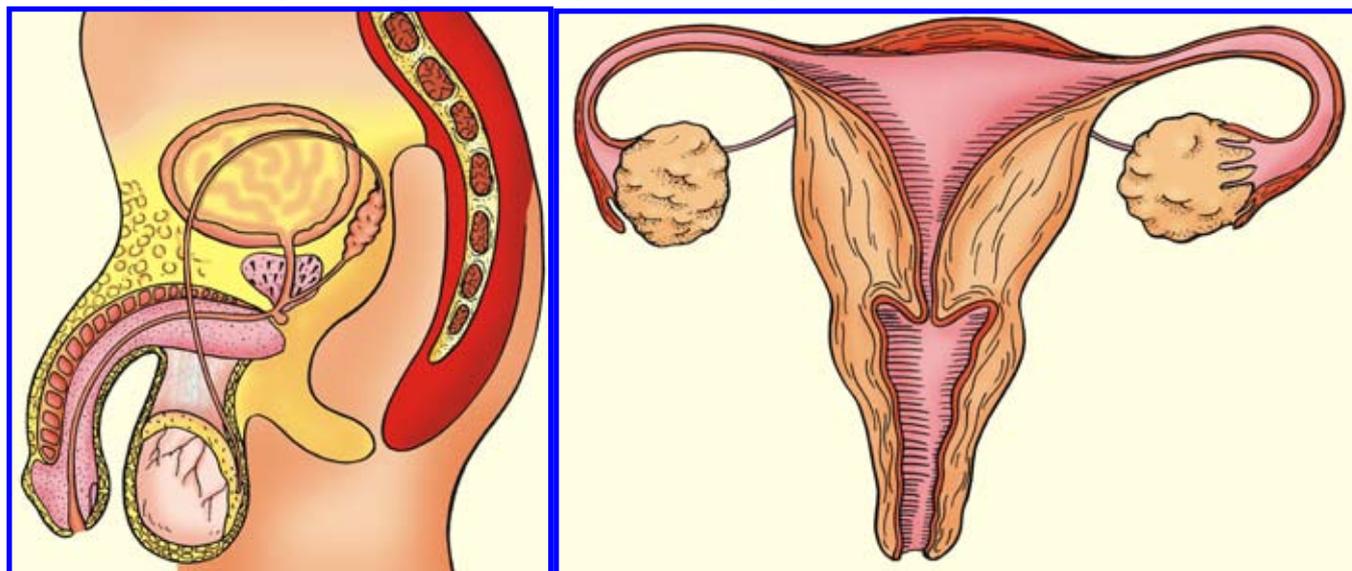
Papers
Illustrations of both male and female organs
Markers/pencils

Methodology: mapping

Steps:

1. Introduce the topic by asking participants if they know what a penis is and what a vagina is. Ask participants to point where they are located in the body by pointing at the previously mapped figures.
2. Divide participants in groups of 4 or 5, mixing both boys and girls or males and females.
3. Distribute two papers and markers or pencils to each group.
4. Tell participants to draw a large external shape of both the penis and the vagina, and while they are doing so, walk around checking their work, encouraging them. Tell them not to be ashamed but instead feel free to draw what they know.
5. Don't let the participants take too much time; check to ensure their drawings are factual. In case there is one that is not properly drawn; ask other participants what might be missing in that particular drawing so that the correction is done immediately.
6. When they are through making the outline, commend them and tell them to label the various parts.
7. Proceed, and ask them to draw how the inside of both the penis and vagina look like on the other piece of paper. It may be difficult for the participants but encourage them, and let them try labeling the inside parts they have drawn.
8. Flesh out your already drawn and labeled copies and hang them on the wall. Go through the first copy of the external drawings of penis and vagina and the functions of various parts together with the participants. Ensure you talk about the fact that the penile and vaginal tracts also carry viruses and bacteria into the body through sex. These organisms include STDs and HIV.

See Appendix 2 for enlarged versions of these drawings.



2. Growth & Reproduction

a) Body changes: boy & girl

Description:

This activity will enable participants be aware of physical changes in both boys and girls, important as a step toward understanding their bodies for improved health awareness.

Time: 45 minutes

Materials:

Body development chart (see below or Appendix)
Papers
Pens/markers

Methodology: drawing

Steps:

1. Introduce the topic on body changes (adolescents) to the participants. Let several volunteers state the meaning or what they understand by the term adolescent. Give your answer finally to harmonize the participants' answers.
2. Divide the participants into groups of 4-5, mixing both boys and girls; do not force a group if they do not want to mix.
3. Provide each group with a marker and several flip papers.
4. Instruct each group to first draw the various body changes they are aware of in a girl, such as broadened hips, breasts, etc.
5. Walk around to ensure the participants are on track; be sure to correct immediately what may be amiss in the activity by simply asking if that is what a girl looks like. Let them also know there is no shame in what they are doing.
6. When each group is through, allow each group to present its diagram, and to tell the rest of the participants, by pointing and signing, what changes they were able to come up with. Let them

also talk about the changes they are aware of but were not able to draw.

7. Conclude by re-affirming their work and stating what may have been missed.
8. With the same groups, provide more paper and instruct them to now draw body changes in a boy. Repeat the same steps as mentioned above.
9. Review the activity to ensure the participants have understood what they are doing and have factual drawings.

Stages	Development of a Girl	Development of a Boy	Age range
1	<ul style="list-style-type: none"> - No breast enlargement - No growth of pubic hair 	<ul style="list-style-type: none"> - No enlargement - small penis and testes - No growth of pubic hair 	10
2	<ul style="list-style-type: none"> - Breast enlargement starts - Soft pubic hair growth starts 	<ul style="list-style-type: none"> - Testes enlargement - Red, hard scrotal skin - Development of fine hair at the penile base 	10 – 13
3	<ul style="list-style-type: none"> - Breasts enlarge more - Darker, coarse, pubic hair increases 	<ul style="list-style-type: none"> - Penis enlarges in diameter - Enlargement of scrotum and testes - Increased darker, coarse pubic hair 	12 – 14
4	<ul style="list-style-type: none"> - Pubic hair taking shape of how it will be in adulthood - Armpit hair is visible - Nipple protrusion starts - Start of menstruation 	<ul style="list-style-type: none"> - Penis and testes continues to enlarge - Increased darker, coarse, and curly pubic hair. 	13 -15
5	<ul style="list-style-type: none"> - Fully developed breasts - Defined upside-down triangular shape of pubic hair – more growth 	<ul style="list-style-type: none"> - Fully developed penis - Pubic hair finely distributed, with adult color and texture 	14 -17

b) Emotional changes

i). Infatuation:

Description:

This activity will enable participants to clearly understand what the temporary feeling of infatuation is. This will help them understand their bodies with regard to sexual health.

Time: 45 minutes

Materials:

Plastic rulers Papers

Steps:

1. Introduce the topic by asking participants what infatuation is. Let them give you answers, which you can jot down.
2. Place the participants in groups of four or five each and/or according to the number of rulers you have, and provide each group with a ruler and a paper.
3. Instruct each group to tear the paper in small pieces and put them in a heap.
4. Instruct the groups to have one person rub the ruler thoroughly on their hair and let the volunteer with the ruler direct it to the heaped pieces of the papers. The group members should observe carefully what happens; pieces of paper will stick for some time on the ruler, then fall off. Let other group members do this as well.
5. Get the attention of all participants after some minutes and ask them what they just did. Ask them why the pieces of papers stuck for a while on the ruler but then fell off. What made the papers stick on the ruler?
6. Let them know that infatuation is a temporal feeling; that the static-ness on the ruler after rubbing on the hair represents the feelings and attraction we get for another boy or girl. That the temporal sticking of the papers to the ruler represents how shot-lived those feelings are, as they eventually fade away/ fall off just as the papers did.
7. Let them know that it's normal to experience infatuation; allow them to give examples of the feelings one experiences when infatuated e.g. heart thumping.
8. A few volunteers can also give stories of their experiences concerning infatuation; nice and hard/ bad feelings they have experienced.
9. Give room for questions and/or issues regarding infatuation that may still be boggling the participants. Let participants know that if one experiences feelings of infatuation, they should NOT engage in sex.



ii). Friendship:

Description:

This activity enables participants to understand what friendship is at all ages between boys and girls, or males and females. Participants learn not to confuse friendship with infatuation or love in order to better understand their sexual health.

Time: 45 minutes

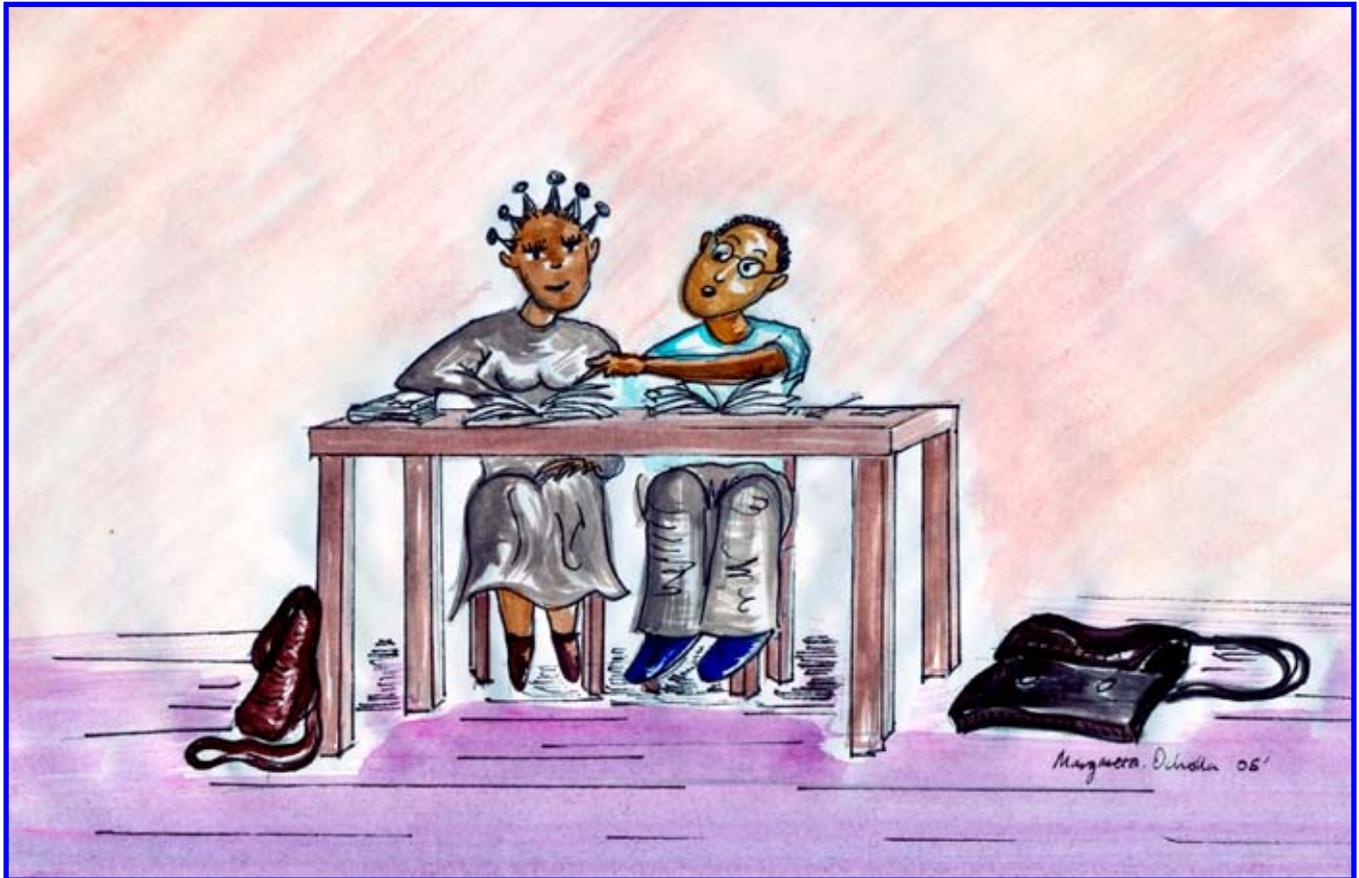
Materials:

- Books
- Pencils/pens

Methodology: group discussion

Steps:

1. Introduce topic by asking participants what they think friendship is; jot down their answers.
2. Ask the participants how many have friends: why do they have those they have mentioned as friends? Choose a few volunteers to talk about why so-and-so is their friend.
3. What created the friendship; do they have behaviors in common?
4. Continue by asking participants what it is that friends do together; do they gossip? Yes. Do they share things? Yes. Get as many examples as you can and jot them down.
5. Ask participants if friendships can exist between a boy and girl or just between girls only or between boys only.
6. Ask participants if it is wrong for a girl to have a boy as a friend; ask them if they have seen any boy and girl who are friends. Ask what the boy and girl who are friends can do or cannot do. Jot down their answers.
7. Let participants know that friendship can be between girls alone, boys alone, as well as between a boy and a girl. However, touching a girl's/boy's body, or having sex should NOT be part of any friendship. Friendship should include non-sexual activities such as playing, singing, studying.



iii. Love:

Objective:

This activity will enable participants understand what love is, and not confuse it with infatuation, which maybe leading many adolescents into early sex

Time: 50 minutes

Materials: none

Methodology: Discussion/role play

Steps:

1. Introduce the topic love and ask participants what they understand by the word love; jot down their answers.
2. Ensure they understand love by explaining to them what it means and involves. Be sure to show the different kinds of love that are out there; filial love, love between man and God, love between parents and children, love between man and woman, love between friends; let them role-play the types of love.
3. Talk about love between friends and what exactly it means. Talk about a boy having a girl as a friend; is it normal? Talk about girls who are friends and boys who are friends.
4. Ask participants what activities friends can engage in; jot down their answers. Choose a few volunteers to role-play the answers they have said.
5. Ask them activities a boy and a girl who are friends can engage in; jot down their answers. Again choose volunteers who will role play their answers.
6. Explain to participants that love between friends is all about caring for the other person and not harming or hurting them in any way such as lying... Let them discuss ways in which they can harm each other, including teen sex.
7. Let participants clearly know that whatever friendship they may have with each other, the love they experience does not involve sex, and no one should make the other engage in sex.
8. Remind them as well that as boy/girl friends, they may feel 'love', which is referred to as 'infatuation' for each other and that it should not lead to sex.
9. Let participants know that only adults who are fully responsible for their own actions should engage in sex, after marriage; you may remind them of the activity 'what I want to be after school'.
10. Let them know love is kind, patient, understanding, etc.
11. Conclude topic by doing a recap to ensure participants understand what love is.



c) Reproduction

i). Menstruation:

Objective:

This activity will enable participants understand what menstruations is in regard to sexual health, how it takes place, and what to do when its taking place.

Time: 1 hour

Materials:

Drawing of female reproductive organ; 60 by 60cm

Red liquid New pant

Sanitary pad Clean piece of cloth

Methodology: group discussion

Steps:

1. Introduce the topic menstruation, asking participants what they understand or know about menstruation. Give your response after they have spoken.

2. Hang the drawing of the labeled female reproductive organ where all participants can see. Ask participants to confirm what the diagram is.
3. Use this drawing to demonstrate to the participants how menstruation occurs; starting from the ovaries, describe the monthly release of an egg, the thickening of the uterus wall, the breakdown of the wall contents if the egg is not fertilized, and how this comes out as blood.
4. Let participants know that the cycle from the time blood is released from the vagina until the next release of blood is approximately 28 days.
5. Now ask participants what they do when they release the monthly blood. Get their answers and affirm their knowledge of what they mention, e.g., describe what the sanitary pad is for.
6. Divide participants in groups of fours or fives and give each group one new pant, one sanitary pad, and some red liquid.
7. Instruct the participants to demonstrate placing the pad on the pant; make sure they remove the strip that reveals the gum that enables the pad to stick to the pant. Make sure they position the pad correctly. Let them know that if they do not position the pad well, the pad may not absorb the blood, which could then stain the pants.
8. Let the participants pour the red liquid on the pad, to mean the pad has been used. Let them then demonstrate how they will remove the pad and dispose of it. Ensure they do the right thing, and if they do not, take them through the right procedure of stripping the pad from the pant, wrapping the used pad in tissue paper or placing it in disposal bags, then disposing of it in pit latrines.
9. Ask participants what they would do if they did not have pads; ask them what they would use instead. If a piece of cloth is one of their answers, show them the clean pieces of cloth you have and ask one to three volunteers to come and demonstrate to others how they would use it. Let them state as well how they would use other examples they have mentioned.
10. Describe how one would dispose of the piece of cloth used; let them also know they can thoroughly wash the piece of cloth in warm soapy water and hang to dry for re-use.
11. Review what the participants have learned to ensure your objective has been met.



ii). Sex:

Objective:

This activity will enable participants understand what sex is, what the right time for sex is, and the dangers of pre-marital or extra-marital sexual intercourse with regard to spread of STDs and HIV/AIDS.

Time: 1 hour

Materials:

Flipcharts/blackboard
Marker pen/chalk
Scotch tape

Methodology: group discussion

Steps:

1. Introduce the topic sex by asking participants questions such as:
 - i. Are your parents alive?
 - ii. How many children are there in your family?
 - iii. What is your position of birth in your family?
2. Pick any two volunteers, a boy and a girl and allow them to come in front of the rest and use the two to answer some of the questions you intend to ask,
 - i. Where did you come from?
 - ii. Who put you there?
3. Write the responses on the chart .Now ask the participants, whom you think should be involved in SEX? Write down their answers.
4. Further ask them, what age they think is right to have sex.
5. Explain to the rest of the participants that each of us are born out of sex, and sex is only official after marriage; let them know that sex before marriage (“pre-marital sex”) is considered by many to be inappropriate (and some call it fornication).
6. Now flatten one of your hands and raise one of your finger from the remaining hand and inset it in the middle space of the already flatten hands in and out several times. Demonstrate it to the rest of participants and explain to them that that is how sex happen bringing it clearly that the flat hand represents vagina and the finger represent penis.
7. Let participants understand that sex at the right time with one partner (who is disease-free) lessens the chances of getting diseases such as STDs, and HIV/AIDS. Having sex with more than one partner increases the chance to transmit diseases.
8. Let participants also know that if they are not aware of one’s sexual health, that they should use condoms and better yet, also go to VCT (Voluntary Counseling and Testing) or the hospital for answers.
9. Close the topic by reviewing what the participants have learnt.



iii). Fertilization:

Objective:

This activity enables participants to clearly understand what fertilization is and how it takes place in regard to health awareness.

Time: 1 hour

Materials:

Fist-size stones
Tape
Reproductive charts (male & Female); see Appendix 2 for examples.
Flip charts with colored markers, or black board with chalk
Paper

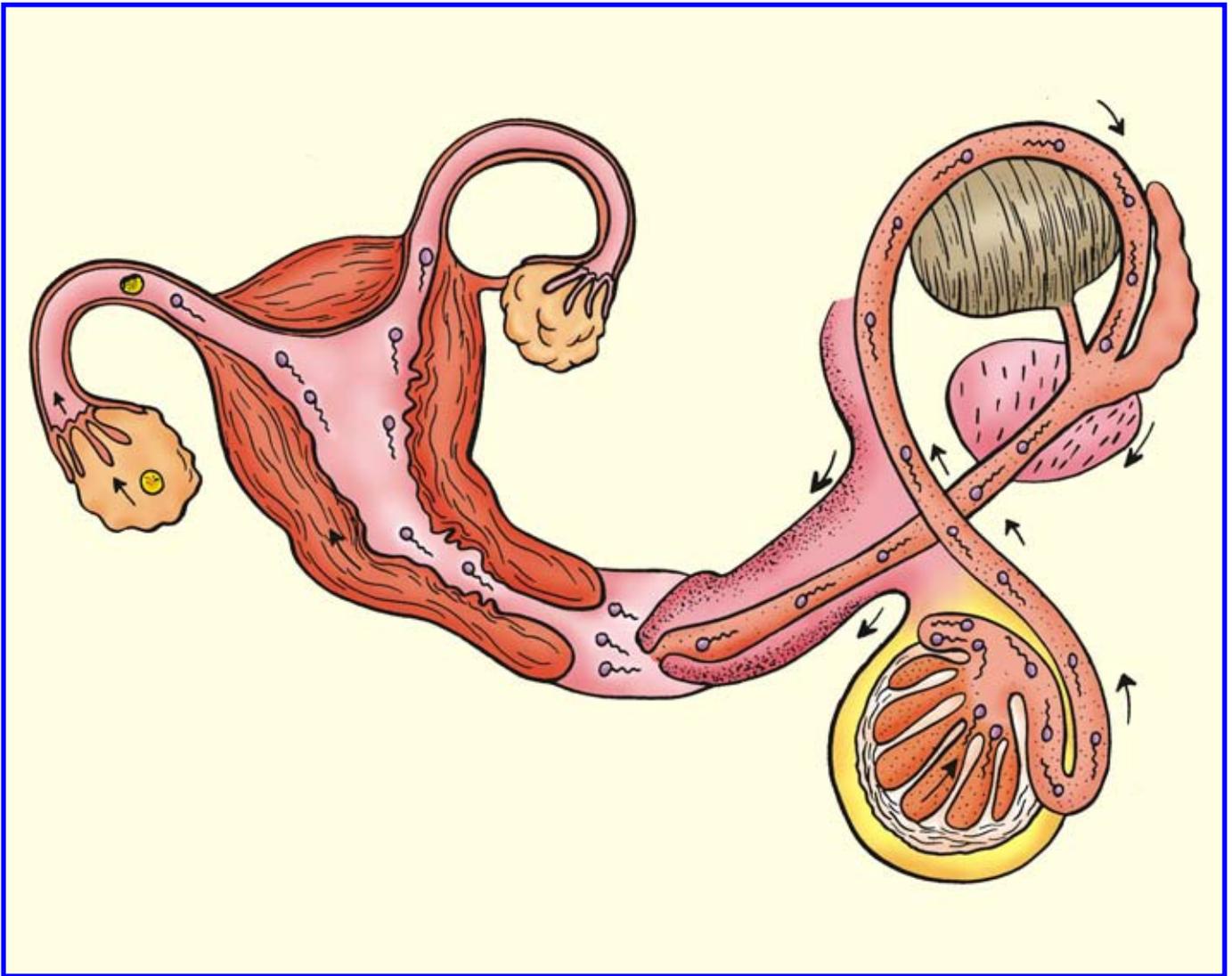
Methodology: discussion and role-play

Steps:

1. Hang the charts of the male and female reproductive tract up on the wall. Introduce the topic 'fertilization'; ask the participants the 'sign' and meaning of the word. Jot down their answers. Give the meaning you have to ensure they understand what it is fully: fertilization is the physical union of a sperm cell with an ovum (egg cell).
2. Ask the participants further if they know what happens for fertilization to occur. Ask them to state where exactly fertilization takes place by pointing at the charts. Guide them into getting the right answer. Ensure they know that when a man and a woman are engaged in genital penetrative

sex, both agreeing to use no protection, fertilization which leads to pregnancy takes place at the fallopian tube.

3. Ask them if they exactly know the 2 components entailed in the fertilization process. Put up the charts of both the sperm, and ovum and elaborate on them. Ensure they know where each comes from; i.e. sperm from the testicles in the male reproductive organs, and ovum from the ovaries in the female reproductive organs. Point to the reproductive charts exactly where the 2 components come from.
4. Let them know that during sex, sperm cells are released from the male reproductive tract through ejaculation into the woman's uterus and only one sperm will 'meet' one ovum to penetrate and start the fertilization process. After one sperm has entered the ovum, the wall of the ovum changes and no longer allows other sperms.
5. Let them know that you wish to demonstrate further how the process takes place by them volunteering to role play the process. Let them know the activity is best performed outdoor where there is wide space.
6. Choose volunteers; 3 volunteers to act like the sperm (preferably boys), and 3 volunteers to act like ova (preferably girls)! Choose one volunteer who will act as the penis. Choose another set of volunteers (both boys and girls) who are to help in modeling the shape of the uterus and vagina, including the ovaries, and fallopian tubes. You can also use the fist-size stones to outline the shape of this model.
7. Guide the 'sperm' boys to take and write the word sperm on the tapes and plaster on their foreheads. Do the same to the 'ova' girls. Let the 'penis' boys/girl to take and write penis on the tape as well and plaster on his/her forehead.
8. Lead the group out so that they can watch the other volunteers; guide the volunteers to construct the model of the female reproductive organ as big as they can so that there is space to carry out the role-playing.
9. When modeling is finished, instruct the 'penis' volunteer to stand facing the vaginal opening, some 2 meter away. Let the 'sperm' volunteers also stand in front of him so that the 'penis' volunteer can try to bring them into a half-embrace. (let them know this means the sperms are in the penis duct and are ready to come out through ejaculation during sex)
10. Let the 'ova' volunteers stand in the ovarian sac. Two of them are to follow each other slowly, leaving the sac, one preparing to meet the sperm (let them know they are leaving the sac after 28 days which is the normal cycle of fertility).
11. Let the 'penis' volunteer know that he is to gently push the 'sperm' volunteers into the vagina, and the sperm volunteers to gently run into the uterus, and 2 of them to run up to the fallopian tube, one to meet an ovum.
12. Let the one sperm volunteer know that he is to hold the one ovum volunteers' hands to show they have met, and fertilization will now start taking place.
13. Let them know that after the sperm has fertilized the ovum, the fusion slowly finds its way down to the uterus and attaches itself to the uterus wall that is monthly prepared for the pregnancy to start.
14. Let them know that if there has been no fertilization (either there being no sex or protective sex), the lining of the uterus wall that was made ready for pregnancy is instead shed out as blood, also referred to as menstruation.
15. Give them room to ask questions, and review the activity by briefly touching on the important points.



iv. Pregnancy:

Objective:

This activity enables participants to clearly understand what pregnancy is and how it takes place with regard to health awareness.

Time: 45 minutes

Materials:

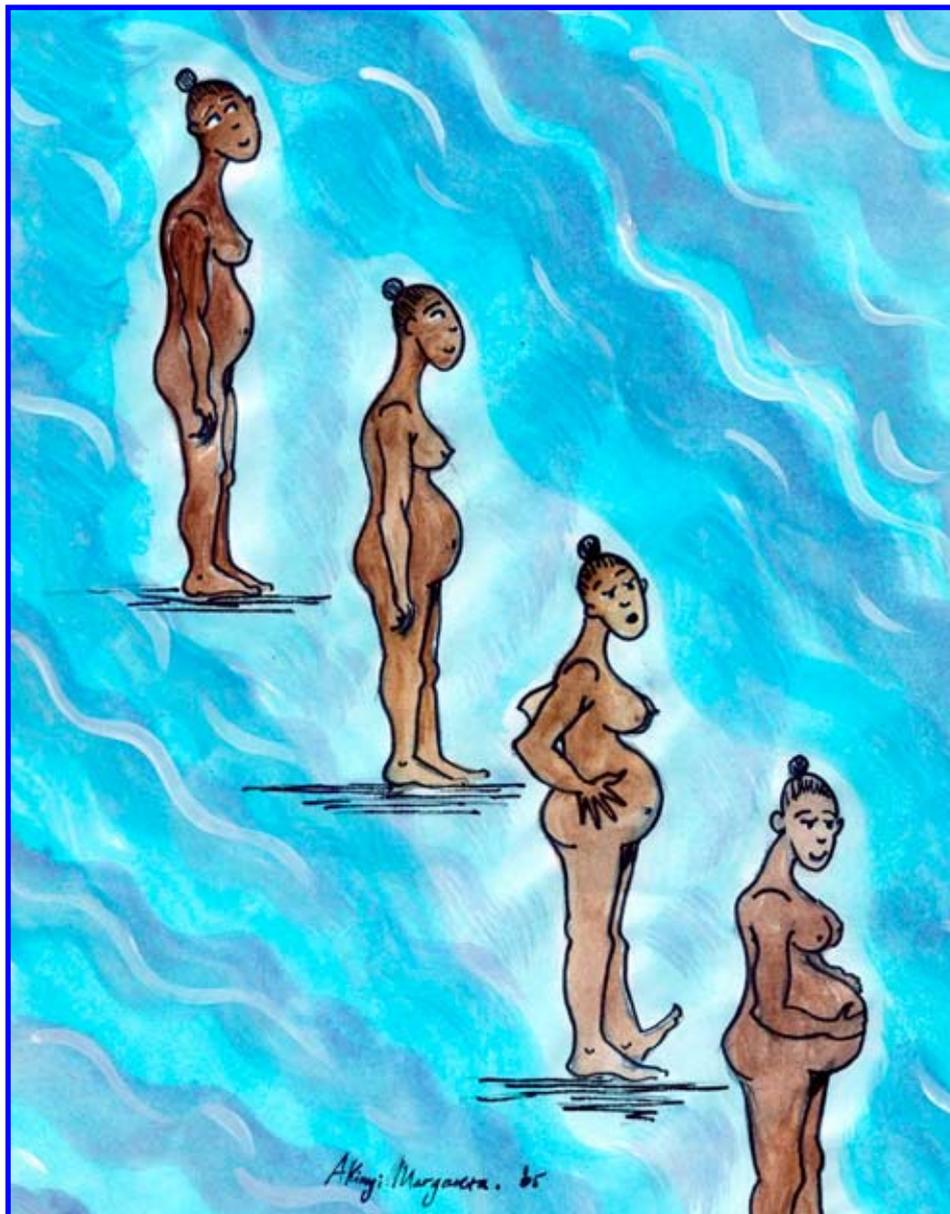
Chart of the female reproductive system
Colored Balloons
Clear nylon bags

Methodology: discussion and model

Steps:

1. Ask participants what pregnancy is.
2. Remind participants to say what fertilization is and what is involved in the process.
3. Ask them what is formed when the ovum and sperm meet; ask them if only babies are formed in the process or if other things are formed as well.

4. Ask participant where they think the baby grows in the body; ask them to be specific and not just point at the stomach.
5. Hang the reproductive organ where all can have a good view; let them point out where the baby grows.
6. Ask participants how the baby grows; does it become big at once or does it grow over time? Let them state how many months the baby is in the womb before it is born.
7. Now have your balloon represent the baby, and the nylon bag representing the enlarging womb; insert the balloon inside the nylon bag and tie both at their openings. Start blowing air into the balloon bit by bit so the swelling of the balloon represents the baby's growth and when it's expanded to the size of the nylon bag, it causes the bulging of the woman's tummy.
8. Give participants each a nylon bag and balloon to demonstrate this as well. Ensure that they understand the concept.



v). Birth:

Objective:

This activity will make participants understand what birth is and how it takes place.

Time: 45 minutes

Materials:

Nylon bag	Baby doll	Cello tape
Water	String	
Scissor/razor blade	Female reproductive system drawing of full-term pregnancy.	

Methodology/aid: model and group discussion

Steps:

1. Before you begin, make sure that you have everything ready. Have the nylon bag, attach a string from the baby doll to the inside of the nylon bag using cello tape, and fill it with water. Then tie the bag by making a knot (or using a second string). The nylon bag represents the womb, the string is the umbilical cord, water is the amniotic fluid, and the portion of the bag that is tied represents the cervix and birth canal (vagina).
2. Introduce the topic -- birth -- to the participants; ask them what they understand by it. Ask if they have witnessed a birth process. Ask if they know how they were born.
3. To demonstrate the activity, you can ask the participants to move outside; ensure it's a shady area. If it's a rainy day, stay indoors, the water can always be cleaned up when the activity is over.
4. Ensure your materials are displayed on the table and covered by a tablecloth.
5. Ensure as well that the participants can see you clearly; preferably have the tall participants stand behind the shorter participants.
6. Unveil your materials; ask participants what they think the model and each material represents. Correct anything that they don't understand.
7. Have one volunteer whom you instruct on what to do: Holding the doll gently as it slides out of the nylon bag; go ahead and untie the bag, letting the water pour out. The doll will slide out after, with the string still attached to it from inside.
8. While the volunteer is still holding the doll, cut the string, and wrap the doll with a cloth.
9. Take time to explain to the participants that when nine months are over, the cervix opens and through the vagina, the amniotic fluid flows out and the baby is pushed out. The umbilical cord is cut, and the baby is wrapped in a clean cloth.
10. Hang the drawing of the female reproductive organ and explain to the participants where exactly the baby grows and where it's delivered.
11. Take questions from the participants. Review the topic to ensure the set objective is met.



3. Diseases and the Body Defense System:

a) Body defense- The Watchman

Description:

This activity enables the participants understand how the body defense system works in preventing diseases from attacking the body.

Time needed: 1 hour

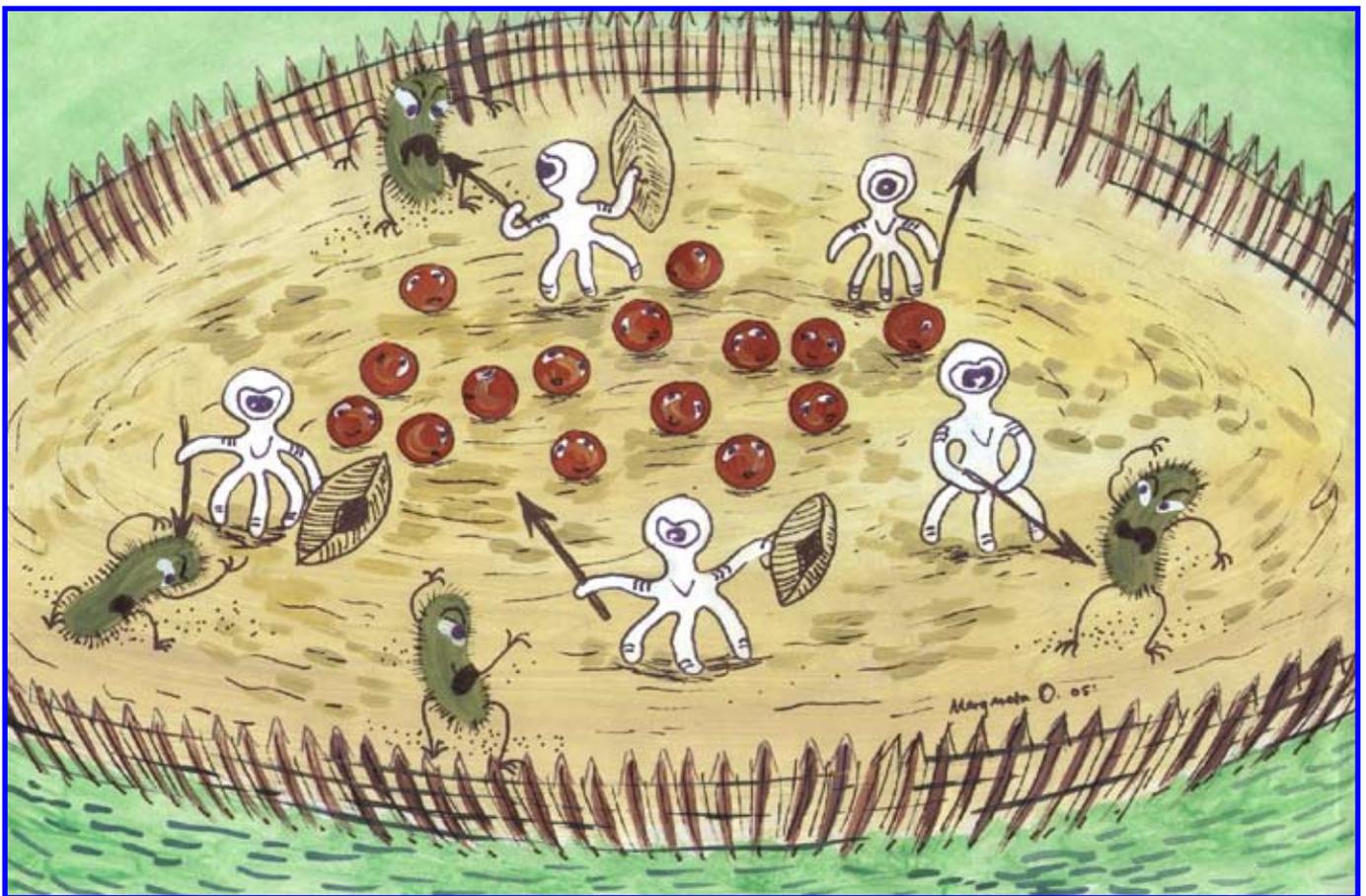
Methodology: drama

Steps:

1. Choose characters to role-play the following:
 - 2 watchmen
 - 3 participants for school compound
 - 4 thieves
2. Arrange all the characters to sit or wait aside for their roles to be called forth.
3. Demonstrate how the school compound is represented by three participants holding hands with one another to form a circle. Explain that two watchmen, always with hands on their sides, are responsible for the care and protection of the school compound at all times--day and night.

Show how the school is safe and peaceful as depicted in the behavior of the participants and the watchmen.

4. Ask the audience who the watchmen are protecting. Then show the four thieves and instruct them to always keep their hands on their sides as they participate by demonstrating likewise. Then instruct the four thieves to begin trying to enter the school compound through the outstretched arms of the participants and, at the same time, instruct the watchmen to guard the school by placing their bodies in front of each thief attempting to enter.
5. Soon the audience will see the thieves outnumber the watchmen and eventually the thieves will enter the compound. Instruct the participants to show surprise and dismay as this happens. Ask if the audience has seen this occur before in real life. And ask what the solution is for preventing the thieves from entering the school.
6. Propose that three more watchmen be added to the force and instruct the thieves to again attempt entering the school compound. Upon seeing how effectively the watchmen block them, ask the audience to consider other things in their real life that may resemble this.
7. Propose that the participants making the school compound represent the human body, the watchmen represent the immune system of the human body, and the thieves represent a virus such as those of the common cold, dysentery, malaria, and HIV. Demonstrate again how an immune system of two participants is not as effective as that of five participants.
8. Ask the audience how each germ may be blocked better by taking preventative measures. Examples are not sharing foods when having a cold, sleeping with a mosquito net to prevent the spread of malaria, washing hands and boiling water to prevent dysentery, and so forth.



b) Transmission of Diseases (HIV) - Colored Liquids

Description:

This activity enables participants understand how diseases such as HIV, STDs are transmitted from one person to another especially through sex.

Time: 1 hour

Materials:

10 clear glasses
Water Colored soda (such as coke soda, or orange soda)
1 condom

Methodology: Role-play

Steps:

1. Prepare each of the 10 papers with a letter for each of the ten participants required to carry out the activity. 'A' shall be given to the six participants with a glass of water only, 'B' shall be given to the two participants with a glass of water and colored soda, and 'C' shall be given to the remaining two participants with glasses of colored soda only.
2. Arrange all the glasses required for the session in a single row along a large table covered with a white cloth.
3. All the glasses shall be half full with a liquid—six glasses have only water, two glasses have a 1:1 ratio of water to colored soda, and the remaining two glasses have only colored soda. Explain that each glass with only water represents a human body with healthy blood, each glass with mixed water/soda represents a human body with HIV, and each glass with colored soda only represents a human body with AIDS.
4. Ask ten participants to come forward and give each a small paper with letters A, B, or C. Then ask them to obtain their corresponding glasses.
5. Instruct all participants to 'marry' someone with the same letter and to remain committed to that person without straying to another person. Conduct a brief mock wedding to show the relationships formed amongst them, then instruct each to have sexual intercourse with their spouse by pouring and receiving the liquid several times but maintaining the same amount as started with. Then ask each to return their glasses to the table and have the audience view the glasses against the white backdrop. Discuss the implications of this kind of relationship in HIV transmission with the audience and participants.
6. Instruct the participants to now be single, not married as previously, and to carry out the above process again. Afterwards, with glasses again returned to the table, observe them and discuss the implications of this kind of behavior in HIV transmission and whether the same can be duplicated in real life with everyone already aware of the other's HIV status.
7. Instruct the participants with letters A and B to mingle and have 'sexual intercourse' with one another and for participants with letter C to continue sharing with each other. Afterward, observe the glasses and discuss the implications of this kind of behavior in HIV transmission and the change in numbers of those with healthy blood and those with HIV.
8. Now instruct each person to have 'sexual intercourse' with someone of a different letter. Then observe the glasses and ask the audience what is happening with this change in behavior. What can be done to prevent this from happening? Ask them what they think of behaviors such as abstinence and condom use.
9. Let participants be aware that the prevention/control of diseases shall be discussed at length after discussing how disease are transmitted.



i). HIV/AIDS:

Objective:

This activity enables participants to express the meaning, word for word, and the generic sign in KSL of HIV/AIDS, thus enabling them to understand its full meaning as well.

Time needed: 30 minutes

Materials required

- 1 flipchart
- 1 permanent marker
- Illustration of the virus

Methodology: group discussion

Steps:

1. Ask the participants what the sign in KSL is for HIV/AIDS in their local community. Ask why they use that particular sign to represent the disease (chances are it's recognized by most other regions of Kenya) and not another. Are they able to explain the meaning of the disease in that sign alone? Challenge a participant to come forward and explain 'H' in HIV. If successful, ask him/her to explain all the rest of the letters of HIV/AIDS.
2. Explain to the participants that 'HIV/AIDS' are short, abbreviated names for words too long to spell out, thus the acronyms. Each letter represents an idea and when put together mean a larger idea. Show on the flipchart:

H—Human

I—Immunodeficiency

V—Virus

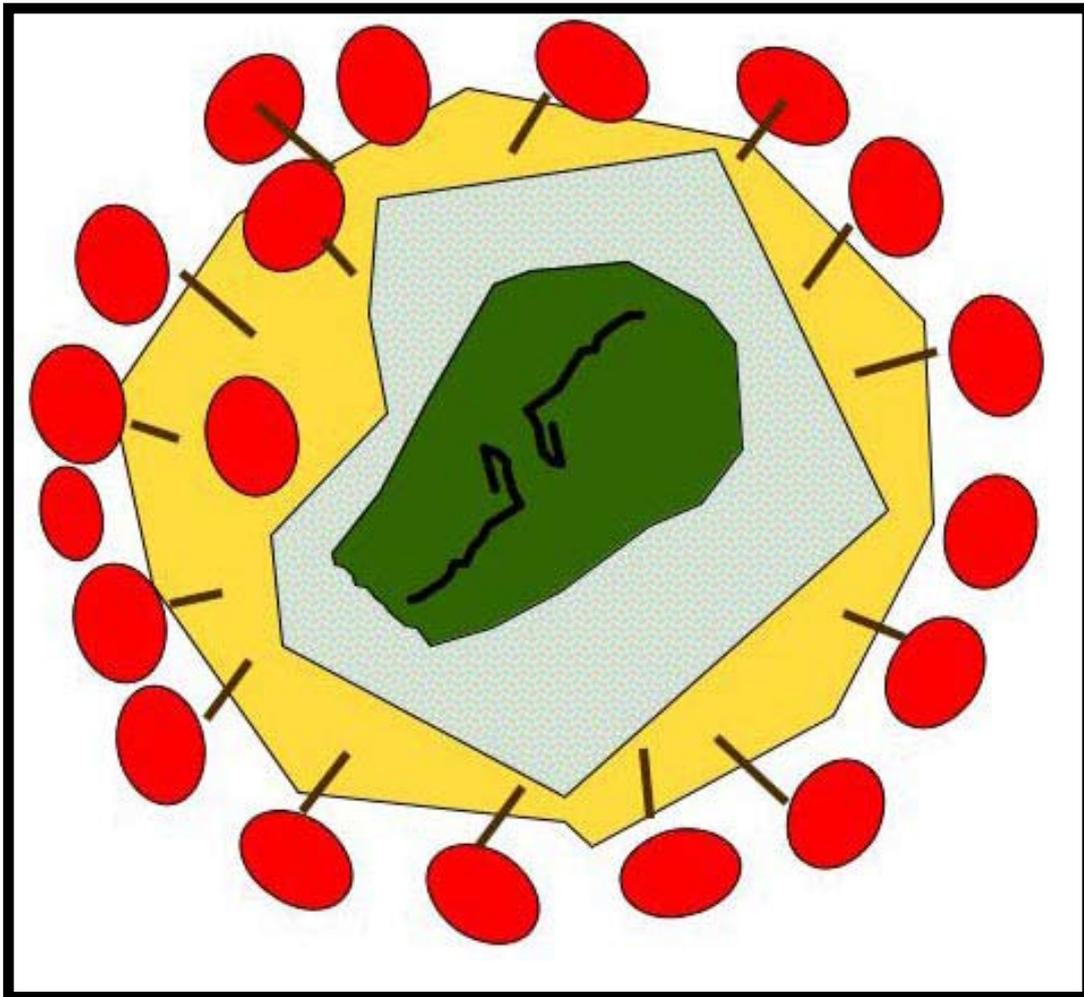
3. Explore each word with the participants and challenge them to decipher each in their language of KSL. Usually, HIV is better communicated and explained when signed as BODY-PROTECTION-NOTHING-VIRUS. You may show on the flipchart:

H—Body

I—Protection-Nothing

V—Virus

A virus is a very small organism; it has a very complex structure (more than shown on the illustration).



4. Now ask the participants, since they now know how to sign HIV in deeper context, would they be able to figure out the same for 'AIDS'? Show on the flipchart:

A—Acquired

I—Immune

D—Deficiency

S—Syndrome

5. Once they have tried to decipher the word AIDS, you may show them it is not much different from that of HIV, with the exception of the word Syndrome being added. Syndrome means not just a single illness, but many illnesses and infections that attack the body.

**A—Have
I—Protection
D—Nothing
S—Sickness**

6. Once the participants have grasped the alternative sign in deeper context, invite them to demonstrate their understanding with a group of seven people facing the participants in a line and each representing in legible order the sign for each letter, 'H-I-V/A-I-D-S'. Challenge them to repeat it again and again like a mantra until there are no slips or forgetting. It may be a fun exercise!
7. Explain them that to be correct, the term "HIV" is used to refer to the virus, the small organism. The term "AIDS" refers to the condition or the illnesses that people who are infected with HIV develop.
8. Ask them if somebody know what kind of symptoms people with AIDS have. Some examples are diarrhea, fever, cough, tuberculosis, skin problems. Without proper treatment, the person will get more ill, lose weight and may eventually die. So many of these symptoms are not specific, and the only way to know if a person is HIV-infected is by taking a blood test (which will be discussed later).
9. Show illustrations of the virus, a healthy person, and a sick person. Ask the participants if they know how long it takes between somebody becomes HIV infected and when they show symptoms of AIDS. Because it often takes 5 to 10 years of HIV infection before a person shows symptoms, that means that during those initial years, a person can be HIV-infected but can look totally healthy.....and during that time can also transmit the virus to others! Thus, one can NOT tell by looking at a person if that person is infected with HIV. Tell them that this means it is therefore very important to know how we can prevent transmission, and it is important to understand how HIV transmits and how it does not transmit.

ii). Modes of HIV transmission:

Description:

The illustrations below will enable participants be aware of modes by which HIV is transmitted from one person to the other.

Time: 30 minutes

Materials:

Illustrations on methods of transmission (see Appendix 5).
Flip chart and markers

Methodology: Group discussion

Steps:

1. Place participants in groups of five and give each group an illustration of how HIV is transmitted.
2. Allow them to discuss among themselves how and why they think the virus is transmitted in the way the illustrations depict, stating in a few words what is happening in the illustration.
3. Choose a group at a time and let them present their points to others including why and how they think the virus is contracted in the manner portrayed in the illustration.
4. Help guide the group to come to the conclusion that there are 3 main routes of HIV transmission.

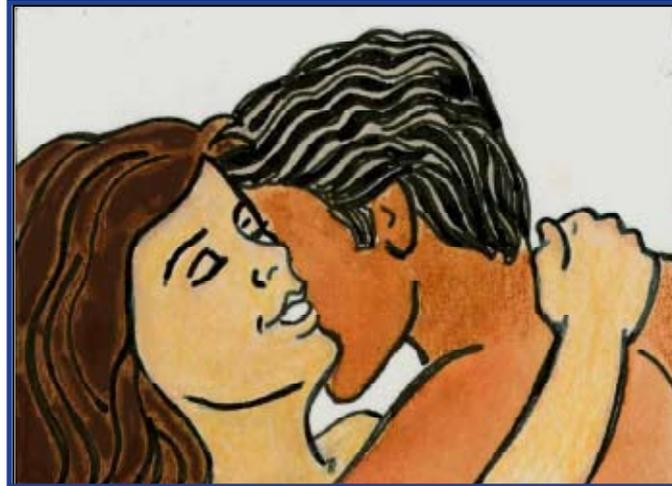
Sexual transmission:

During unprotected penetrative sex (unprotected means without a condom). Discuss the different routes of penetration, and discuss that the risk varies on the kind of penetration.

ANAL sex: VERY HIGH risk

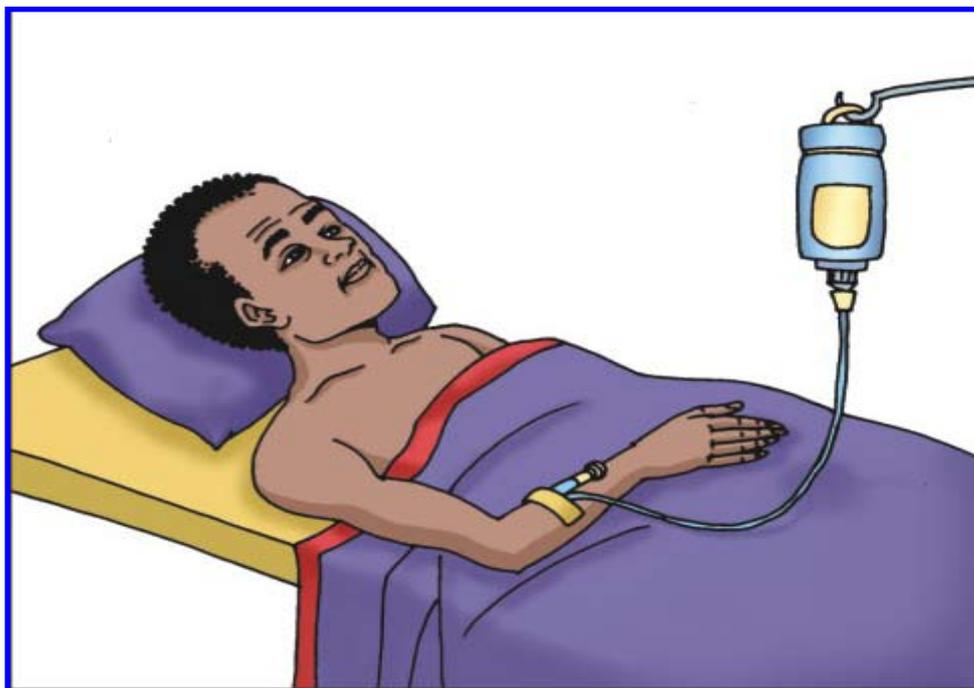
VAGINAL sex: HIGH risk

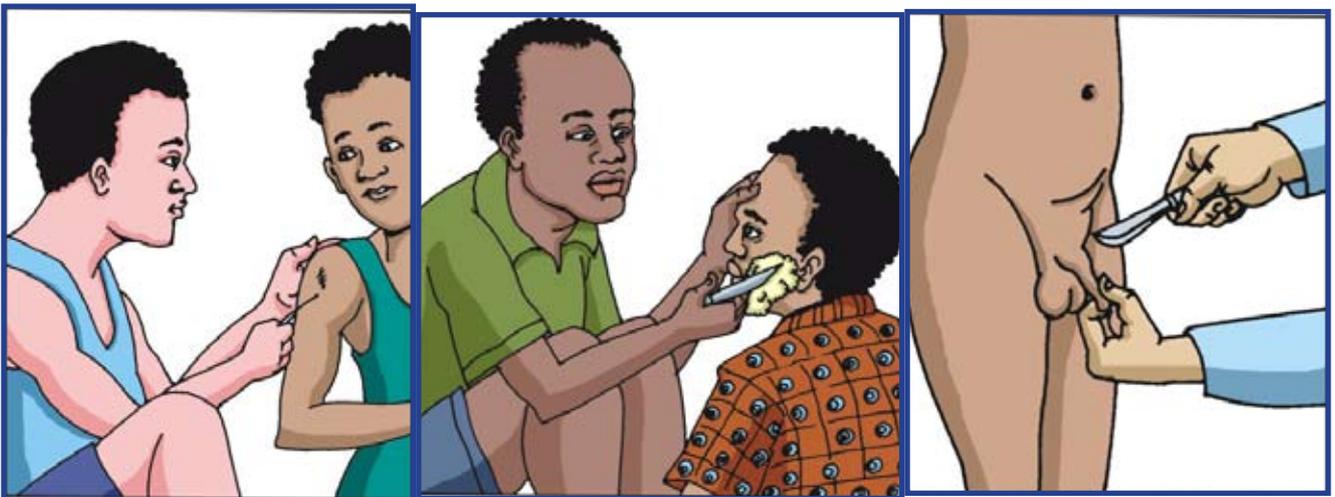
ORAL sex: LOW risk (but not zero)



Blood transmission:

This includes blood transfusion with blood that has HIV. This also includes sharing needles, razor blades and so on that are contaminated with blood that has HIV. Please note that the HIV virus can NOT penetrate through intact skin, but a wound, such as via needles or blades is needed so that the virus can enter the body.





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.



iii). Modes by which HIV is NOT transmitted:

Description:

The illustrations below will enable participants be aware of modes by which HIV is not transmitted from one person to another.

Time: 30 minutes

Materials:

Illustrations on methods by which HIV is NOT transmitted (see Appendix 5).

Flip chart and Markers

Methodology: Group discussion

Steps:

1. Place participants in groups of five and give each group an illustration of how HIV is NOT transmitted.
2. Allow them to discuss among themselves how and why they think the virus is NOT transmitted in the way the illustrations depict.
3. Choose a group at a time and let them present their points to others stating what is happening in the illustration, why and how they think the virus is NOT contracted in the manner portrayed in the illustration. You may wish them come to the conclusion that for virus transmission to occur, there must be two things:
 - **Virus:** there must be enough virus to cause an infection. This is most likely to occur with blood, semen, vaginal secretions. The amounts of HIV in saliva, sweat, urine are too low to cause transmission.
 - **A route:** the virus needs to be able to get inside our body. HIV can NOT penetrate through intact skin, because the surface of the skin has a thick layer of dead cells that the virus cannot enter. the virus can enter through wounds, injections, or through the thin mucosal lining that covers the vagina, penis, or rectum.
 - To help understand this, one can ask how rats or mice will try to enter your house: the rats or mice will try to enter your house most easily through the open doors or windows (vagina, penis, anus, mouth), but cannot go through the wall (your skin), unless there is a hole or crack in it (such as via a needle or a fresh wound).
4. Emphasize that it is important to remember what we just learnt. We don't have to be afraid of living with people who are HIV infected, because we can't get it through these ways that are described in the pictures. Thus, it is okay to be friends with people who are HIV-infected. In fact, they need our help and friendship.
5. Make sure that they understand the difference between:
 - PENETRATIVE SEX:** Vaginal sex, anal sex, oral sex, which all have RISK for transmission of HIV and other STD.
 - NON-PENETRATIVE ACTS OF SEX/INTIMACY:** such as hugging, kissing, massage, masturbation which do NOT have a risk for HIV transmission (remember: the mice will not enter the building through the wall).



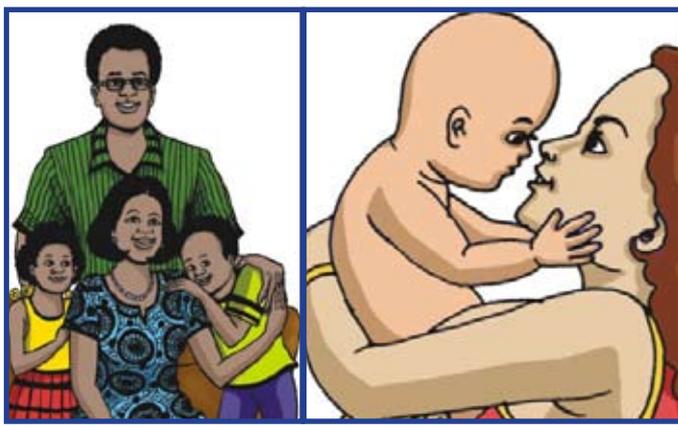
Shaking hands



Eating from the same plate



Sharing combs



Hugging



Sharing towels or clothing



Sharing latrines or toilets



Sitting close to HIV+ people



Mosquitoes, other insects or animals

iv). Common Signs of Sexually Transmitted Infections/Diseases (STI/STD):

Description

This activity enables participants to be aware of reproductive health by noting the common signs of STI/STDs associated with an unhealthy lifestyle.

Time needed: 40 minutes

Materials required:

- 1 flipchart
- 1 permanent marker

Methodology: group discussion

Steps:

1. Remind the participants they have gained much understanding of the reproductive system since the beginning of the workshop. However, ask if they are aware how the reproductive system responds to disease and illness. Do they know the signs and symptoms that usually come with sexually transmitted diseases (STD)? Do they know which may be cured and which may not? Do they know which symptoms only women have and the symptoms only men have?
2. Begin explaining some signs of STI/STD as below:

SYMPTOMS of STD	
In Men	In Women
<ul style="list-style-type: none">• Pain or burning when urinating	<ul style="list-style-type: none">• Pain or burning when urinating
<ul style="list-style-type: none">• Discharge from the penis	<ul style="list-style-type: none">• Discharge from the vagina
<ul style="list-style-type: none">• Pain or swelling of the testes	<ul style="list-style-type: none">• Itchiness or soreness in or around the vagina
<ul style="list-style-type: none">• Sores or wounds on or around genitals	<ul style="list-style-type: none">• Sores or wounds on or around genitals
<ul style="list-style-type: none">• Growths, warts, or pimples on or around the genitals	<ul style="list-style-type: none">• Growths, warts, or pimples on or around the genitals
<ul style="list-style-type: none">• Painful swelling at the groin	<ul style="list-style-type: none">• Painful swelling at the groin
	<ul style="list-style-type: none">• Pain in lower abdomen
	<ul style="list-style-type: none">• Deep pain during sexual intercourse
	<ul style="list-style-type: none">• Vaginal bleeding (not menstruation)

3. Use the provided illustrations or pictures (in appendix) which represent some of the above symptoms; these may help the participants to better grasp the seriousness of these symptoms, especially as some are advanced-stage signs.
4. Begin addressing some more common STDs as real-life threats to health in the local community:

sypphilis, HIV, Chlamydia, gonorrhoea, genital herpes, and genital warts, among others. Use the appendix for reference.

5. Ask the participants to come up with explanations why people with STD also have a higher risk for HIV infection? Answers include:
 - The wounds and sores caused by other STD make it easier for HIV to enter the body, if the person has unprotected sex.
 - Both STD and HIV are transmitted through unprotected sex....so if a person has an STD, that means they did not practice safe sex...so their behavior also puts them at risk to get other STDs and HIV.
6. If you cannot continue immediately to the next activity below, then discuss steps 10-11 of the Umbrella game so the participants understand that for many (but not all) STDs, there are good treatments available, and that going to a good doctor is important.

c) Prevention/control of diseases

i). Vaccination/medication - The Umbrella

Objective:

This activity will enable participants to talk about how various sicknesses can be controlled or prevented. They will learn about proper and improper use of various drugs (prescription), vaccines, and antibiotics.

Time: 40 minutes

Materials needed

- 3 umbrellas or big nylon bags (1 big & strong, 1 medium-size and fair, 1 weak/spoilt with holes)
- Water container
- 1 spotlight/flashlight

Methodology: game and group discussion

Steps:

1. Introduce the topic by asking participants what they understand by prevention or control of diseases.
2. Ask them to talk about various illnesses such as malaria, tuberculosis (TB), flu, and ask them to name some that they have seen people contract; ask if they know how the diseases are contracted; ask participants what one does after they contract the disease. Make sure that the participants mention taking medicine as part of their answers.
3. Choose three groups of 4-5 members each (let them be aware that a little water will be sprinkled on them). Choose two more volunteers to handle the spotlight and watering can.
4. Let participants know the volunteers represent people who are already sick (malaria, TB, STD) and have sought treatment and have drugs. The umbrellas are to represent how they are taking medicine (no antibiotics – no prescription, unfinished prescription, strong vaccine/finished prescription). The rain represents sickness.
5. Tell participants plus volunteers to pretend that it is raining. Give each group an umbrella; they are to cover themselves away from the rain (sprinkled water). The volunteer holding water container is to sprinkle a little water on top of the umbrellas or nylon bags. Allow the activity to go on for a while, noticing each group's reaction.
6. Ask volunteers to describe how it felt to be under that particular umbrella. Ask them to try

likening their situation to drug-taking procedures when one is sick.

7. Let the participants know that the strong umbrella represents how a person who takes care of him/herself from diseases on time (rain), by doing all they can to prevent getting diseases, or if they get diseases they couldn't avoid, they get proper care. The not-so-strong umbrella represents how people neglect their health by not taking the necessary steps to guard against contracting diseases fully, or if they get the disease don't get the proper care. The broken umbrella depicts a person who neglected his/her health completely probably because he or she did not have access to vaccines and drugs, thus easily falling sick.
8. Let the participants talk about the importance of taking preventive/control measures from diseases; their responses can include answers such as :
 - the high cost of treating the disease
 - not all diseases have good treatments
 - even if medications are available, if we wait too long to get treatment, the damage to the body may have been too big, or would require many more medications.



9. Guide the participants to come to the conclusion that **PREVENTION IS ALWAYS BETTER THAN TREATMENT**. But even if we get a disease, it is best to get proper treatment **EARLY** by going to a good doctor, instead of waiting until the symptoms have become very serious. It is important to remember that for many STDs, there are good cures with antibiotics, and they work best if taken early. It is therefore best to go get treatment if one of us thinks we may have an STD. Ask participants where they should go to get treatment? Go to a good and experienced doctor, don't go to a local witchcraft doctor or fake doctor (quack) who is only interested in our money and not our health. For some infections, such as herpes and HIV, there is no cure: once a person is infected, he/she is infected for the rest of the life. Thus have the participants repeat that **PREVENTION IS BETTER THAN TREATMENT**.
10. Discuss briefly that for HIV, there are medications available that can inhibit HIV. Together with other life style behaviors (such as good nutrition, hygiene, sport and so on), these medications

can make an HIV-infected person live a long life. However, these medications are VERY expensive, so many people don't have the money to buy them, and many medications also have side effects. Therefore, it is best to do ALL we can to prevent us from getting HIV infection: we all like to have the big and strong umbrella!

11. Save time for questions or descriptions of real life scenarios from volunteers. Ask them to describe their experiences with sickness, and say what they think they should have done, done in a more timely fashion, or not done at all.

ii). Abstinence- Lion in the Forest - The ABC of HIV Prevention

Description:

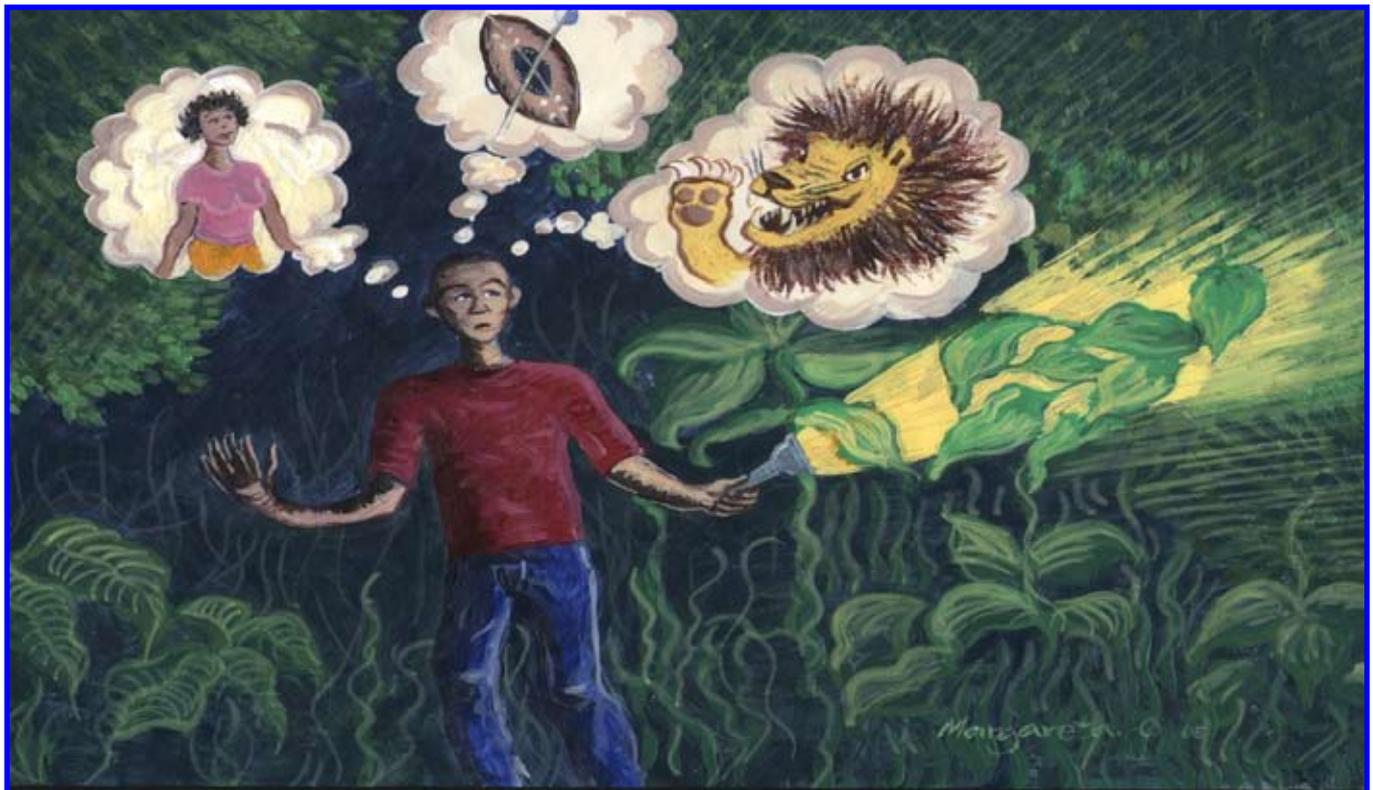
This activity will enable participants learn what abstinence is and consider it as one of the measures used in prevention and control of diseases.

Time needed: 60 minutes

Materials:

Illustrations of HIV transmission (see Appendix)
Flipcharts with markers

Methodology: group discussion.



Steps:

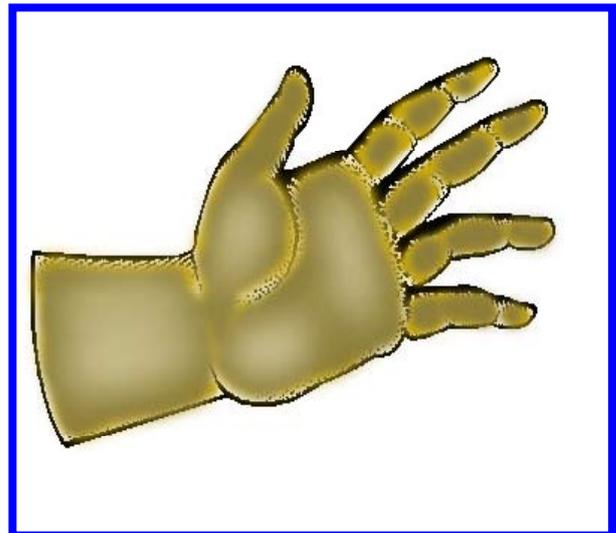
The facilitator will ask the participants to imagine the following scenario. The facilitator will have a 10-minute discussion. Trigger points and questions are:

- The facilitator should use the discussion to make a point that living in a world with HIV is like moving through a forest in which there is a lion. You cannot see it. You know it is dangerous. You know it can get you at any time. It can see you but you cannot see it.

- The facilitator should introduce the sign for **RISK**, fingerspell it, write it on the board, and explain the sign for it. When you go through a forest with a dangerous lion, you are taking a risk because the lion may eat you up or it may leave you alone. Similarly when you have sexual intercourse with a person and you don't know whether he or she is infected with HIV or some other STI, your behavior is putting you at risk. This is called **high-risk behavior**.
- Anyone is capable of high-risk behavior. Even people who are shy and reserved most of the time may occasionally behave in risky ways.
- The difference between a lion and HIV is that with a gun you can kill a lion. But there is no cure for HIV. If you get infected, you will need expensive medications and other support or otherwise you will develop AIDS and die sooner or later....so it is best to PREVENT HIV infection.
- The other difference is that when a lion gets you, you are the only one who may die. But when HIV gets you, then you will infect all those with whom you have sexual intercourse, or give blood to, and they will all develop AIDS. Before they die they may pass on HIV to many more people.
- Thus, we have to all do our best to choose the behavior that puts us at least risk to get HIV.
- Put the illustrations of the 3 main routes of HIV transmission up (sex, blood, mother-to-infant). Since HIV transmission via sex is the most important risk for most people, this will be the topic of the rest of this discussion. If at the end there is enough time and interest of the audience, one can talk about prevention of the other ways of transmission (not sharing needles or razor blades with others, only get blood transfusions with blood that has been tested; if an pregnant woman is HIV infected she can take medications to reduce the risk of transmission to her baby).
- The facilitator should now raise questions about HIV and AIDS and how we can lower the risk of getting HIV through sex. If the group is large, it is possible to break into smaller groups and have them discuss it first for 5-10 minutes before convening together. Write down the key words on a flipchart, and continue to ask questions to get the whole range of responses and the implications.



- For example, probably somebody will answer “Abstinence”, similar to “not going into the forest where the lion is”. Have the group discuss what abstinence means in practice. Abstinence means NOT having sex with another person. It can mean that we wait to have sex until marriage. It means also that if friends try to pressure us into having sex with them, we have the courage to say “NO”.
- But abstinence sounds good on paper, but how do we do it? We all have sexual urges, so how do we deal with those urges in meantime? Discuss that **masturbation** (manual stimulation of ones own genitals) is a way of abstinence. Ask what the participants think about masturbation. Probably many participants think that masturbation is sinful, or leads to health problems (blindness, weakness, or that it reduces the chance to get children later onwards). Explain them that people, including adults, don’t like to talk about masturbation, but in fact, even though most don’t admit it, many do it on a regular basis. Discuss that masturbation is a NATURAL way to relieve sexual urges, and it is safe: one does NOT get any health problems, and it does NOT lead to HIV. Masturbation does NOT affect one’s future chances to have children. Masturbation only becomes unhealthy if one becomes so obsessed with it that it takes away too much time from doing home work or other activities such as sports, or spending time with friends. As long as it doesn’t interfere with other life activities, masturbation is okay.



- If nobody has brought up the topic of fidelity yet, ask what married people can do to avoid getting HIV infection? They should be faithful to eachother: only having sex with eachother. But even if we are faithful to one partner, there is a risk our partner is not faithful to us (he or she may have sex with other people that we don’t know about). So being faithful is not 100% effective.
- If you really want to have sex, and you don’t know whether or not the partner has HIV, there is only one solution to lower your risk: a condom (but a condom can always rupture and is thus not 100% effective) .
- At the end, summarize:
PREVENTION OF HIV TRANSMISSION THROUGH SEX can be summarized as “A B C”.
On a flipchart, write in big letters A B C.

Abstinence

Be faithful

Condoms

- Emphasize that the order of the ABC is important to remember: **Abstinance** is the best way: there is absolutely NO risk to get HIV infection through sex. If you can't abstain, then don't have many sexual partner, but **Be faithful** to one partner (who is also faithful to you) also helps to lower the risk. If you can't do that, then always use a **Condom**, which is the topic of the next activity.

iii). Condom - Beehive

Description:

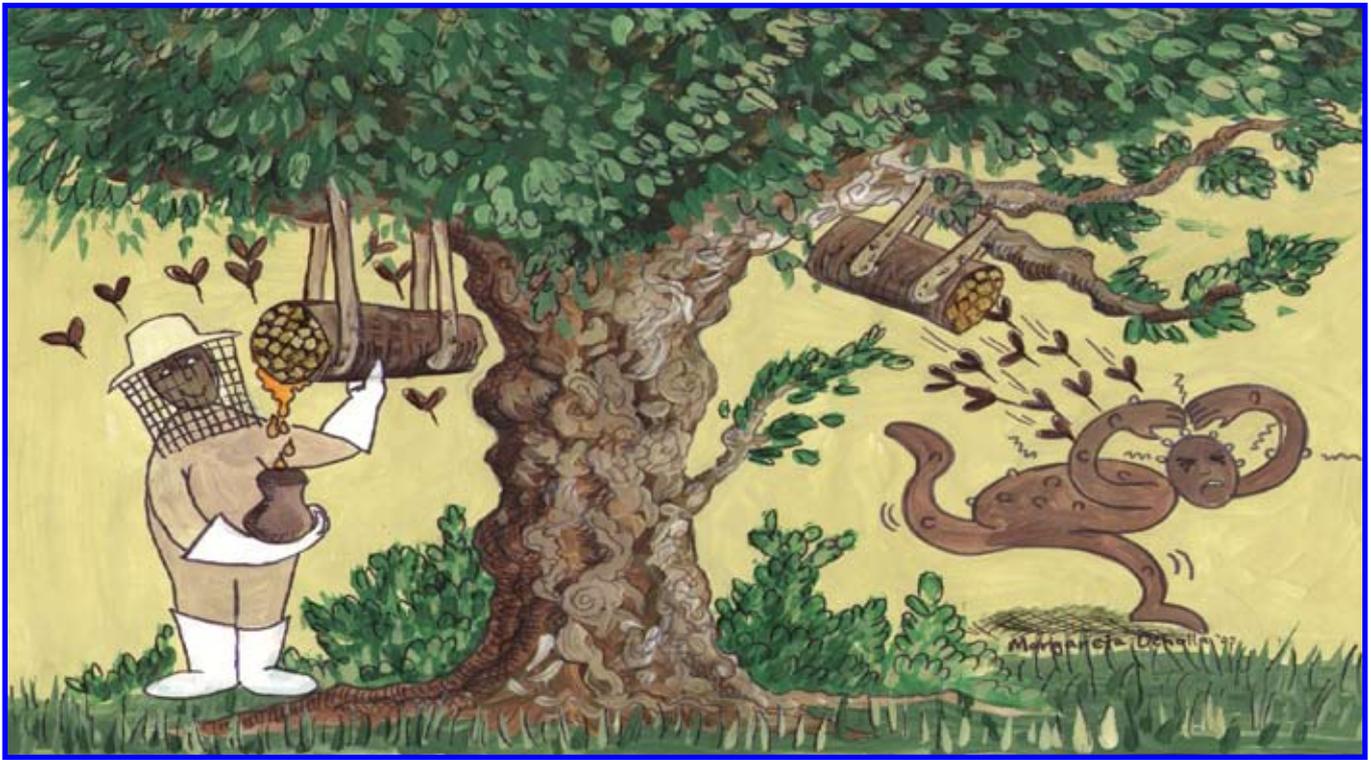
This activity will empower participants to be aware of measures to take to prevent contraction of various diseases from body to body and from the environment to the body.

Time: 40 minutes

Materials:

Piece of cloth large enough to cover head and neck, with 2 holes cut
Nylon bags as gloves
A box or bucket as beehive
Penile model
Unused condoms

Methodology: Role-play



Steps:

1. Ask participants if they have seen how honey is harvested. Let them mention materials needed to do so.
2. Choose volunteers. One tall volunteer is to act as tree, swaying his hands as leaves; shorter volunteer is to act as branch carrying the 'beehive' with one hand, and the other hand to be whirled to represent a swarm of bees; one volunteer to act as the farmer going to harvest honey.
3. Explain to the volunteers their roles; let the volunteer farmer pretend he is walking by the road after shamba/garden work. He happens to see a beehive and decides he wants some honey. Let him know he is going to harvest honey but does not have any protective clothing from the bee stings. The volunteer farmer is to be bitten by bees and is all swollen.
4. Engage all the volunteer and participants in establishing what was lacking or why the bees stung him/her.
5. Choose another set of volunteers as in (2). Let the farmer know he is coming from the shamba/garden. Walking down the road, he sees a swarm of bees. He wants to harvest honey but first goes home and puts on his protective clothes. He harvests honey without being bitten.
6. Engage participants in stating the difference between the first farmer and the second farmer. Let them give reasons why the second farmer had to use protective clothing.
7. Let participants know that the bees represent a disease that attacks people; protective clothing by the clever farmer indicates a precaution device – a condom.
8. Correlate this activity with regard to the mistakes people make when they do not take any precaution. Emphasize especially the use of condoms when having sex.
9. Encourage participants to mention some of the sexually transmitted diseases; refer to topic (iv) under A.3 (b) that talks of STDs.
10. Now talk to participants about the use of condom; remove the penile model and the condom and let them know that you are going to demonstrate how to wear a condom correctly. Ensure that all participants have a clear view. Go over all the steps (see Appendix).
11. If there are extra condoms, let the participants also practice putting the condom over the penis model. If the participants are shy, then have them use the condoms for some fun games: organize a competition to blow up a condom as large as possible, or fill some with water to see what

happens. Or if the men like to show off how strong they are, ask if 2 strong men can each take an end of a condom and try to pull it into 2 pieces.

12. Then remind the participants that the farmer who wants to harvest honey from the beehive, needs to keep the protective clothing on the whole time while he is near the beehive, and also each time he wants to harvest honey; otherwise there's a good chance he will get a bee sting. The same is true for the condom: the condom has to be used each time there is sex, and throughout the whole period of penetration to be effective; otherwise HIV can still have a chance to infect you!
11. Tell participants where they can access condoms for free such as hospitals, dispensaries, VCT centers.
12. Tell them that there are also female condoms, which are also effective to protect women. They are, however, more expensive than male condoms.
13. Remind the participants again that the ABC approach is best. Condoms, while they reduce the risk if used correctly, are not 100% effective (they can always break during sex). Abstinence (with the allowance for masturbation to relief sexual urges) is still the only 100% safe method!

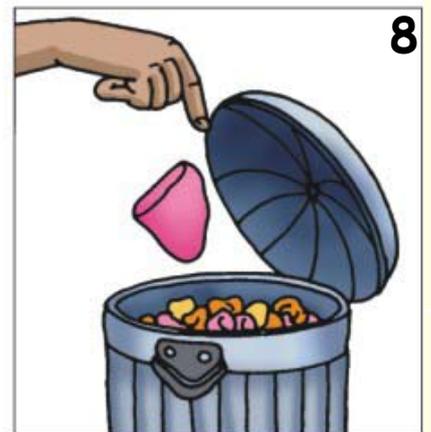
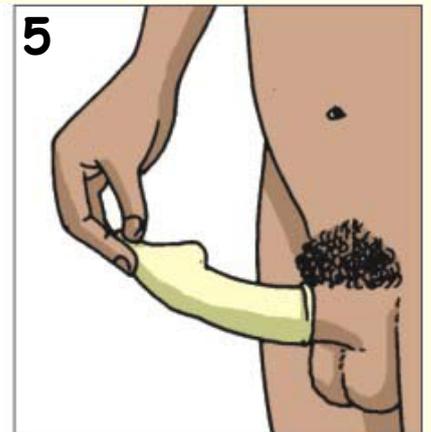
Important note: the demonstration and distribution of condoms needs to be done with proper consideration of the local situation. For example, giving condoms to school youth during the program may evoke some angry feelings from some parents who think that condom distribution encourages sex. Discuss with the school to perhaps first notify the parents in advance of the workshop via a letter, or even organize a separate meeting with the parents to discuss the need to talk about condoms in a balanced way (see earlier, by promoting the ABC approach).

How to use a male condom

You can use a condom to avoid getting infected with HIV or other sexually transmitted infections (STIs). It is very risky for you to be exposed to other sexually transmitted infections if you already have HIV.

It is also important that you use the condom correctly.

1. Check the expiration date.
2. Open the package carefully without damaging the condom. Put the condom on only after the penis is fully erect
3. Always hold the space at the end of the condom to squeeze out air, and then gently roll it on the penis
4. Check to make sure there is space at the tip and that the condom is not broken.
5. With the condom on, insert the penis for intercourse. The condom must be on during the whole time of penetrative sex. If it slides off or breaks, put on a new condom. If you use lubricant, use only water-based lubricants (not oil-based, which may dissolve the condom).
6. After you have finished, hold onto the condom at the base of the penis. Keeping the condom on, pull the penis out before it gets soft.
7. Remove the condom carefully without spilling the semen.
8. Tie a knot in the used condom and dispose of it in a safe place such as an enclosed trash container or in a pit latrine or toilet. Always use the condom only once for every sex act.



The female condom

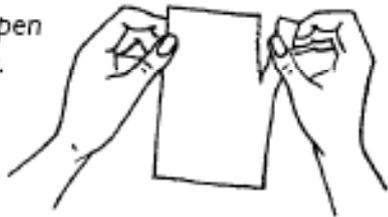
When used correctly, the female condom is effective to prevent pregnancy and to prevent infection with STI and HIV. It is a method that can be controlled by women.

A female condom fits into the vagina and covers the outer lips of the vulva. It can be put in the vagina any time before sex.

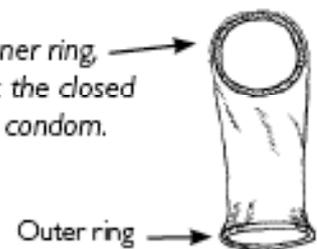
It is best to use it only once, because it may break if it is washed and reused. But if no new condom is available, reusing a female condom is still better than no condom. If you must reuse it, then wash it carefully with soap and water, dry and re-roll the condom, and store it in a cool, dark place.

How to use the female condom:

1. Carefully open the packet.



2. Find the inner ring, which is at the closed end of the condom.



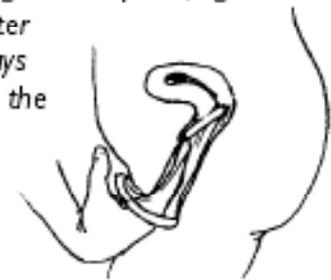
3. Squeeze the inner ring together.



4. Put the inner ring in the vagina.



5. Push the inner ring up into your vagina with your finger. The outer ring stays outside the vagina.



6. When you have sex, guide the penis through the outer ring.



7. Remove the female condom immediately after sex, before you stand up. Squeeze and twist the outer ring to keep the man's sperm inside the pouch. Pull the pouch out gently, and then dispose of it out of reach of children and animals.

(cartoon reproduced from "Where Women Have No Doctor"; Hesperian, Berkeley, California)

Section B: Hygiene & Health

1. Basic hygiene

a) Body hygiene (genitalia)

Description:

This activity enables participants to review and demonstrate the basics of effective hygiene towards understanding how to be clean, especially in the reproductive areas.

Time needed: 60 minutes

Materials required: (most materials aren't used in the steps)

One flipchart One plastic/paper bag
Mask tape 10 small strips of paper
One black permanent marker for every 4-5 participants

Methodology: discussion

Steps:

1. Introduce the topic hygiene by asking participants what they understand by keeping clean; ask them what they do everyday to keep their bodies clean, from head to toe. Jot down their answers (combing hair, brushing teeth, cutting nails etc)
2. Write ten parts of the body on pieces of paper; fold and place them inside the plastic bag.
3. Ask participants if there are specific or common ways of cleaning various body parts. Jot down their answers. Proceed and ask them to say how the genitals are cleaned; ask for a girl volunteer to say how the vaginal area is cleaned, and a boy to say how the penile area is cleaned. However, be ready for few volunteers to step forward. Instead, tell them how it's done. Emphasize how it is important especially for boys not circumcised to carefully pull back the foreskin to wash their penises. Emphasize, too, the importance of girls cleaning themselves carefully when they are menstruating.
4. Choose 10 volunteers who each will pick a paper and tell the rest of the audience how that part of the body is cleaned. Let them know before-hand what is expected of them.
5. Ask participants what would happen if a person was not bathing/keeping his or her body clean, especially the genitalia. Jot down their answers, and affirm the various diseases and sicknesses one can get.

b) Saying when sick

Description:

This activity will enable participants to understand the importance of saying when sick, as a stitch in time saves nine. Saying "I am sick" is much better suffering in silence, which happens too often.

Time: 45 minutes

Materials:

Chalk/blackboard or marker/flipchart

Methodology: role play, discussion

Steps:

1. Select 6 volunteers; call them aside and instruct each on their role. The first 2 are to pretend they are friends playing outside at games time.
2. One of them suddenly stops playing and sits away, dull. The friend will wonder what may be wrong and decides to ask him.
3. The dull boy/girl will then respond he/she is having diarrhea for a while, and that the stomach is very painful.
4. The friend will look at him/her and simply say he is sorry, and tells the friend they go to the dorm.
5. At night the boy could not sleep well; he kept going to the toilet, and in the morning is unable to go to class. The friend is asked to go get him, but comes back running for help, that the friend has fallen and is not waking up. The friend is then rushed to the hospital.
6. Have another set of volunteers; instruct them to do as no. 2 , 3, and 4 but only that they go straight to the teacher and the boy/girl is taken to hospital before it became worse.
7. Now ask participants which of the roles show-cased is best to do. Ask them what they think happened to the boy who did not say immediately he is sick. Jot down their answers.
8. Ask the participants what normally prevents them from saying they are sick right away; jot down their answers. Allow those volunteers who can to share their experiences, a ,, good or bad - with other participants.
9. With regard to their answers, allay their fears by telling them the right thing to do. Ensure the participants understand what to do when sick by reviewing what they have learnt.

2. Reproductive/sexual hygiene & health

a) Non-healthy sexual hygiene & health

i). Sexual harassment:

Description:

This activity will enable participants understand what sexual harassment is, what to do or not to do to avoid the situation, and what to do when a victim.

Time: 1 hour

Materials: none

Methodology: Role play

Steps

1. Introduce topic by asking participants if they know what sexual harassment is; jot down their answers or examples.
2. Explain to participants what the word sexual harassment means, and give some examples of sexual harassment (touching one without consent, verbal abuse with gender connotations,
3. You can ask them if they know of persons who have experienced the examples you have

mentioned.

4. Choose 5 volunteers; both male and female, and ask them to enact some of the examples of sexual harassment you have mentioned. Guide them through the role-play, and ensure no male or female takes advantage of the situation to touch the other playfully.
5. Ask them if they know what one needs to do should they experience this vice; jot down their answers.
6. Let participants know that should they experience this vice, they can go straight to the police station and get a P3 form to file a complaint, as it is illegal for any persons to be sexually harassed.
7. Ensure you re-call the topic on P3 Form again if you had taught it already. If you had not taught it, then this is the opportune time for the participants to know what it is and to see it clearly.
8. Ask participants what they should not do to encourage sexual harassment; jot down their answers and let it include not keeping quiet when it happens, especially the first time.
9. End the topic by doing a recap to ensure the topic is well taken in.



ii). Teen pregnancy:

Description:

This activity will enable participants to understand what is termed teen pregnancy, consequences of it, and how to avoid the situation.

Time: 1 hour

Materials:

rolls of clothes, lesos, participants school uniform

Methodology: discussion/role-play

Steps:

1. Introduce the topic, and ask participants what they understand by it. Jot down their answers.
2. Ask them the ages the girls encounter the situation.
3. Ask them what causes of teen pregnancy are; jot down their answers and further ask if the situations are also associated with the feeling of infatuation, not understanding what love is, sex, pregnancy and so forth (that is if the topic infatuation, love etc. have been taught). Ensure to exhaust this question. Bring in other facilitators to also give their answers on causes of teen pregnancies.
4. Let the participants now talk of the consequences of the situation; jot down their answers.
5. Now let them know that you would like for them to depict exactly how a teenager who is pregnant suffers. Let a few volunteers role play some of the very consequences they have mentioned.
6. When that is over, let them now talk of ways of avoiding teen pregnancy such as abstaining, also known in Kenya (a sheng language) as “ nimechill”. . Exhaust this topic, by also discussing other methods to prevent pregnancy (such as non-penetrative acts such as hugging, kissing; condoms etc..)
7. Ensure the participants fully understand the topic by reviewing what has been learnt.



iii). Rape:

Description:

This activity will enable the participants to be aware of the causes and dangers of rape. Participants will be able to practice **how to say NO to SEX**. It will also enable participants to abstain and acquire the skill of being faithful to a partner.

Time: 45 minutes

Materials:

Paper bag Banana
Any other good things that attract people

Methodology: Role-play

Steps:

1. Display the already selected materials to the participants in a way that everyone will be able to see them.
2. Choose any two or three volunteers and ask them to point out any of the materials that attract them. Let each pick what they like.
3. Instruct the other volunteer out of the three volunteers to snatch the most attractive, beautiful item aggressively from one of the three volunteers without asking for it. This should be done forcefully. Ask the volunteers whose properties were snatched what action they will take to avoid this happening again.
4. Ask the volunteer who snatched the item why he did so.
5. Explain to the rest of participants that rape is an act of forcing a woman or girl (or man or boy) to have sexual intercourse against her/his will. The volunteer snatching the item from the others is a rapist, and the other person is a victim.
6. Now ask the rest of all participants the outcome and dangers of rape. Ask how they can protect themselves from rape.
7. Now group several participants to rehearse role-playing based on rape and let them present it in turns one group at a time.



iv). Abortion:

Description

This activity will enable participants to clearly express their perception toward abortion and to comprehend the dangers of abortion.

Time: 40 min

Materials:

Flip charts/chalkboard,
Marker pen/chalk
Scotch tape

Methodology:

Steps:

1. Arrange the participants so that all can see.
2. Write down a mathematical problem on the chart that may likely be too difficult for most of the participants. For example: Find the perimeter of the rectangle given below.

	$W = 8 \text{ cm}$
$L = 10 \text{ cm}$	
	Solution: Perimeter= L x W or Perimeter= 10x8

3. Ask the participants if the formula on the problem given above was correct or wrong and ask why they think so.
4. Erase the wrong solution as shown above and explain that this was wrong. Replace it with the correct solution:

$$\text{Perimeter} = 2(L+W)$$
 or

$$\text{Perimeter} = 10+10+8+8$$
5. Explain the participants that it was actually very easy to fix this!
6. Explain that in life, not everything is so easy to erase and fix! Ask them to give some examples for things in life or occasions in which there was no easy fix.
7. Explain what getting an abortion means. Abortion is the termination of a pregnancy before the baby is full-term; abortion is the killing of the unborn baby, the foetus, before the expected date of birth.

8. Explain that abortion is NOT something that should be considered as a quick easy fix. Many religious people consider abortion as a sin. Abortion also carries a health risk: if it is not performed by a trained doctor, it can be very dangerous. It also has psychological consequences, and can lead to long-lasting emotional trauma for the woman. So it is a very SERIOUS issue, that should never be taken lightly.
9. Explain them now that if one doesn't want to get a baby, it is better to prevent getting pregnant in the first place by taking the appropriate decisions ahead of time (abstinence; use birth control such as condoms which prevent pregnancy and also protect against sexually transmitted infections). Abortion should not be considered as a quick and easy fix. It is a very serious matter, and before one considers getting an abortion it is very important to think of it carefully and talk to somebody you can trust, such as a good friend. It's very important to talk about it with well-qualified and trained counselors and trained health-care professionals, so that if you decide to get an abortion, you can have it done safely. You need to make a very informed decision!
10. Some women may decide not to undergo abortion, but to give their baby up via an official adoption agency to other people who like to take care of the child and provide a nurturing environment.



v). Prostitution:

Description:

This activity will enable participants understand what prostitution is, its health hazards, and preventive measures that can be taken with regard to health.

Time: 45 minutes

Materials:

Chalkboard and chalk, or flipchart and marker

Methodology: drama

Steps:

1. Ask participants to explain what prostitution is before you explain what it is.
2. Let them give examples of scenarios they think depict prostitution, and if they have witnessed any of the examples they are giving.
3. Ask them to try and role-play one of the scenes they have mentioned.
4. Ask them why people practice prostitution, and especially why young boys and girls practice prostitution now. Is it by choice or they are being forced to do so? Jot their answers down.
5. Ask them to explain the dangers, especially health and societal, involved in the practice of prostitution. Jot their answers down.
6. Let them talk about the preventive measures, and/or what can be done to help a person who is already involved in prostitution.



b) Healthy sexual hygiene & health

i. VCT (Voluntary Counseling and Testing):

Description:

Enable participants be aware of VCT services and its importance with regard to HIV/AIDS.

Time: 45 minutes

Materials:

Chalkboard and chalk, or flipchart and marker
A resource person -- counselor from the VCT

Methodology: drama

Steps:

Part I – courting scene

- Choose two volunteers who will act as boyfriend and girlfriend.
- Let them demonstrate their love for each other through their courting period. Let them get to know each other's past love life, education background, family and so forth.
- Let them talk about their intention to get married/have sex, and the consequences of doing so with or without knowing their health background with regard to HIV.
- Let them pause after giving one reason for knowing or not knowing their HIV status, and then ask the participants to also give reasons.
- Let the volunteers further discuss about places where they can go and get tested such as a hospital or VCT center. Let them both plan and decide when they will go to the chosen choice - VCT

Part II – VCT center enactment

- Let the resource person with skills on VCT services be the counselor to systematically and accurately demonstrate the steps clients are taken through when they visit the VCT center.
- The two volunteer couples shall come in and be received warmly by the counselor, who will begin her/his work from counseling to testing.
- Let the counselor touch on what VCT means, and importance of visiting VCT – advantages.
- Let the couple demonstrate their happiness on their wise decision to visit the center and talk about how they are now ready to get married and have sex.
- Let participants know that they are going to visit the nearest VCT centre to exactly see and know how a VCT center looks like.

Questions to participants:

- Ask participants if they understand what VCT means and is.
- Ask them if they would visit the VCT center.
- Ask them why it would be important to visit the VCT center.

ii). Hospital/dispensary:

Description:

This activity will enable participants know the importance of a hospital with regard to seeking medical attention if and when unwell.

Time: 1 hour

Materials: None

Methodology: Discussion/role play; if possible, arrange beforehand a visit of the participants to a nearby hospital.

Steps:

1. Ask participants if they know what a hospital is.
2. Ask them how many have visited a hospital; choose some volunteers to give their experience, why they had gone to the hospital.
3. Ask the rest if they know what goes on in the hospital; let them give examples of the things and people they see or have seen in a hospital; this can include people such as nurses, doctors and things such as a syringe, a stretcher, gloves.
4. Choose a few volunteers to enact a scene they have seen in a hospital such as a doctor treating a sick person.
5. Encourage them to talk about the importance of a hospital; what would happen if there is no hospital?
6. Ask them what is the right time to visit the hospital; is it immediately a person realizes s/he is unwell, or after being ill for a while?
7. Ask them why it is important to visit the hospital immediately when one realizes they are unwell;
8. Let them talk about why some Deaf keep quiet when they are ill.
9. Because the Deaf experience difficulty sometimes when they visit the hospital, let them talk of their experiences; let them also talk of ways of counteracting the setbacks they experience, such as going with an interpreter, or a teacher or an adult who knows sign language.
10. Let them know they are going to visit the nearest hospital to see what happens and that they will be free to ask questions on areas they do not understand in the hospital.
11. When the visit is over, ask how many of them resolve to go to the hospital when they sense they are sick, and not waiting or keeping quiet with a disease.

iii). P-3 Form:

Description:

This activity will enable participants know the steps to take in case of any form of assault/bodily harm caused by another person.

Time: 30 minutes

Materials:

P-3 Form from nearby police station
Chalk/blackboard or flipchart/marker

Methodology: Group discussion

Steps:

1. Have the P3 form in your hand; ask participants if they know what it is, and ask how many have seen it before. Pass it around for each participant to see, and ask them if they have seen it before. Jot down their answers; but it is possible many may say they have never seen it.
2. Ask participants what they think it is for and where it can be found. Jot down their answers. Affirm what a P3 form is and tell participants it can be found at a police station or a hospital. If one gets the form from the police station, one then goes to the hospital. Or one can get the form at the hospital and the victim then would take it immediately after treatment to the police station.
3. Ask participants what the reason(s) would be for a victim to get a P3 form; refer participants to previous topics on non-healthy sexual hygiene, and let them mention more of bodily harm people experience e.g. threats, being beaten, sexual harassment, rape, etc.
4. Ask a few volunteers to tell the others what they would do in a case where he/she was a victim of bodily harm; also ask what they see people doing when they experience bodily harm. Jot down their answers.
5. Let the participants know what the right procedure to take is when they experience bodily harm. Immediately after they are harmed they need to know they can report the issue to the police. It's up to an individual to decide. They can either rush to hospital for treatment and may likely get a P3 there to fill out, then take to the police station; or they can go to the police station and report what has happened and be issued a P3 to go with to the hospital. The doctor will fill out the P3 and it will be taken back to the station.
6. Inform participants further that taking the P3 form means they have legally launched a complaint. The police will start investigating and the person who harmed them will be arrested and charged in a court of law.
7. Bring to their attention the fact that many Deaf people are harmed but keep quiet fearing another attack out of revenge. They may think it's not their right to seek justice. But the majority of Deaf people may not know what steps to take when harmed. Let participants know that they have a right to seek justice, and no one should deny them or threaten them.

Section C: Relationships & Life- skills

1. Myself

a) Self-concept/esteem (what are my attitudes, likes, dislikes)

Description:

This activity enables participants to express their attitudes, likes, and dislikes as a step towards understanding that she or he is an individual. Once completed, the participant will have gained more self-awareness towards understanding their personal role in health awareness.

Time: 40 minutes

Materials:

Flipchart and marker/blackboard and chalk
Paper and pens

Methodology: Group discussion



Steps:

1. Introduce this topic by generally asking some volunteers to say in a few words about who they are. You could start by stating who you are: a facilitator, with likes and dislikes. Encourage them to be involved, and to understand what is expected of them.
2. As you state what you like and do not like, state also why you like what you like and vice-versa; let the volunteers also do so. Let the discussion be as lively as possible, with no mischief! Do not let the participants discuss with one another their likes and dislikes.
3. Let the participants know that they can put down their likes and dislikes in the form of drawing if there are those who are shy or do not want to talk in front of others. Provide papers and pens for doing so and ensure they do not take too much time.
4. Having gotten their answers in signs and on paper, let the participants know that they have some likes and dislikes in common and also have different likes and dislikes.

5. Ask participants why their preferences are different from one another; get their answers down. Let them know that their likes and dislikes are different because each person has different behaviours, comes from different families and so forth.
6. Let them know that they need not copy what a friend is doing or not doing, but to do what they really like doing, and not what they don't like doing. This way each person will be able to be responsible enough to do the right thing.
7. Leave room for any questions.

b) Self-confidence (my strengths and my weaknesses)

Description:

This activity enables participants to express their strengths and weaknesses as a step toward understanding and accepting themselves for just who they are. This will enhance their personal role in health awareness.

Time needed: 40 minutes

Materials:

Flipchart paper
One black permanent marker

Methodology: group discussion

Steps:

1. Write a complex mathematical problem on the flipchart paper that may likely supersede the participants' ability to solve, on the blackboard e.g. a secondary math question.
2. Ask a volunteer to come forward and attempt to solve the problem. Unless he/she is good in mathematics, chances are the problem may pose an obstacle and compel him/her to give up. Then have him or her ask for another volunteer to solve the problem(s). Notice the behavior of the volunteers as you continue this with up to three or four volunteer attempts.
3. (ADD MORE STEPS?)

c) What do I want to do after school or in the future?

Description:

This activity will enable participants see the importance of working hard now and becoming a professional, so that they may have a bright future after school, and not be involved in acts that may endanger their health or threaten their life.

Time needed: 40 minutes

Materials:

Different illustrations of various professionals such as a teacher, nurse, doctor, driver, farmer.
Masking tape/cello tape.
Flipchart and markers, or blackboard and chalk.
* A resource person, who is Deaf and a professional can be helpful in this activity.

Methodology: Group Discussion

Steps:

1. Gather participants in a semi-circle, the tall to stand or sit behind the smaller ones.
2. Mount the illustrations of various professionals on the blackboard using the tape.
3. Ask participants to describe what profession they see on each illustration; ask them if they know of any person who has the profession shown.
4. Ask them if there is a person mentioned that they admire and would like to be like after they finish school.
5. Engage participants in stating what they would have to do to be like the person they admire. For instance, would they need to work hard in class?
6. Ask them what would happen if after school they did not manage to achieve their ambitions: would they still get jobs? Let them describe the things they want to do after they finish school and have jobs.
7. Ask them what people who do not have money do so that they may just eat; ask them if it's right or wrong.
8. Wrap up the activity by welcoming the resource person to give insight into his or her professional life and describe what he had to do to be where he or she is today.

2. My Environment

a) My family

Description:

This activity will enable participants to talk about who they live with, what they do, and how important the person(s) is to him or her. It will also be a step toward defining and understanding their relationships as a step to maintaining health awareness, and avoiding vices such as incest.

Time: 40 minutes

Materials:

Flip chart
Permanent markers

Methodology: Group discussion and drawing

Steps:

1. Ask participants where they stay when school is closed. Again ask who lives where they call home. On the center of one page of a flip chart, map out a circle and jot the word "family." Ask participants to say what they think a family is.
2. Proceed and ask about who makes up the family by mapping out more circles connecting them with a line to "family" and jotting down the answers they give in the circles. Names such as brother, sister, mother, father, uncles and so forth presumably will be mentioned (jotting down these names will guide participants to write who they live with).
3. Ensure participants can answer question about who they stay with. Let them know each one is to be given a paper and marker to map out his/her family. Give them 5-7 minutes to do so. Ensure each participant does his or her own task.

4. Let participants mount their drawings on the wall (they can each take back home/school after the seminar).
5. Ask some volunteers to stand and talk about their family; they can talk about how they communicate at home with family members, working together in the garden and so forth.
6. Let participants understand that there are some things that they cannot do together with any family member. Family members do not touch each other on private parts or have sex with each other. Participants need to know that he or she can take police action if sex is forced or coerced.
7. Ensure participants are aware that families are there to provide their basic needs, teach them, protect them and to keep them safe from hate and harm.



b) My community and what is happening in it

Description

This activity enables participants to explore and be aware of what their community is made up of. Participants should be able to demonstrate common events to know what steps to take or not to take with regard to health awareness.

Time needed: 60 minutes

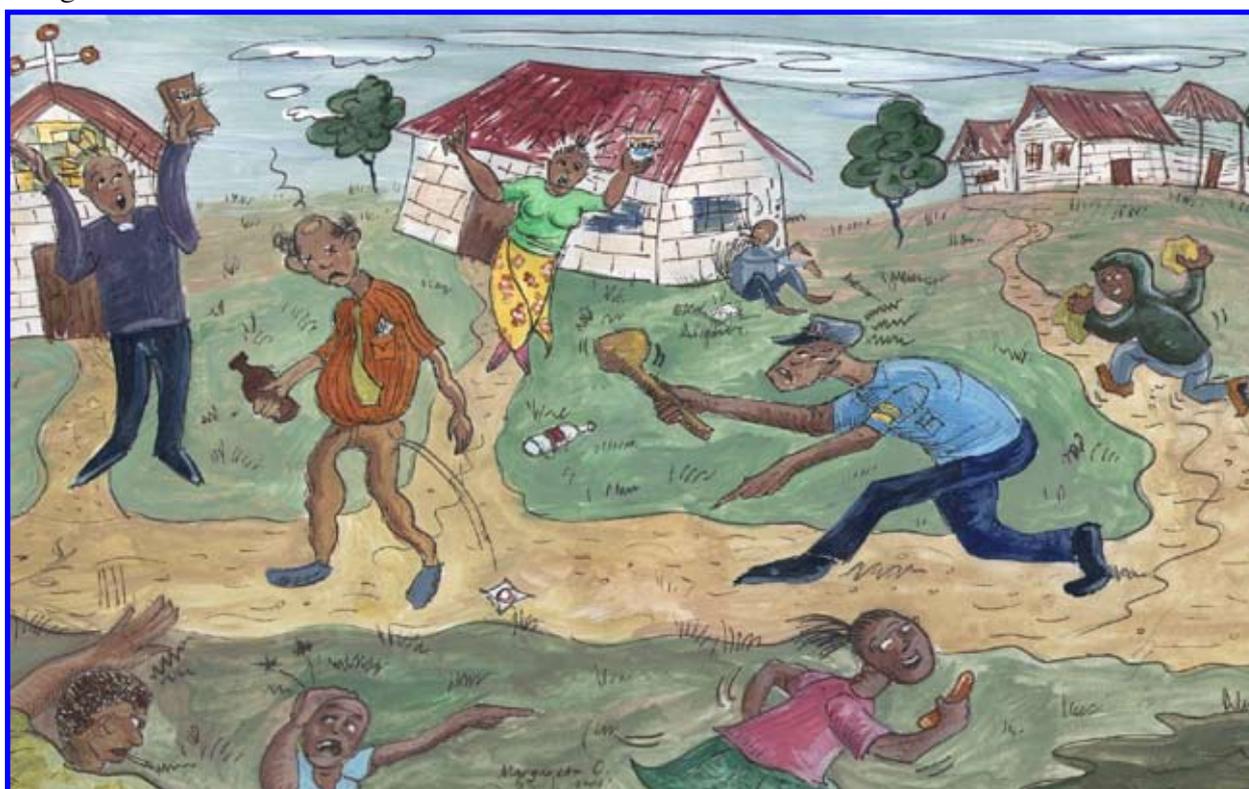
Materials required:

1 flipchart and marker for facilitator/blackboard and chalk		
Papers and pens for participants	A rungu (weapon)	
Bible	Bottle of beer	Money (note)

Methodology: drawing and role play

Steps:

1. Ask the participants to say what they think a community is; wait for their answers. Ask them if they think the school is a community, then ask them to describe what they see around them, from people to buildings. Describe the activities taking place.
2. Ask them where they go when school closes; ask them if they can call the places they come from a community, too. Choose a few volunteers to talk about their communities.
3. Let them know that each person will try and draw their own community, as each person goes to a different community where the families lives. Let them know the drawings do not have to be meticulous! Give them about 10 minutes, and walk around observing their work. Do not let them copy each other's work.
4. After the illustrations are complete, let the participants hang their work on the wall. Let them walk around and see the different communities.
5. Once done with the tour and seated, ask participants the differences they saw in the various communities. As they do so, let them also start talking about the good and the bad they see happening in their communities, e.g. alcohol drinking, smoking, preaching, etc.
6. After the mention of these examples, let participants know you would like them to perform skits on drinking, stealing money; bible/church, according to the items that you are to place on a table before them.
7. Have 12 volunteers divide up into three groups of four people and choose one to be the representative. Ask the representatives to come forward and fetch one item from the table. Ask them to spend five minutes planning a drama skit revolving around that item they have chosen.
8. With each presentation, ask the participants what problems they think are associated with the skit performed; let them give examples and describe how these problems affect people such as themselves in the community. Continue until all the skits are performed and problems stated.
9. Let participants talk of what they would do to not be involved in these vices, or be involved in good deeds.



c) Stigma

Description:

This activity will enable participants comprehend the problems faced by persons living with HIV/AIDS, and other diseases as well, how one can cope, and how not to stigmatize a person.

Time: 1 hour

Materials: none

Methodology:

Discussion/roleplay/resource person (could be a person living with HIV/AIDS; PLWHA).

Steps:

1. First, introduce the resource person to the participants. Let participants know that you and the resource person will jointly take them through the topic.
2. Introduce the word stigma and elaborate its meaning. Be as simple as you can be.
3. Let participants know that you are talking about stigma with regards to HIV/AIDS. Ensure they understand and know about HIV/AIDS and that it has been taken a serious illness as it does not have a cure but only (probably life-long) treatment (refer to the activity on HIV/AIDS).
4. Let the resource person take this part. Let participants know why HIV/AIDS is stigmatizing; give issues such as lack of accurate information regarding the disease, traditional beliefs amongst the un-informed lot regarding the disease, denial of some sort regarding the disease, and so on. The participants can add more to this list if already grasping what you are putting across to them.
5. Ask them if they know how a person can make another person who is sick with e.g. HIV/AIDS feel stigmatized; there examples can include issues such as not wanting to greet the person, not wanting to share things, avoiding the person etc. Let the resource person add to these. You can choose some volunteers to enact some of their answers jotted down. One person to be sick with HIV/AIDS; another 2 or 3 volunteers to be the ones not greeting, not sharing and avoiding the sick person.
6. Ask them if they know how e.g. a person who has HIV/AIDS feels when stigmatized; here examples can include loneliness, anger, sadness etc. Let the resource person fill the participants in on this questions. The person acting as the sick person can go ahead and pretend to be angry, sad, after being ignored, refused to share etc.
7. Ask them if they themselves have treated someone badly, or if they have ever been treated badly by others. Someone who may have had HIV/AIDS or another disease; ask them what the sickness was. Leprosy? Scabies?
8. Let participants know that although some diseases such as flu, measles are contagious by contact, not all are. Having ensured they know the various ways HIV/AIDS is contracted, let them know that it's okay to share some things, it's okay to greet, it's okay to meet people and become friends with them.
9. Allow some time for the participants to ask the resource person some questions.
10. Let the resource person close by encouraging the participants to talk of various ways they can treat people who are sick in a humane and nice way, and not make them feel stigmatized;

d) Leisure time/activities

Description:

This activity will let participants know what leisure time is and how to spend leisure time positively in their home communities, in order to avoid negative behaviours that may be a hindrance to their health awareness.

Time: 45 minutes

Materials:

Picture chart of people engaging in smoking, drinking, gossiping, etc.
Picture chart of people engaging in worshipping, playing, singing, etc.

Methodology: Group discussion

Steps:

1. Ask participants what they understand by leisure/free time. Introduce leisure as time free from regular work.
2. Have a few volunteers, either alone or with friends, demonstrate a short skit of what they like doing with their free time. Volunteers should be free as much as possible to do so.
3. Divide participants into two groups; give one group the picture chart with good activities for leisure, and the other group the chart with bad leisure activities.
4. Ask each group to discuss what they see on the charts; give them five minutes to do so. Let them ensure their group members get to see the chart, as there may be many in a group.
5. Start with the group with the chart with good deeds; let volunteers from that group state what they have seen and how good/positive they think the activity on the chart is. Jot their answers down, affirming their responses. Encourage them to give more examples of the good deeds a person can undertake in his or her leisure time.
6. Ask the groups whose chart has bad deeds; let them also do as the other group has done, and talk about the dangerous consequences of the bad deeds one commits during leisure time. Talk of the health hazards associated with the bad deeds youth engage in during their free time.
7. Ask the participants why they think people engage in either good or bad activities for leisure time; talk of friends (peers) and if they sometimes influence their other friends' decisions on what to do. Ask them if they have seen people they know engage in bad deeds. Talk of the deeds students become involved with while in school, too – good and bad, humorously!

3. My Relationships

a) Choosing Relationships

Description

This activity enables participants to choose/have good relationships that promotes good use of leisure time, with regard to maintaining proper health care.

Time: 40 minutes

Materials:

1 sheet of paper and 1 pen for each participant

1 flipchart and a permanent marker
Scotch tape

Methodology: Group discussions

Steps:

1. Provide each participant with a sheet of paper and pen.
2. Draw for the participants on a flipchart an illustration of an enlarged mango seed. Next draw a large arrow in the space to the right with it pointing to the right. Then in the space to the right of the arrow illustrate a small figure of a healthy mango tree bearing fruit and thriving disease-free. Ask them what it takes to make a seed become a tree like this and give them an example such as sunlight. Draw another mango seed planted in the soil and with arrows extending downwards for each idea (i.e. sunlight) the participants come up with. Among some ideal answers would be water, nutrient-rich soil, fertilizer (natural), and so on. Demonstrate how these qualities make the roots of the tree firm and healthy and able to support a tree that bears fruit.
3. Now ask if we humans have relationships that also grow like mango trees and if we use the same qualities to grow healthy relationships. Draw a fallen mango tree and remind the participants the roots of a tree are much like the roots of a relationship; thus a mango tree represents the concept of relationships, ask the participants what qualities would make a relationship strong and write each as a root in the ground until you have enough roots to hold the tree up. To begin, give respect as an example and explain how it may be demonstrated.
4. Ask the participants to get in groups of three or four people and compile what they think is a list of qualities important for a healthy relationship. After 10 minutes, ask each group to volunteer one quality and explain why it is essential for a relationship.
5. Mention that other important qualities are honesty, trust, confidence, love, and respect. Explain briefly what they entail.

b) Controlling Relationships

Description

This activity will enable participants to learn how to deal with people of different behavior and cope and/or react to different situations without losing their composure.

Time: 60 minutes

Materials:

Pieces of clothes for blindfolds
Cello tape
Plain papers with characters (thief, teacher, prostitute) written on them

Methodology: role play and group discussion

Steps:

1. Choose 10 volunteers (ensure both boys and girls are volunteering); four volunteers, to be blindfolded, are to pretend to find their way to various destinations of their choice. Six volunteers will be trying to block the other four volunteers' way by interlocking their hands in a circle (the four blindfolded volunteers are not to know this will happen). Notice how each of the four volunteers reacts.
2. Allow some time to see how each volunteer reacts by trying to break from the circle (ensure the

blindfolded volunteers do not stray and get hurt).

3. After you stop the game, ask the blindfolded volunteers why he/she used that particular manner to break free.
4. Engage other participants in questioning or supporting the four volunteers' actions. Let them mention other situations or kinds of people they would not want to encounter, and if they do, what they should do or how they should react.
5. Choose another set of 10 volunteers. Blindfold five of them. Another five should be given various roles of acting as prostitute, thief, preacher, and teacher. Tape the role on their chest (ensure that the blindfolded participants understand their colleagues are performing drama and not who their roles are).
6. Let each blindfolded volunteer randomly move and hold one of the other volunteers. After all have each held the other, let them remove the blindfolds. Notice their reaction and ask them why they have reacted so in seeing who they have placed their hand on. Engage other participants in discussing further the volunteers' reaction and how they themselves would react.
7. Let participants know that in a community where all sorts of people live, we are bound to meet people of different behaviours, and so we should not shun them or ignore them but simply know how to deal with each person.
8. Let participants know that as peers, they are able to talk to people and teach those who may be doing bad deeds during their leisure time.



c) Decision-making

Description:

This activity will enable participants to understand what it means to make wise choices/decisions concerning what they want to do or not do, especially when it comes to their health.

Time: 1 hour

Materials:

4 Brown-bags/paper bags with each having small empty box, bread, pads, empty blue-band tin.
Marker pen/flipcharts or chalk/chalkboard

Methodology: group discussion

Steps:

1. Ask participants for examples of decision they have made that day. They may respond by saying what they decided to eat, what time to wake up, what to wear, what time to get to school/class. List all the responses on the flip chart/chalk board, and point out clearly that people make decisions everyday.
2. Put the four brown bags with nice things inside on the table, spaced out, where every participant can see; ensure no one knows what is inside other than you alone.
3. Choose only two volunteers; boy and girl. Let them know that what they choose they will get to keep for themselves, so they should choose wisely!
4. Let each volunteer walk to the table and pick his/her choice, and tell them not to open the bags yet. (Their friends may try to influence them on what to pick; don't stop them. Watch how they make their decisions. Do they make their own decisions or are they influenced by others?)
5. Get everyone's attention: ask the volunteers why they chose to pick the particular brown bag. Because it looks nice or because it looks big? Let them answer, then let them open the bags and see what is inside. Surprise!
6. Let other participants state why people tend to choose some things and ignore others.
7. Ask the volunteers if they made the choice themselves or they were influenced to do so by their friends in the room. Get their responses carefully, and discuss further with the rest of the participants.
8. Ask participants the best way to decide to do or not do something. Should it be their own decision or influence from friends? Should we take or do something because we think it looks nice, big, shiny?
9. Let them know that friends can help in deciding, but the final decision should be from the person him/herself. Care needs to be taken to not be misled by how something/someone looks!

d) Are You Ready for Sex?

Description:

This activity enables participants to explore the responsibilities and consequences of their decision on the right time to have sex as a step towards understanding health awareness.

Time: 40 minutes

Materials required

- | | |
|----------------------------------|----------------------------------|
| 1 medium-sized paper/plastic bag | 1 flipchart + 1 permanent marker |
| 1 paper + 1 pen per participant | 1 scissors |
| 1 role model man or woman | |

Methodology: Group discussion and a role model

Steps:

1. Write or type on a paper at least 10 numbered steps in general, chronological order which the local community views as generally necessary before deciding when to have sex. Here's a sample which may or may not apply to your community but is intended for deaf students age 14 to 25:
 - 1) I have passed the KCPE.
 - 2) I have passed the KCSE.
 - 3) I have studied for a skill and have a job.
 - 4) I have my own land with my own home built on it.
 - 5) I have a cow.
 - 6) I have visited the parents of my girlfriend/boyfriend and want to marry.
2. Cut up the papers so that each of the steps is independent and can be folded up and all put in a bag together; solemnly, instruct the participants that the bag contains eight different statements. A different volunteer shall choose one at a time to ask the group. For example, he/she can say, "I have passed the KCPE. Please raise your hand if this is true."
3. Copy each statement in large print on the flipchart with each statement drawn from the bag. Once we gauge for up to a minute the response of the participants, ask the volunteer to return to his seat and others to come forward and do the same with the remaining statements.
3. In all likelihood, few students will be able to raise their hands to affirm these statements if they are still in school.
4. Ask participants if what has been mentioned from the folded papers has taken place out there; people passing KCPE, KCSE, etc before engaging in sex. After they respond, ask why then they engage in sex without striving to achieve the mentioned issues.
5. Introduce the role model to the students at this point; let the role model describe his or her achievements to the students. Encourage the students to ask him/her questions. This should not take too long.
6. Let the role model engage them in a discussion of the dangers of pre-marital sex such as teen-pregnancy, abortion, dropping out of school, early marriage, and getting diseases such as STD and HIV.
7. The role model can lead the participants in pledging NOT to have sex till they are ready for the consequences. Invite each participant to pledge not to have sex.

4. Peer Education

Description:

This is a strategy which will enable participants to know and understand who peers are, and the importance of coming together in networks/groups to combat various problems they experience, to share solutions, and map ways forward to improve their situation.

Time: 45 minutes

Materials:

A pair of dusty shoes with no laces	Shoe laces
Shoe polish	Shoe brush

Methodology: game and group discussion

Steps:

1. Cover the table with a cloth or old newspapers; place your materials on top. Ensure participants can clearly see your display.
2. Introduce the topic by asking participants what they think a peer is and what education is; jot down their answers. Tell them that a peer is a group of persons in the same age-set, with common interests, from the same environment who come together to either play or sort out their problems. The peer group that shares problems and solutions thus educates its members. Peers come together to learn in groups/networks, hence the Peer Education Network.
3. Take the participants back to the materials displayed on the table. Ask them to state if one can do without the other if the shoe is to be neat.
4. Call several volunteers; with the first volunteer, take away the brush and ask them to try and clean the shoe; take away the laces and ask the next volunteer to put on the shoe and try walking, fast; take away the polish and ask the next volunteer to make his shoes shine.
5. Now liken the above example to a peer group; let them know that just as the shoes needed a brush and polish to be clean, it's the same way people need one another to holistically solve communal problems.
6. The participants need to know that just as they form self-help groups to combat their financial problems, it's also important to form groups/networks to combat health problems they experience as a Deaf community.
7. Let them know that these groups will empower them to have the knowledge, skills, and experience on how each Deaf person, and the Deaf community at large can deal with health problems, and that the earlier the networks are set up the better for them to start acquiring knowledge and skills.
8. Assure them that you, as a master educator, will support them to enhance their awareness levels and leadership skills toward informed decisions on health.



APPENDIX

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Appendix 1:

Glossary of terms

Kenyan Sign Language (KSL) for Sexual Health and Education Lugha ya mkono – Kenya, kwa afya na elimu ya ngono.

You will find in this glossary a mix of some terms and their accompanying signs, in KSL, in alphabetical order representing a fraction of today's literature on sexual health and education in Kenya's deaf community. For various reasons, mainly due to limited resources, it is not intended to be the academic, properly-researched literature you may hope it to be. What you will find is basically a very simple, quickly put-together series of words with some of their signs in photographs. The signs are depicted as we know them from our work with members of the deaf community in their schools, churches, and elsewhere. Most of our work was in Nyanza, Western, and Central Province but many of these signs may accurately represent other regions of the country. Hence they need not be limited to only the regions we worked in. In fact, some signs were omitted since they were used only by a singular institution or group thus risking linguistic misrepresentation.

What's more, many of the words in this glossary shall not have an accompanying sign due to their relative youth in today's sexual health and education literature of the deaf community and/or our own inability to depict them accurately. Nonetheless, these words are included to heighten awareness and invite further exploration. Should you be disappointed that some words are omitted, it was either on purpose, forgotten, or simply not feasible to include. We apologize for the inconvenience.

Abortion—Kuavya mimba

The termination of pregnancy before full-term.

a

b



Abstinence — Kuzira ngono

The voluntary decision not to engage in sexual intercourse (in some cases, the decision not to engage in sexual relations of any kind). One prevalent incentive for abstinence regards the high rate of STI/HIV infection.

a

Sexual intercourse

b

NO



Abuse — Dhulumu

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

a

b



Adultery — Kuzini

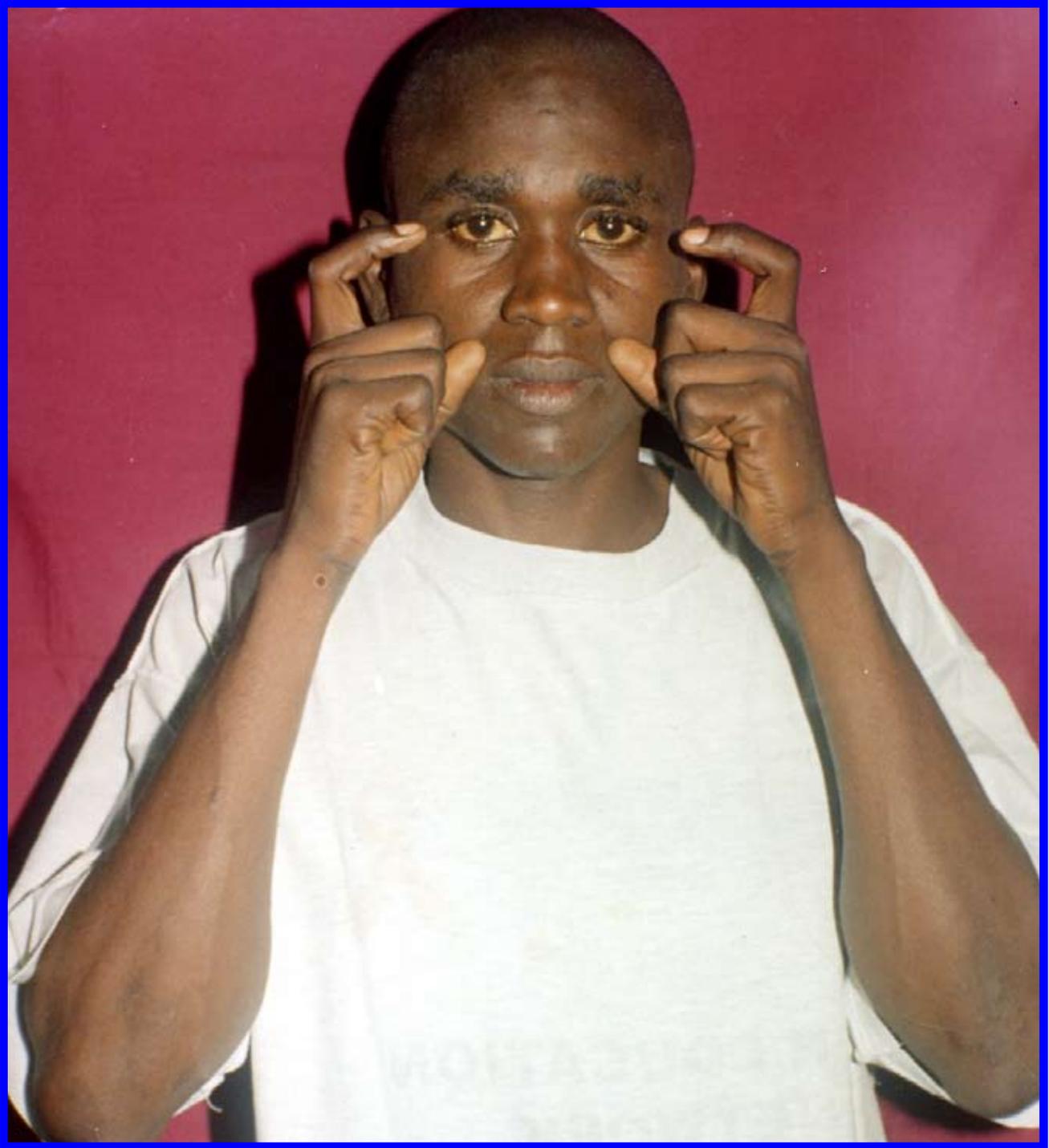
A married person, or a person in a long-term committed relationship, having sexual intercourse with someone outside of the committed, monogamous relationship.

a

b



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.**

ARV (antiretroviral) -- ART (antiretroviral therapy) -- HAART (highly active antiretroviral therapy)

A combination (“cocktail”) of drugs used to reduce replication of the HIV virus in an individual infected with HIV and/or AIDS.

Birth -- Kuzaa

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



Birth control (contraception) – Kinga ya uzazi

The attempt to prevent pregnancy by using one or more of the varying methods: injection, pill, Norplant, IUD, condom, abstinence, among others.

a

b



Boyfriend – Rafiki wa kiume

A male lover with whom a person may have sexual intercourse (not necessarily monogamous).

a

b



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.

Cervix – Mwanzo wa tumbo la uzazi

The part of the uterus that leads downward towards the vagina and allows for passage of sperm to the uterus and the menstrual flow from the uterus.

a



b



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.

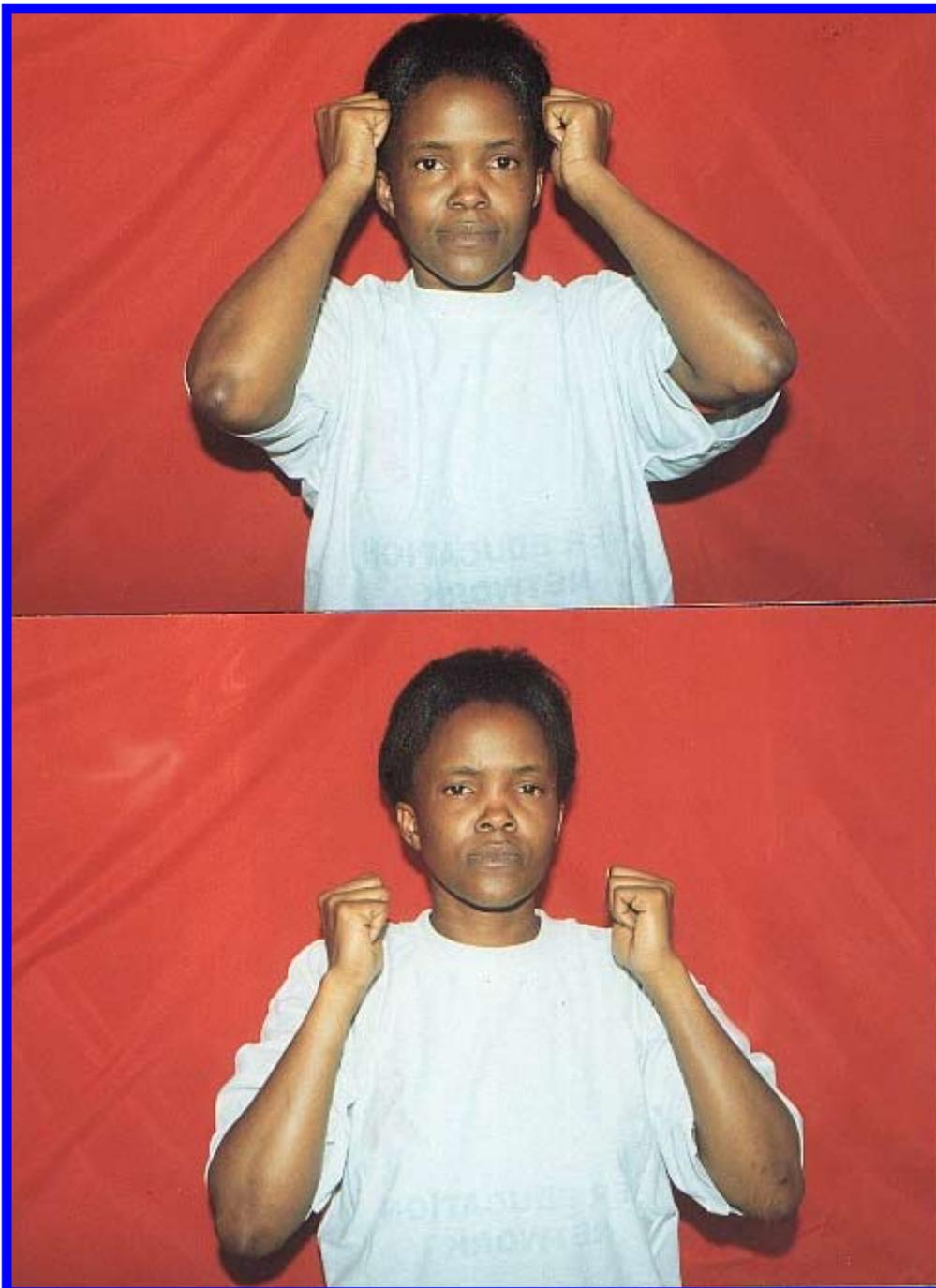


Conception — Utungo wa mimba

The fertilization of the egg by the sperm made possible by the ejaculation of the man's semen into the woman's uterus during sex.

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.



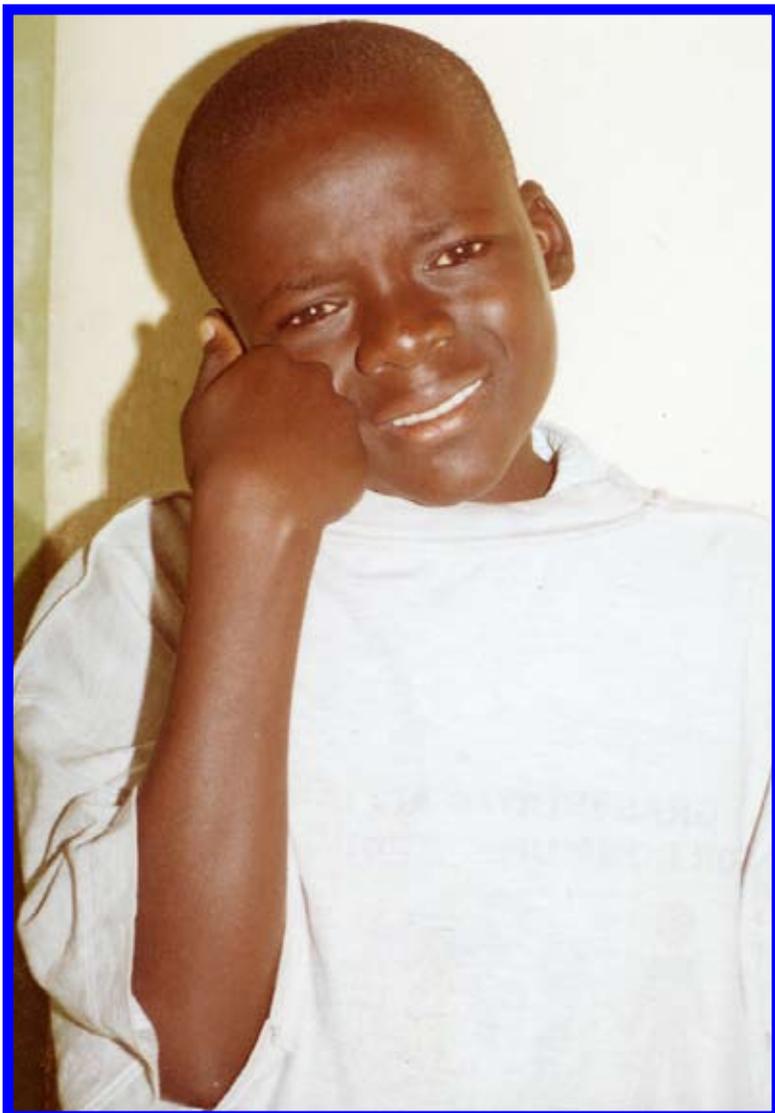
Confidential — Kisiri

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 mucous released from the anus, vagina, or penis whether due to intercourse, menstruation, or an infection.

Disease — Ugonjwa



An impairment of health or a condition of abnormal functioning

Drug (medicine)



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

Egg -- Yai

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

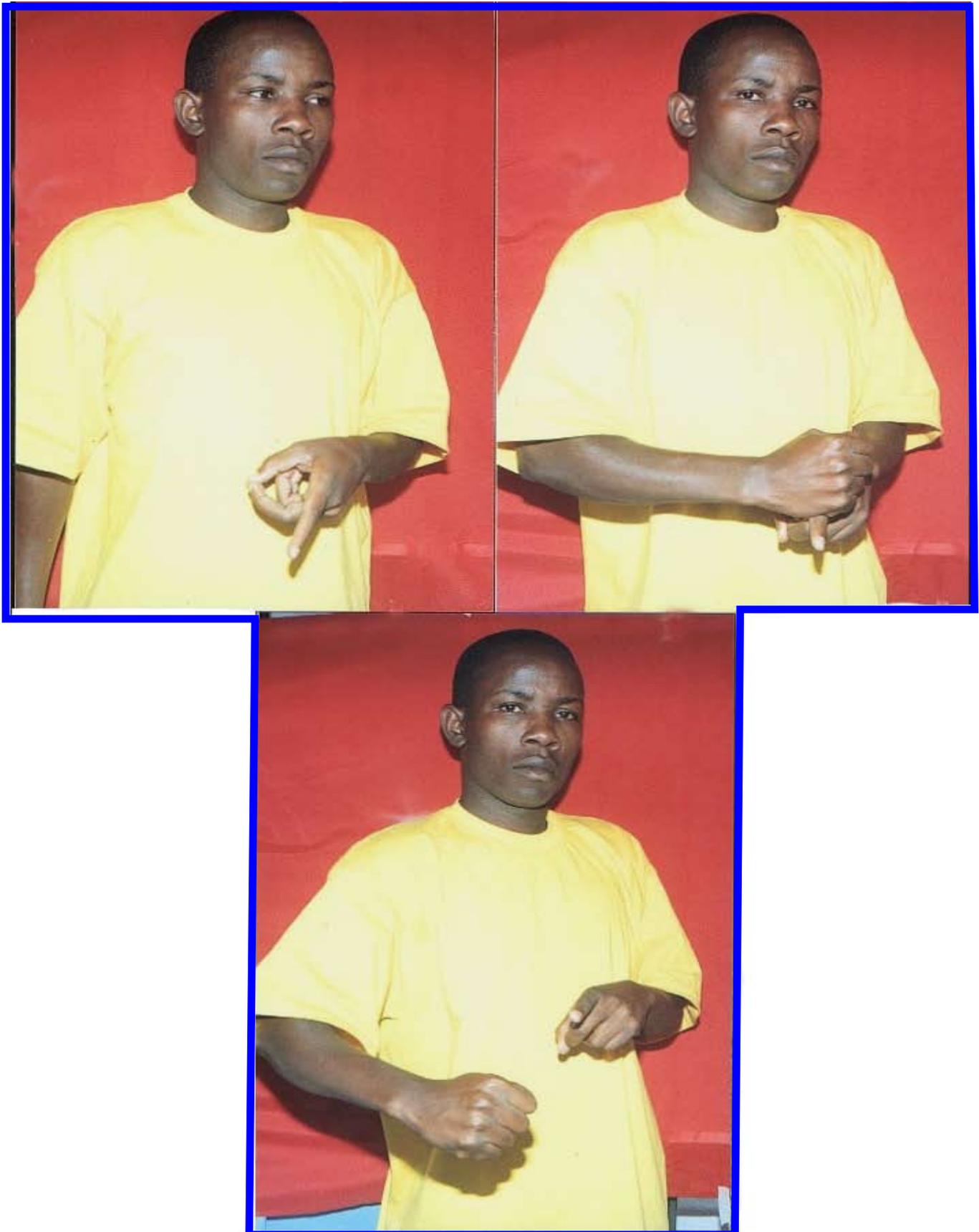
a

b



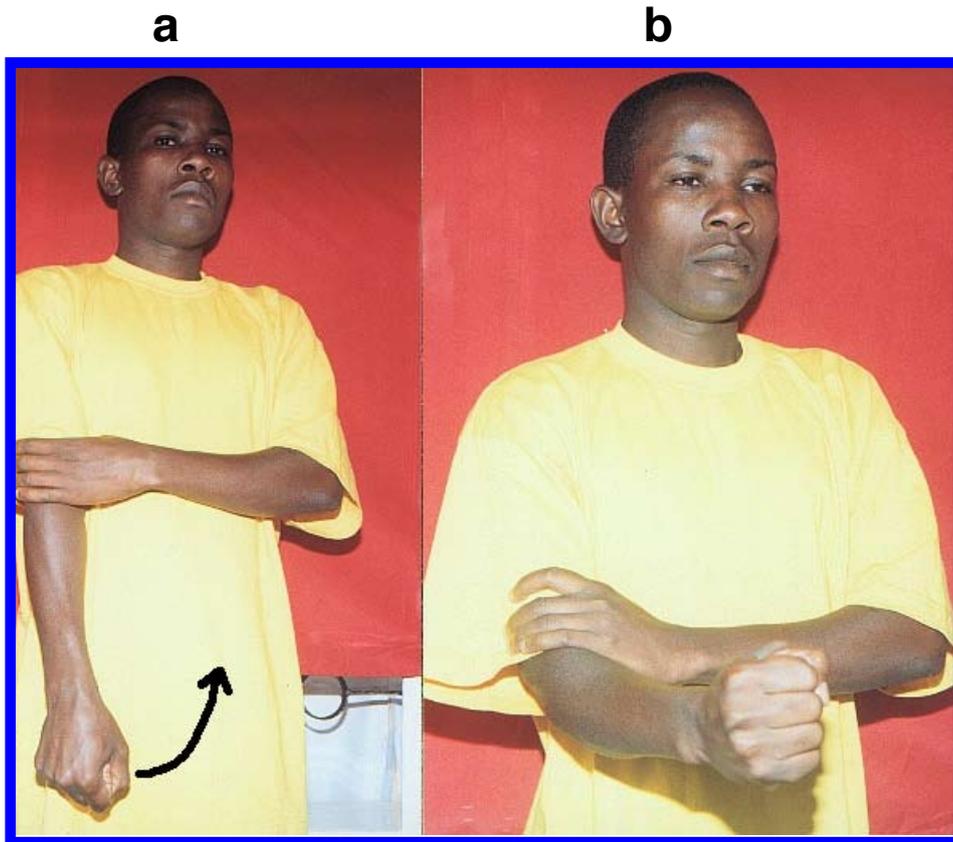
Ejaculation – Kutoa manii kwa ghafla

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



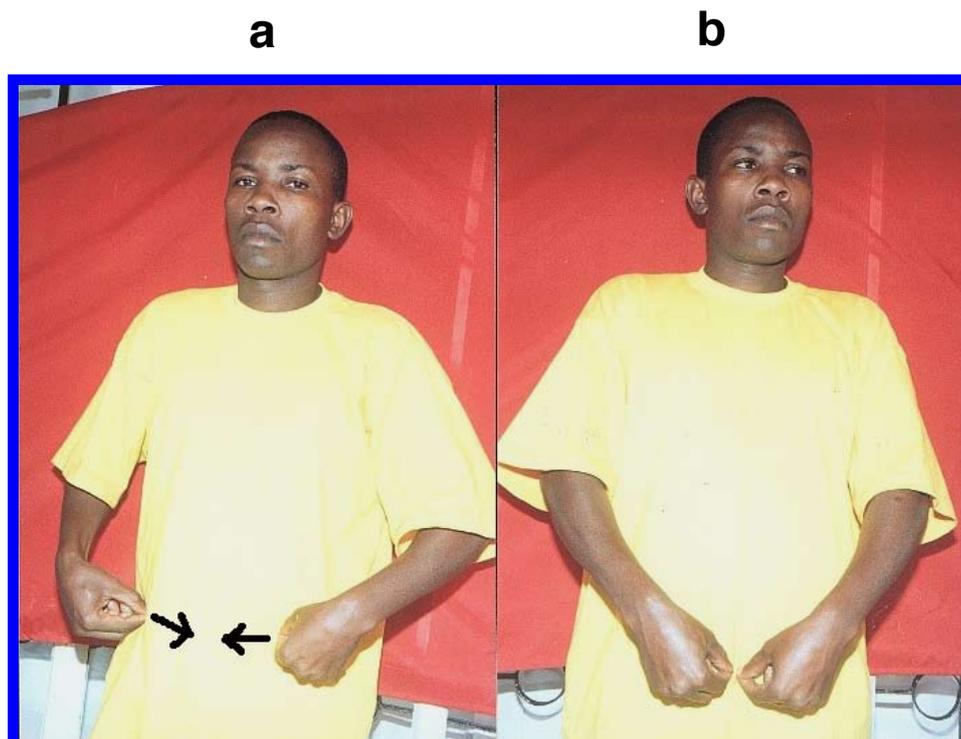
Erection – msimiko wa mboro

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



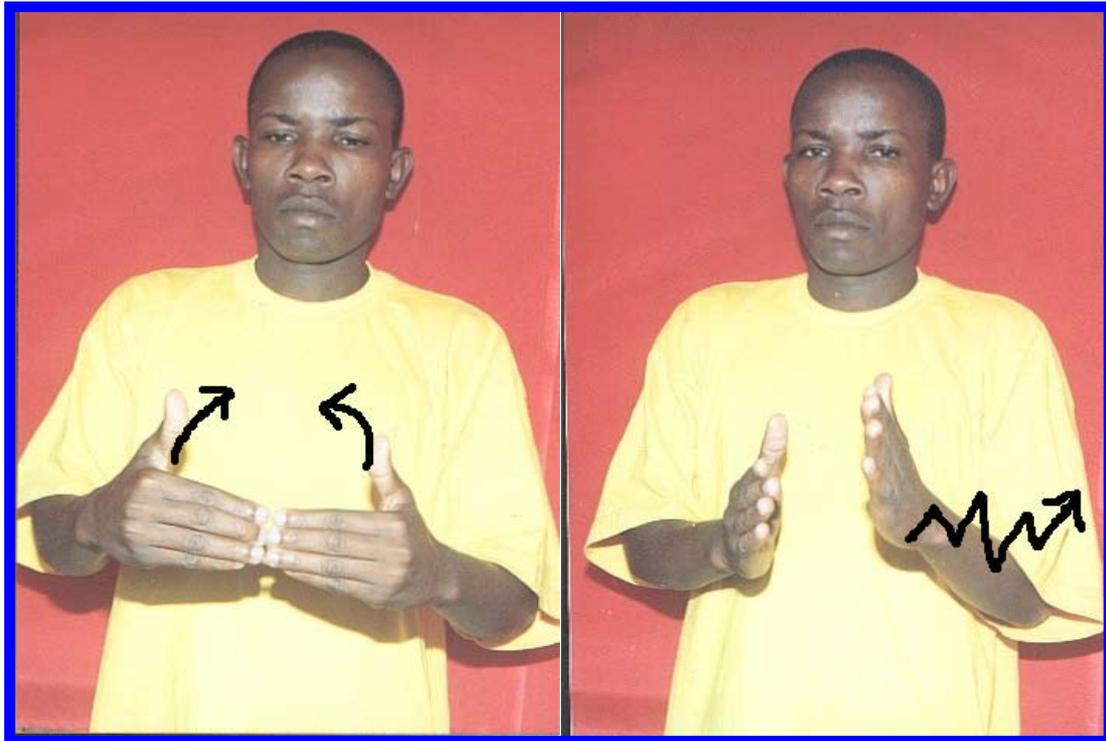
Fallopian tubes – Mshipi ...

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.



Family planning --Kupanga uzazi

The decision creating the circumstances preventing, delaying, or bringing forward the birth of a child; usually decided by parents or two partners.



Fantasy (sex) – Kuwaza ngono

A thought or dream about a sexual experience.



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



An essential 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 babies. A tradition today required by some ethnic groups among the Samburu, Maasai, Abakuria, and Gusii, it is now seeing revision and change due to its increasing lack of popularity and has even died out among the Ameru and Agikuyu as a ritual.

Fertility – Uzaaji

The ability of a woman to conceive a child, or the ability of a man to make a woman pregnant.

Foreplay – Papasa

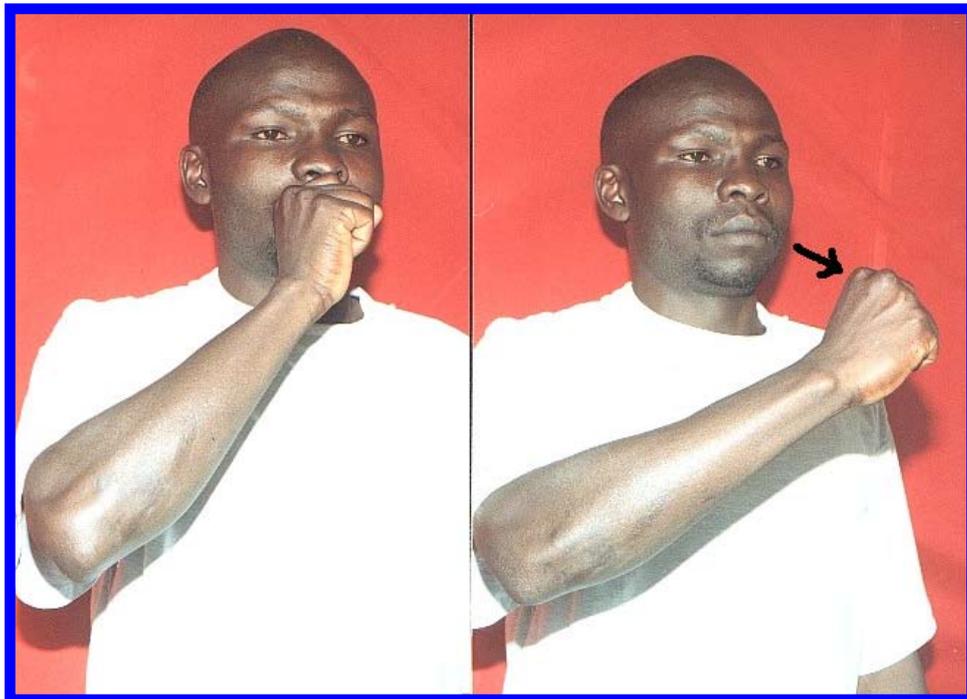
Any sexual activity leading up to intercourse; usually entails kissing, holding, hugging, and fondling.



Foreskin – Ngovi

a

b



The retractable, loose fold of skin which covers and protects the end of the penis.

Gay (also homosexual) – Ngono kati ya watu jinsi 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.

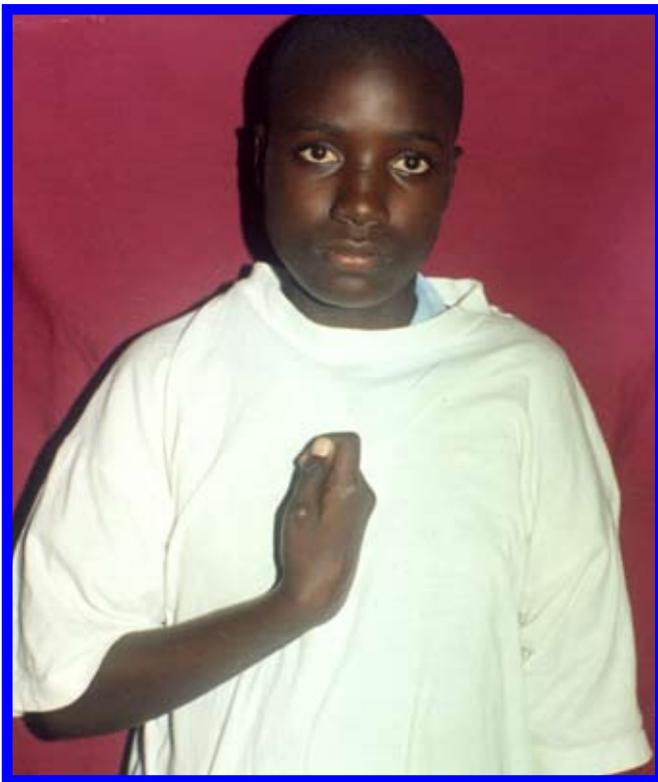
Gender – Kike/kiume jinsi

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

Girlfriend – Rafiki wa kike

1. A female lover with whom a person may have sexual intercourse; not necessarily a monogamous partner.
2. A female friend.

a

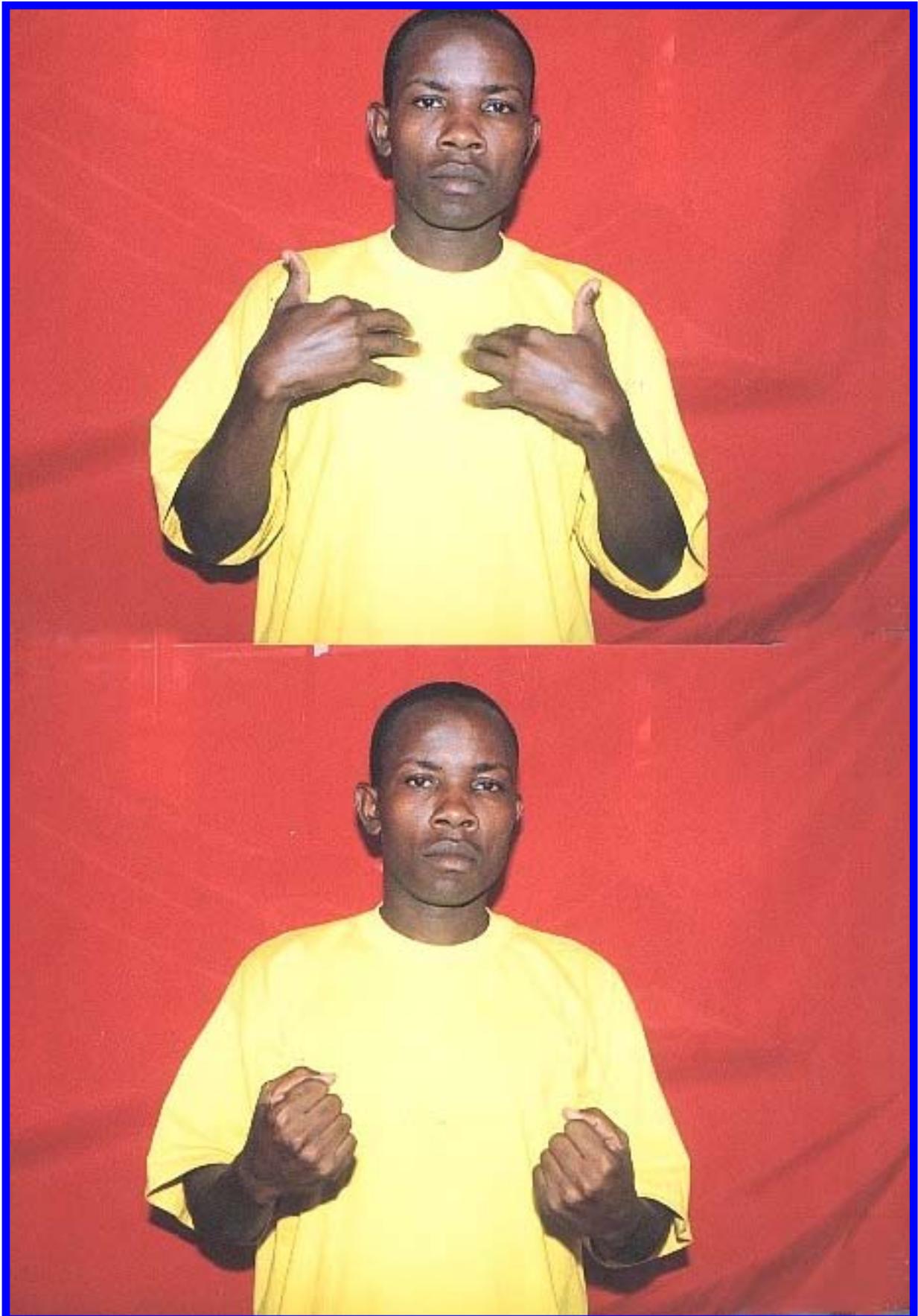


b



Health -- Afya

The practice of enhancing knowledge, information, hygiene, and well-being towards a person's mental, spiritual, and physical condition.

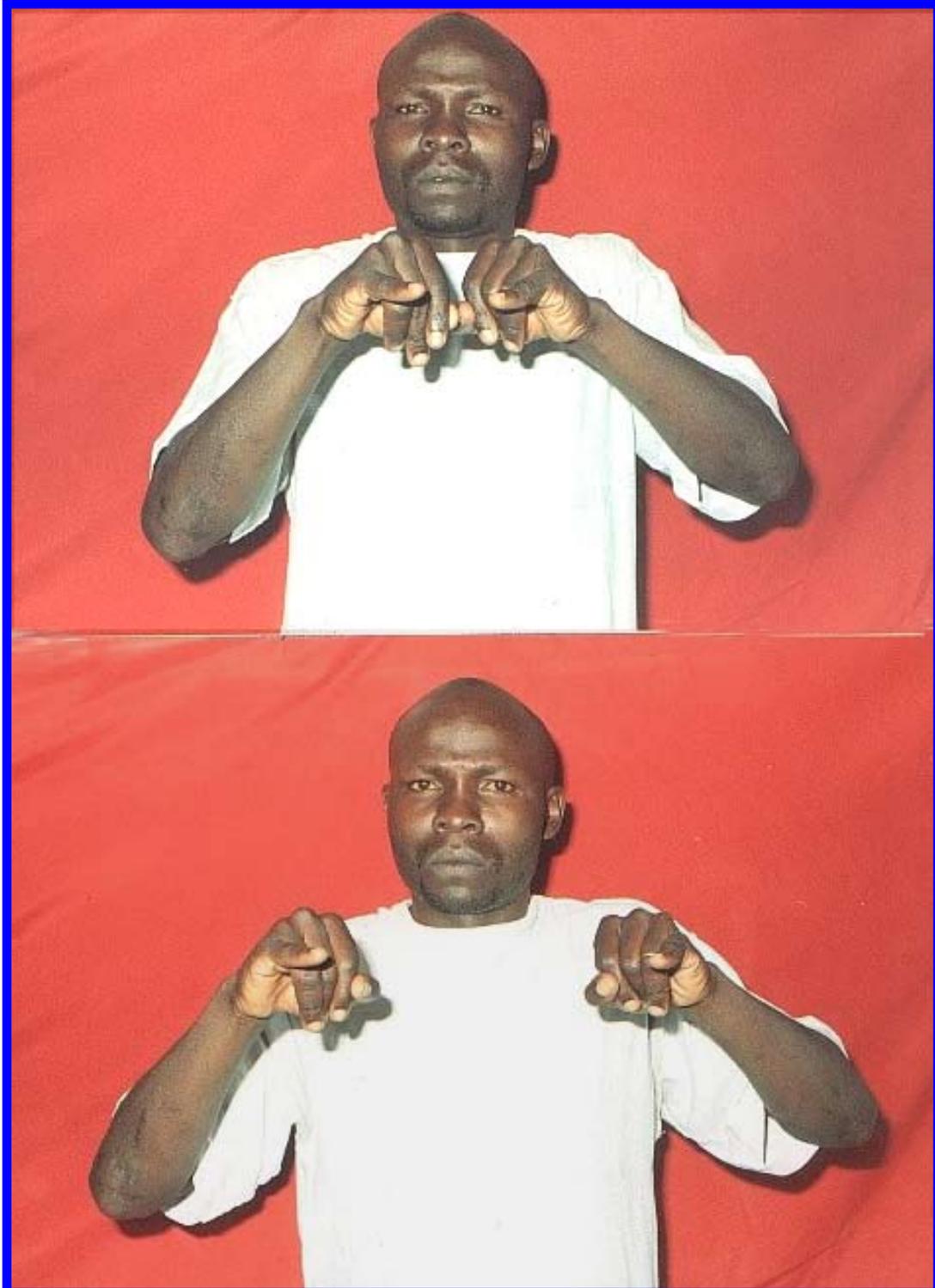


HIV (Human Immunodeficiency Virus) –Virusi vya ukimwi

A kind of virus primarily transmitted through sex but also through external contact with infected blood and/or body fluids. Infection with this virus usually leads to AIDS after variable times (usually 5-10 years).

Hygiene -- Usafi

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



Immune system – Utaratibu wa kinga wa mwili

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

Immune

Not susceptible or responsive to get a certain disease



Impotence -- Uhanithi

The inability of a penis to be erect or stay erect throughout intercourse.



Incest — Zinaa ya maharimu (baba na bintiye kufanya ngono)

Sexual contact that takes place between members of the same family who are closely related. It is illegal and considered immoral yet may take place in discreet circumstances.



Infertility — Bila zazi



The inability of a woman to conceive a child, or the inability of a man to make a woman pregnant.



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).



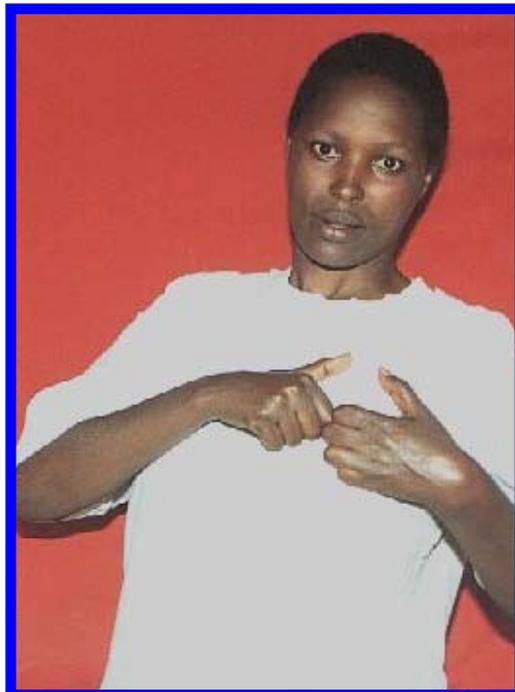
Lesbian & Lesbianism – Ngono kati ya wanawake



**A female who is homosexual;
sexual contact between women.**

Lover – Mpenzi

1. A person's sexual partner; usually monogamous.
2. A married person's other sexual partner who is not the spouse.
3. 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 most won't admit it, almost everyone does it. 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.

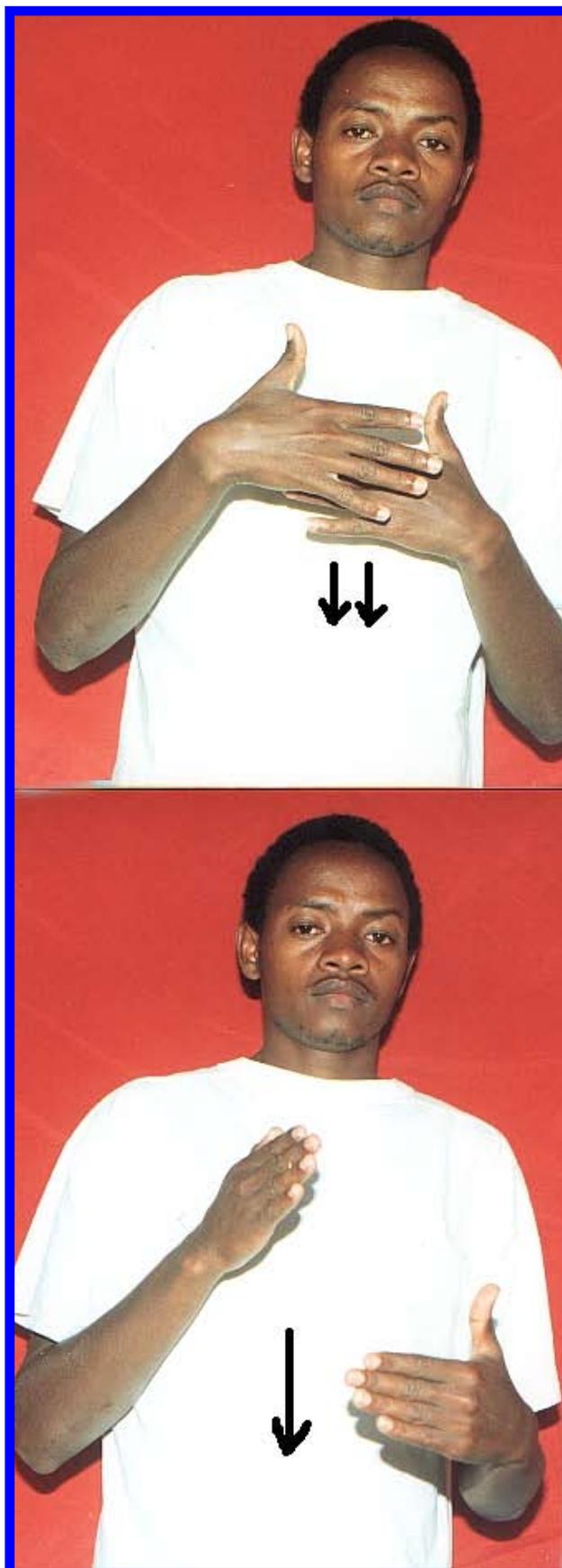
Medicine – Dawa

1. The use of prepared substances for the treatment or prevention of sickness and disease.
2. The practice of preventing and treating sickness and disease.



Menopause – Ukingo wa hedhi

The ending of menstrual cycles in a female body usually taking place for months and years by the time a woman is 45-60 years of age. Infertility sets in and symptoms such as hot flashes, erratic menstruation, and insomnia may persist.



Menstrual cycle — Muda wa hedhi

The period of time from the first day of a menstrual period to the first day of the next period in a female body

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

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

a

b



Myth – Zimwi

A traditional belief of story or legend of events or things held by a person or community as true... reference to the many false assumptions of HIV/AIDS (i.e. the disease is caused by witchcraft).

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.

Ovulation – matayarisho ya hedhi

The process where an egg is released from either ovary in preparation for fertilization or menstruation if no fertilization, during the menstrual cycle.

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.

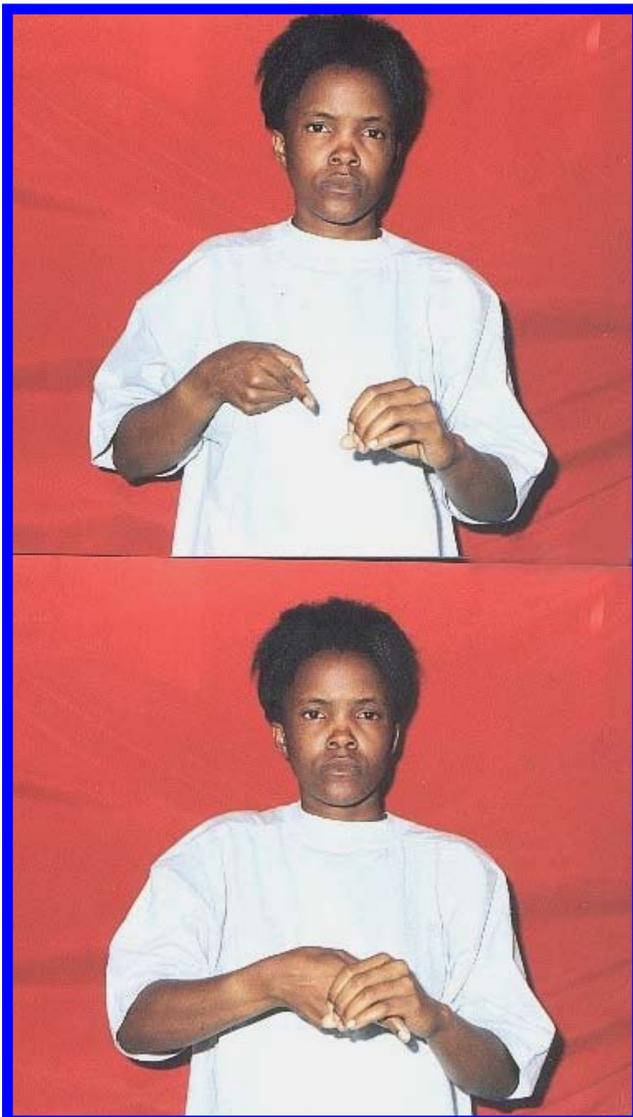


Peer — Usawa wa rika



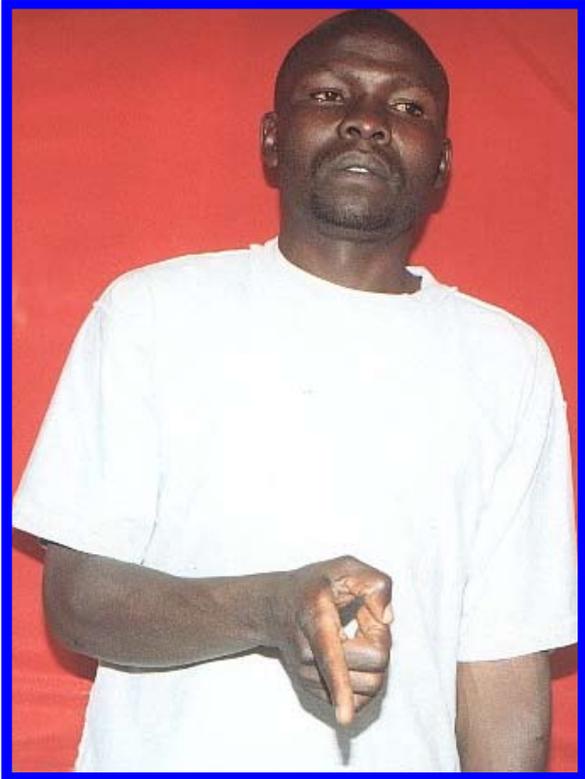
1. A person with whom one or more people share similar responsibilities and interests in society.
2. A person's friend or colleague, for example, students in the same school or employees in the same work place.

Penetration — Kupenya ndani (mboro kupenya 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



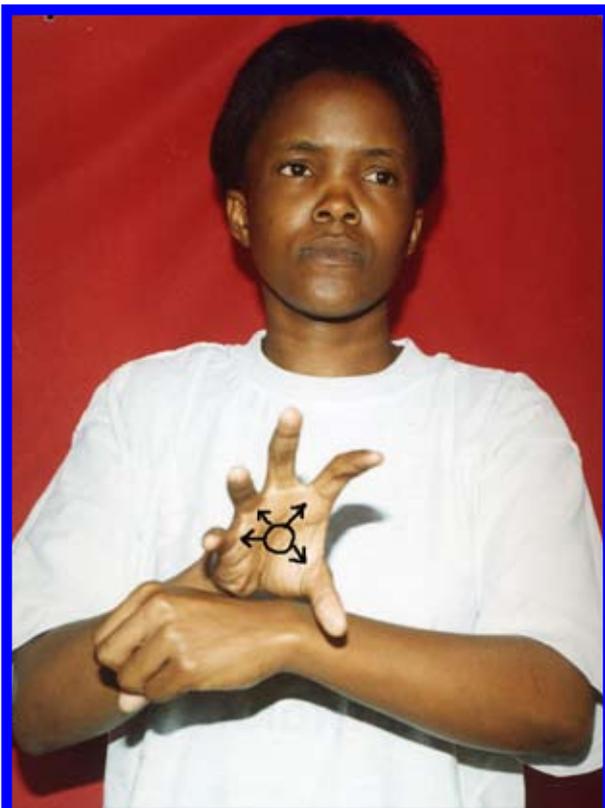
The male sexual, soft, tubular organ which enables the male to pass urine. During sexual arousal it becomes hard (erection) and passes the semen during ejaculation.

Polygamy – kuwa na wake

The act of marrying more than one person at the same time.

Pre-test counseling – Ushauri kabla

a (*open fist*)



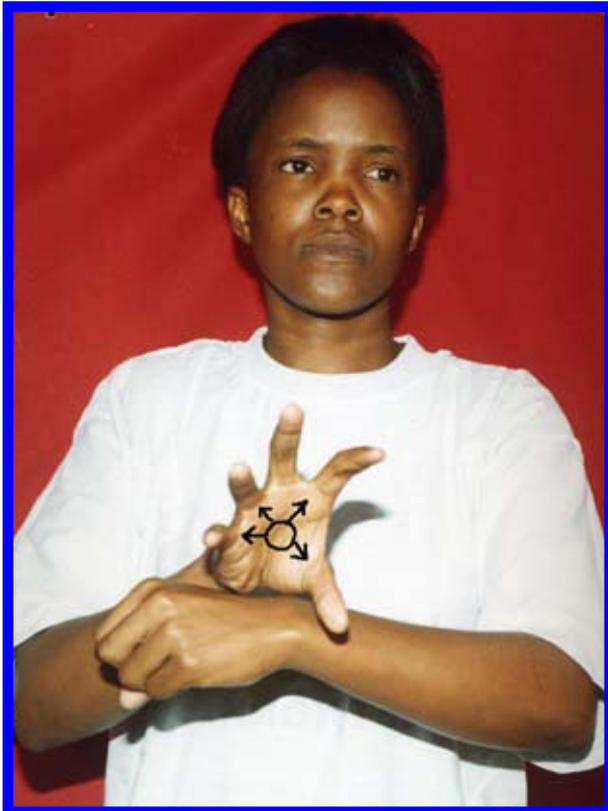
The consultation an individual receives prior to making a decision for or against having a blood test conducted; it may involve demonstration of contraception and healthy living.

b



Post-test counseling – Ushauri baadaye

a (*open fist*)



The consultation (and in some cases, a medical referral) an individual receives after having had his/her blood sample withdrawn and examined for its sero-status.

b



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.

Pregnant — Mja mzito

Carrying the developing offspring within the body (starting from the completion of conception when an egg has been fertilized by the male sperm and then develops further in the womb); usually lasting 40 weeks.

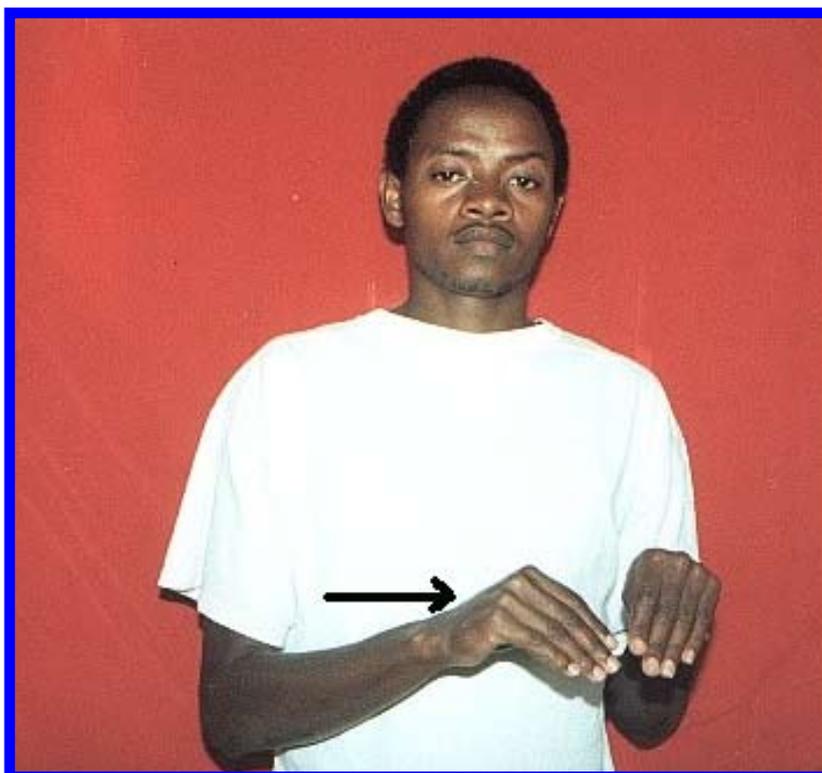


Prevention – Kuzuia/kinga



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).

Puberty — Ubalehe (kuanza kuwa mkubwa)

The stage at the beginning of adolescence in which the body begins to live its youthful state and grows over a few years into that of an adult; this usually begins around 11 to 13 years of age, earlier in the female body than the male, and is triggered by increased changes in levels of sex-specific hormones.

PLWHA — Mtu aishiye na virusi/ukimwi

Person Living With HIV/AIDS.

P-3 Form — usaidizi wa polisi baada ya dhalimu

This form is used in Kenya by a victim of physical and/or sexual assault to report to the police a crime that had just taken place; it is best completed as soon as possible after the event of the crime and before bathing and changing clothes to ensure the victim's safety sooner, reveal the victim's assailant, collect forensic evidence such as semen and DNA, and refer him/her to an appropriate medical facility.

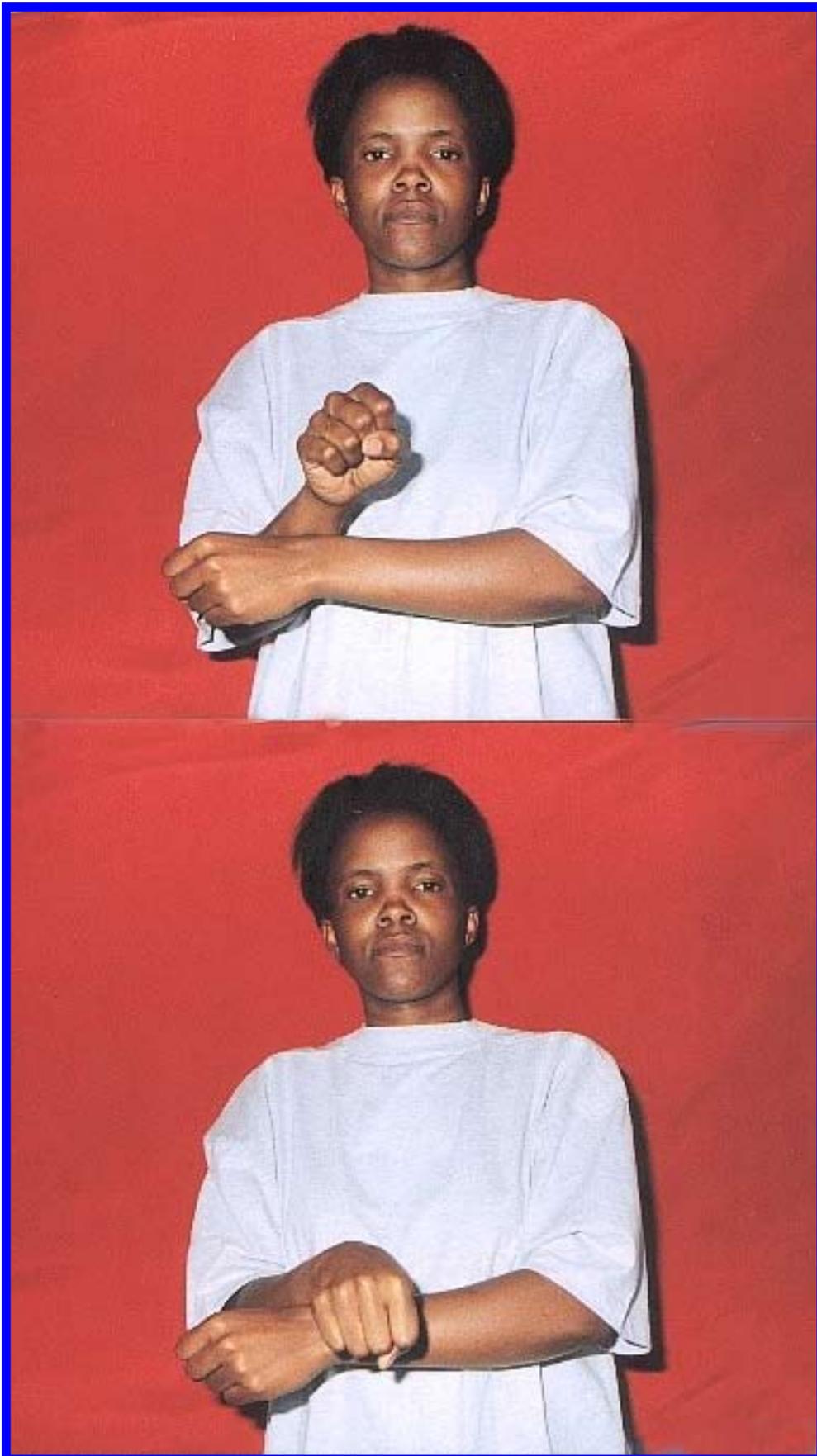
Rape — Kunajisi

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, and/or vice versa. May be unreported; when reported, requires the P-3 form to investigate the incident.

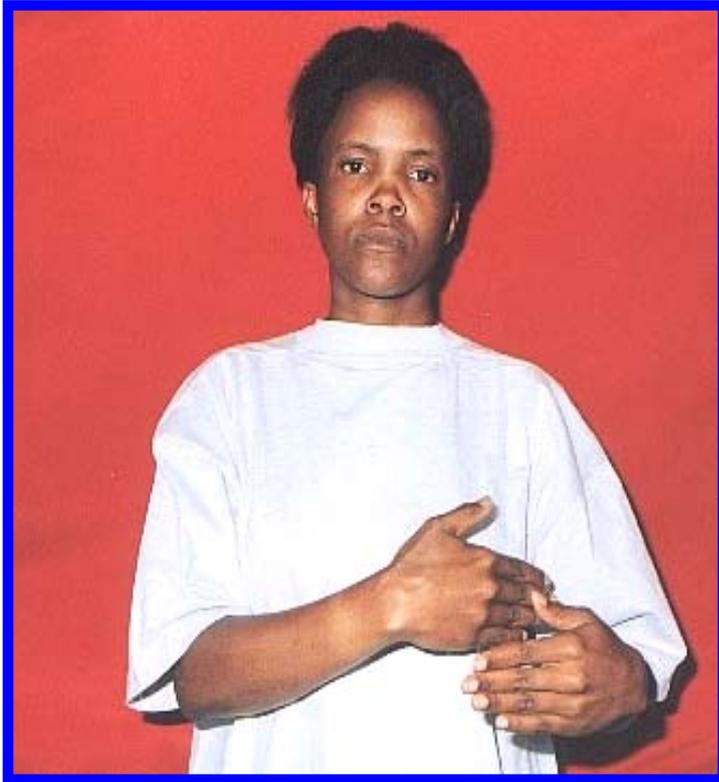


Rectum (also Anus) — Mkundu

The tight, expandable end of the rectal cavity. It has a muscle which controls the release of the body's excrement.



Relationship – Uhusiano

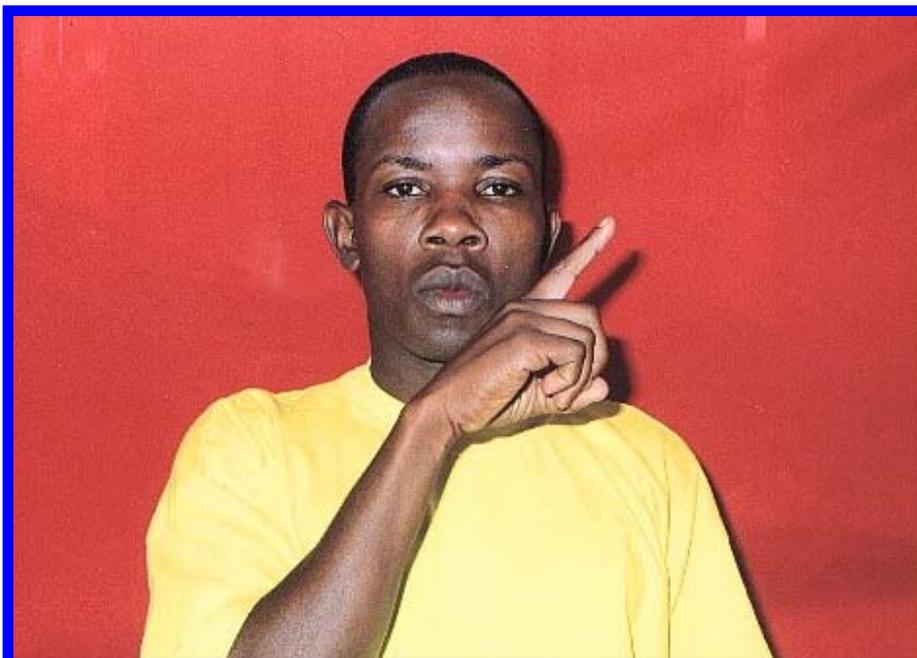


Any union—casual or formal, physical or emotional—between two individuals or entities; usually refers to two intimate partners.

Reproduction – Uzazi

The process of creating an infant beginning with fertilization of the egg by male sperm, proceeding with approximately 40 weeks of pregnancy during which the foetus develops, and ending with the birth of the infant.

Risk (vulnerable) – Hatari



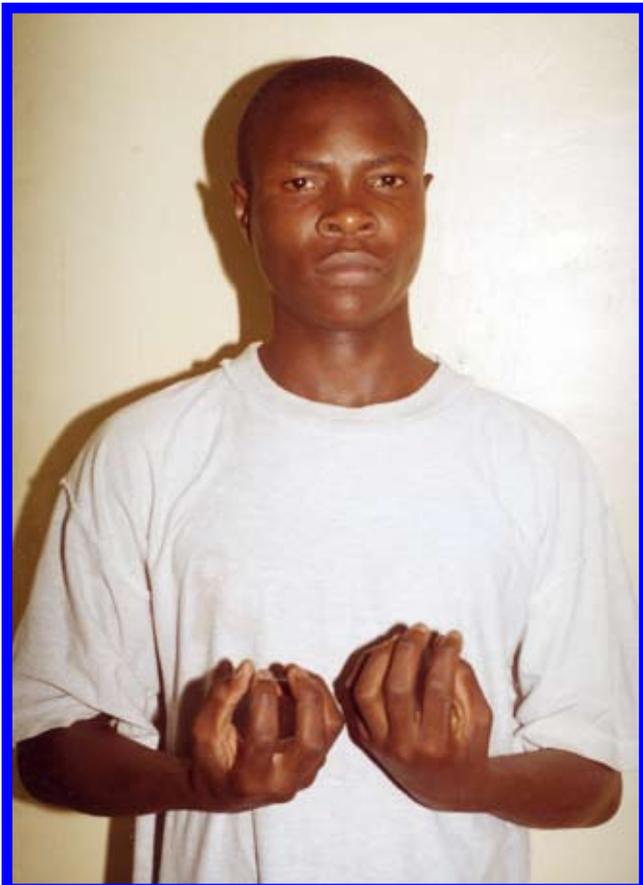
An enhanced danger, whether foreseen or unforeseen, of contracting a sexually-transmitted disease; usually dictated by an individual's behaviour and decisions.

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; the second most commonly used in Kenya after that of cotton wool which is cheaper.

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.

Semen – Manii

A sticky white liquid that comes out of a man's penis during ejaculation.

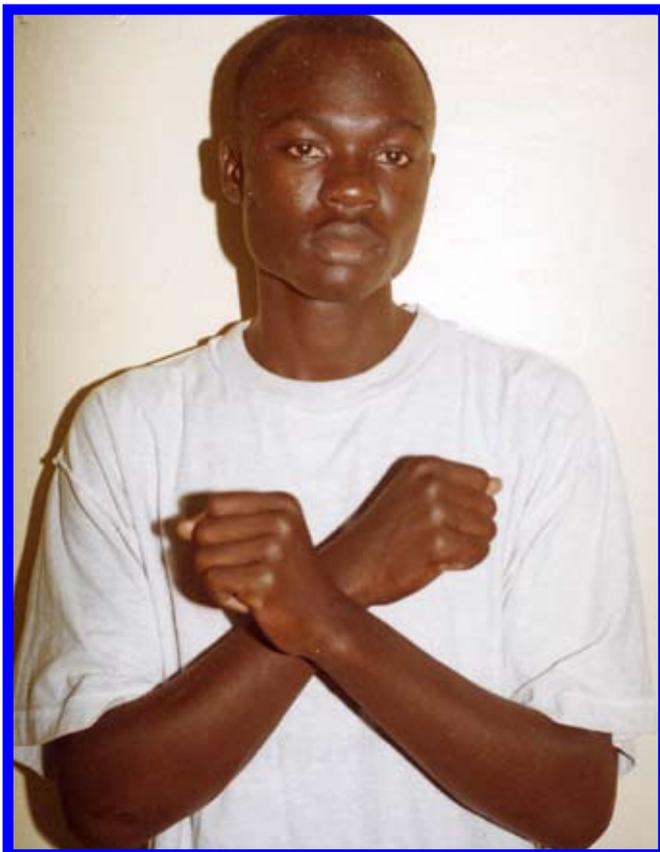
Sex – Ngono



Physical contact between two persons involving the genitalias.

Safe sex—Usalama wa ngono

a



The practice of sexual intercourse not resulting in transmission of disease or unwanted pregnancy; usually by use of contraceptives such as condoms.

b



Sexual health — Uafya wa kutwaana

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

a



b

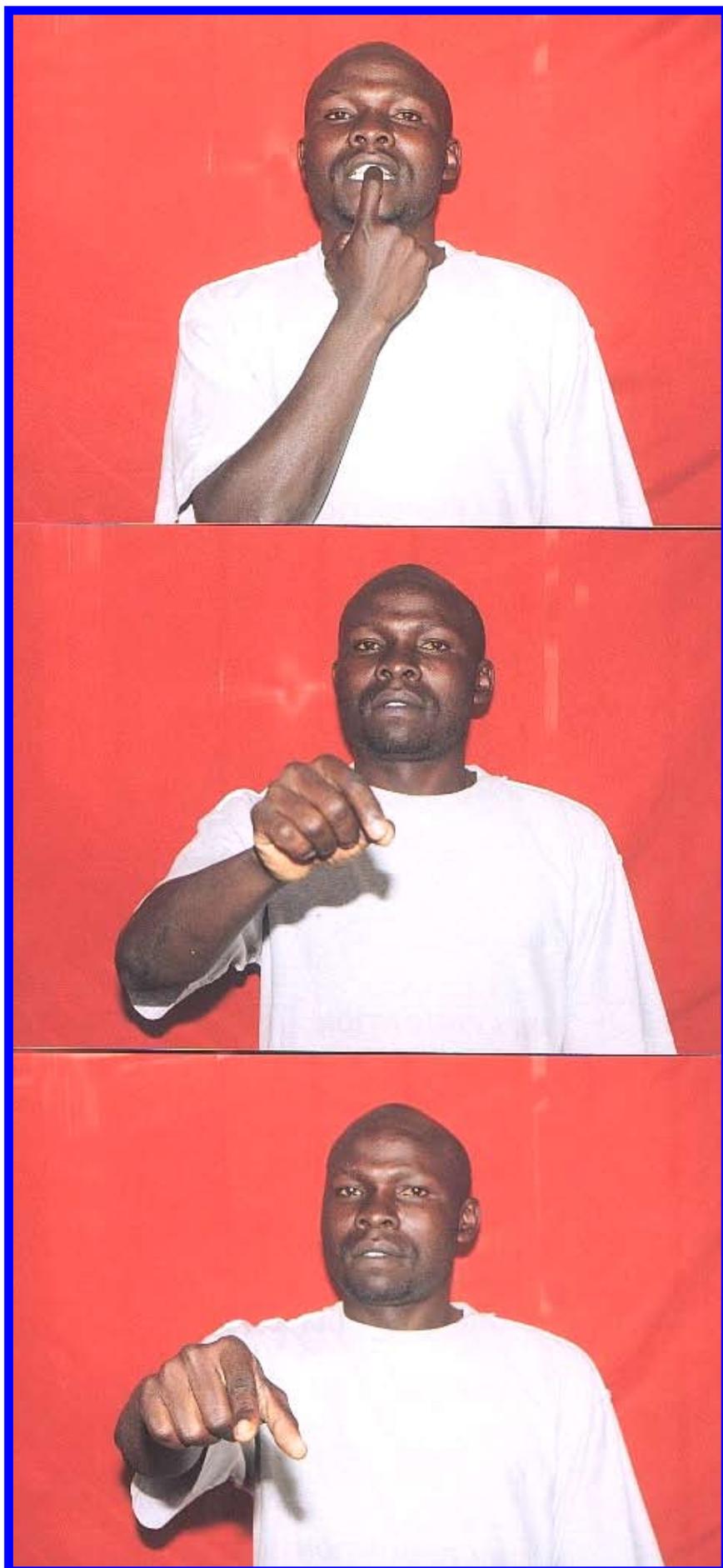


Sore (also Ulcer) — Kidonda



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).

Sperm –viji katika shahawa vitiavyo mimba



The male reproductive cells traveling in semen, that fertilize the ovum from the woman, leading to pregnancy. there may be a million cells in one drop of semen and it only requires one to fertilize an egg.

Sugar Daddy – mwanamme atongozae wasichana wadogo kwa kupa pesa

A male adult who economically and sexually exploits females (in some cases, males) as a sexual product for commercial purpose.

a



b



Sugar Mommy – mwanamke atongozae wavulana wadogo kuwapa pesa

A female adult who economically and sexually exploits males (in some cases, females) as a sexual product for commercial purposes.

a



b



Signs and Symptom – ishara/dalili

Indicative conditions of a disease in a person stemming from sickness, infection, or disease; usually, in cases of STI/STDs, in the form of rashes, sores, burning, discharge, itching, among others.

a



b



STI (Sexually Transmitted Infection)

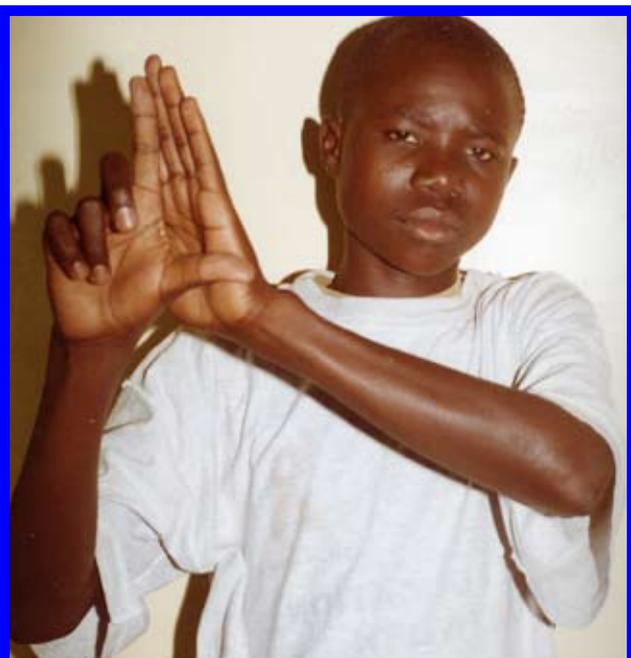
– Ambukizo kupishwa katika ngono

An infection or condition of a disease transmitted from one person to another through sex.

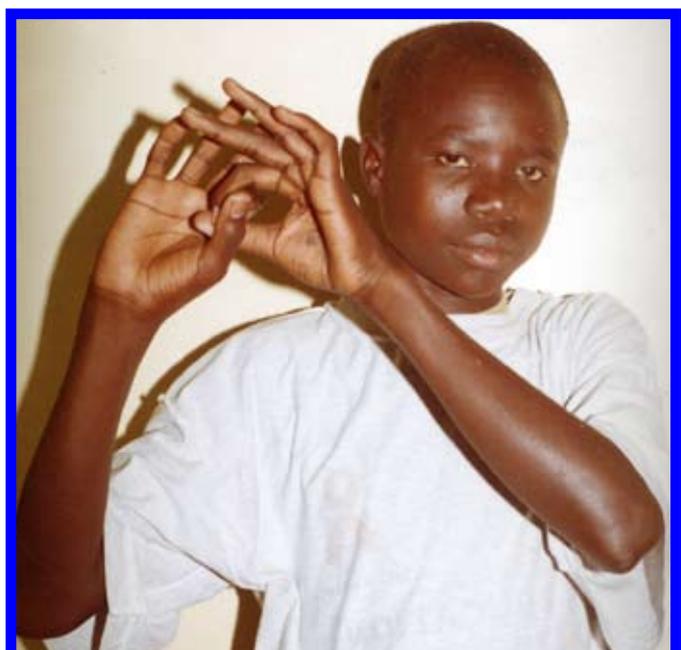
Taboo – Mwiko

A religious or social forbiddance against an activity or something, by a particular community.

a



b



Testicle (testis) – Makende/Mapumbu

The reproductive gland of a male, that are usually pairwise inside the scrotum and produce the sperm.

Transmission – Kuenea

The act in which a sickness/disease is spread from one person to another either by contact or airborne.

a



b



Unprotected sex – Ngono bila kinga

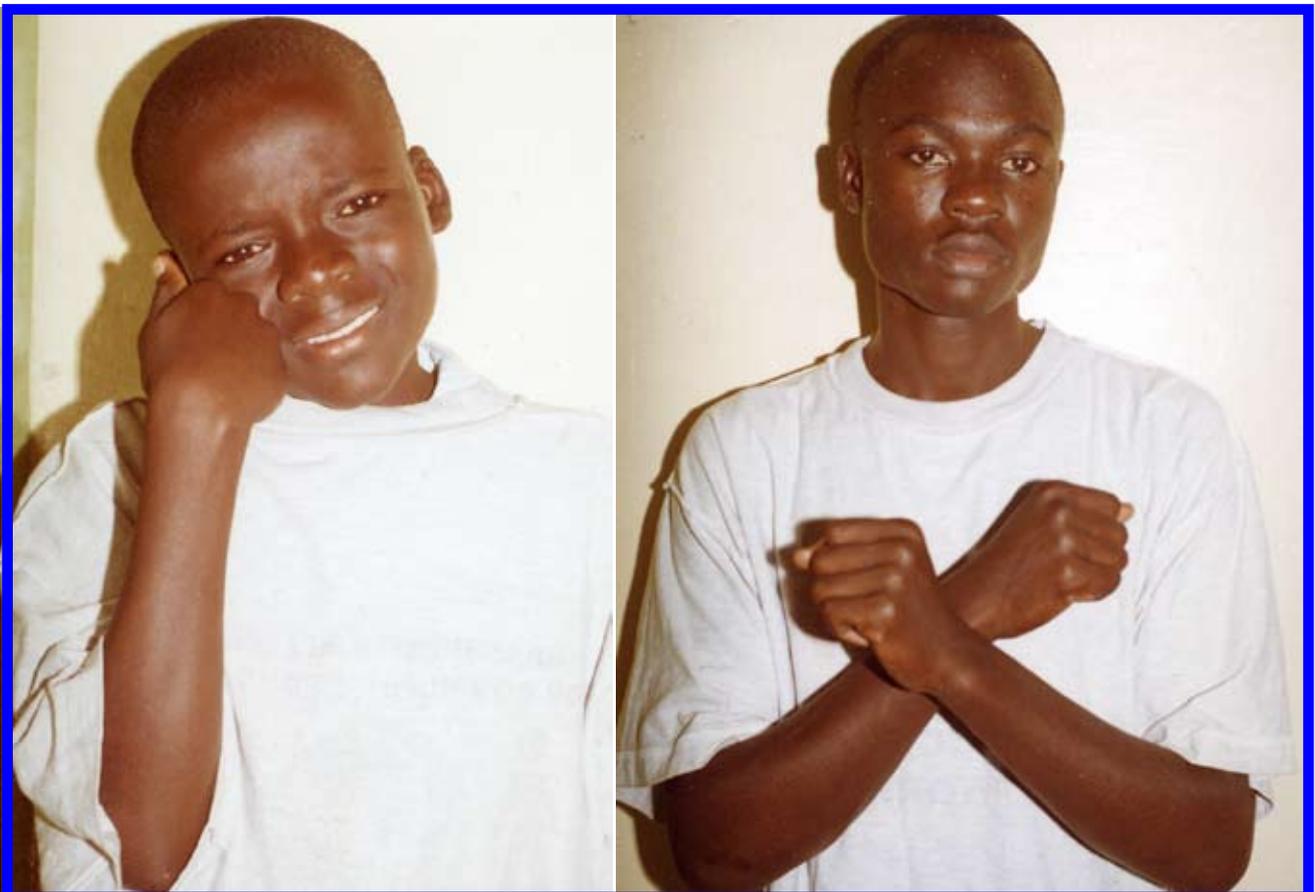
Having sexual intercourse without any form of protection against pregnancy or infections.

Uterus (also Womb) – Tumbo la uzazi

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

Vaccine – Chanjo

A substance prepared from certain organisms which is injected or swallowed to induce immunity to protect a person against diseases caused by that organism



Vagina – Uke



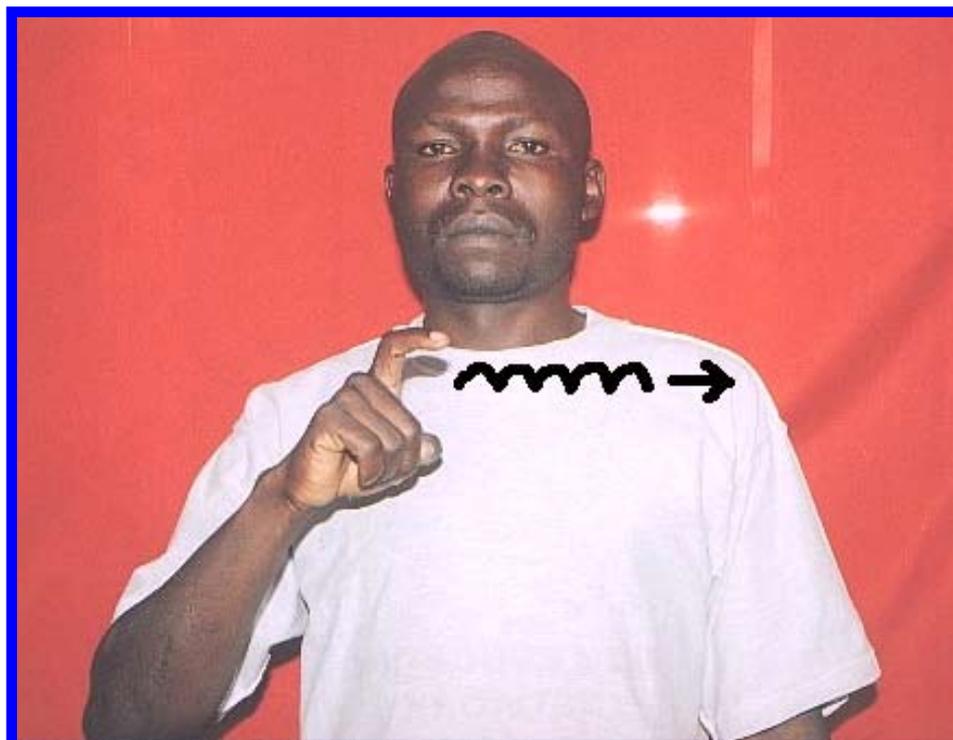
The passage linking the uterus and the outside sexual organ, also termed the birth canal.

Virgin – Bikira

A person who has no physical experience of sexual intercourse.

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.



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.

a



b



Wet dream – Kutoa manii kwenye usingizi.

The release of semen while asleep (a way of getting rid of excess semen).

Wife inheritance – Kurithi mke bwanake kafariki

A practice where a married man gets possession of a married woman after her husband dies (a tradition in some communities).

a



b



Window period – Mda kati ya kushikwa na maradhi na ya kupima.

Time between an organism infects attacks of the body, and the time it can be detected through testing.

Appendix 2:

Summary of sexual development and sexual organs

Please note:

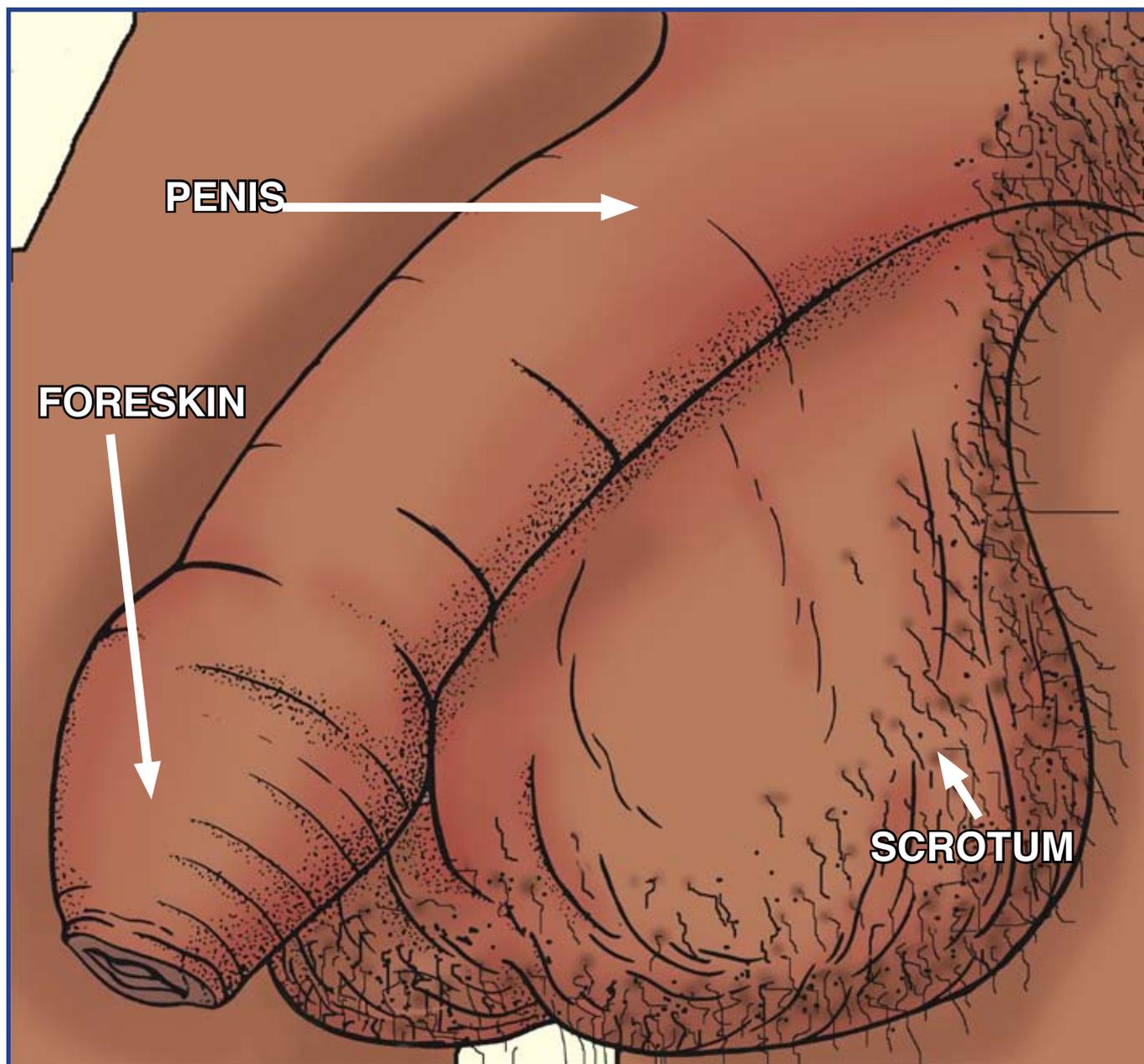
The cartoons of the reproductive tract with more detailed explanatory text can be downloaded from <http://www.sahaya.org/cartoons.html>

STAGES OF FEMALE AND MALE SEXUAL DEVELOPMENT

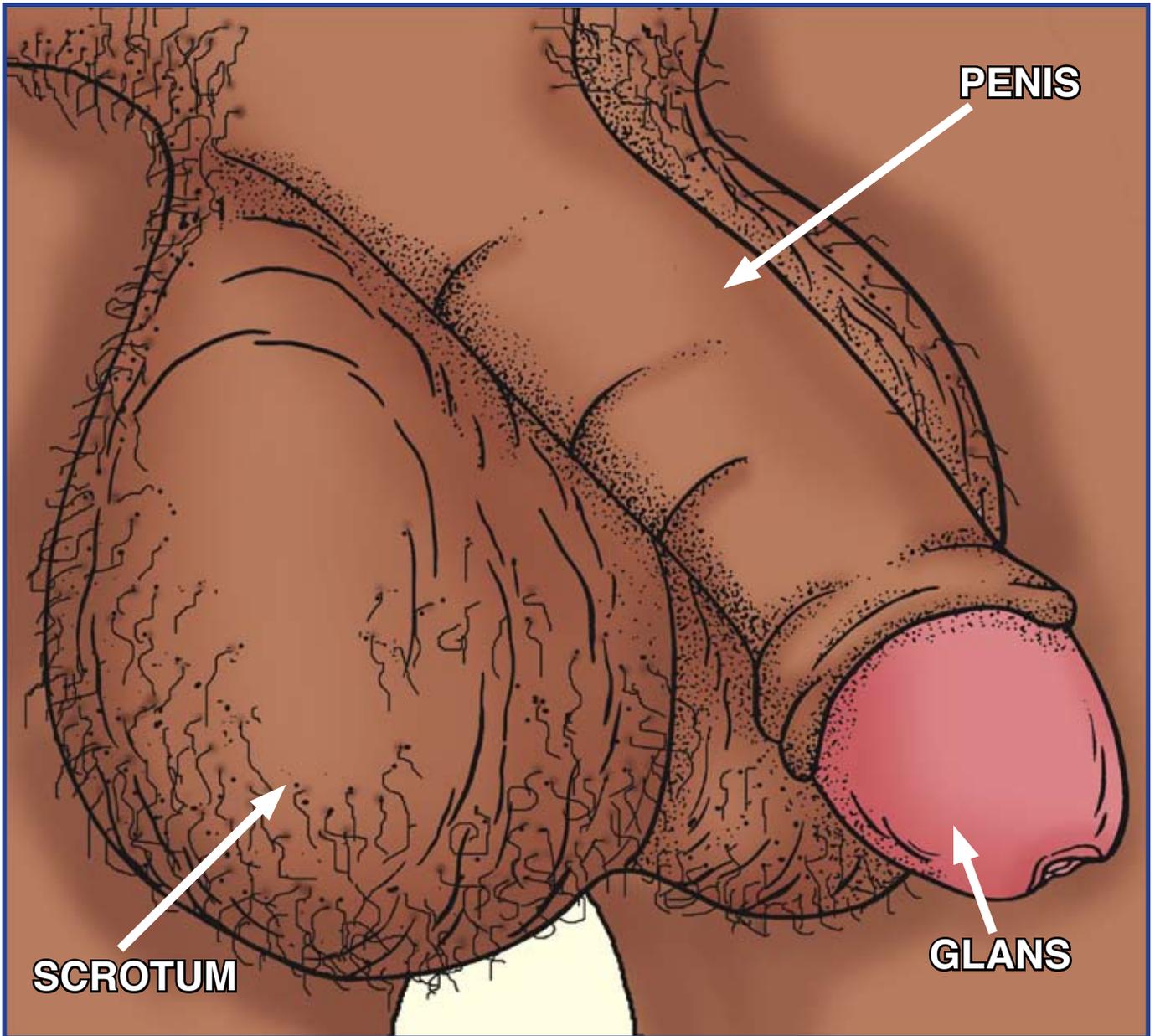
STAGE	FEMALE DEVELOPMENT	MALE DEVELOPMENT	AGE RANGE
1	<ul style="list-style-type: none"> • No breast budding • No pubic hair growth 	<ul style="list-style-type: none"> • No breast budding • No pubic hair growth 	< 10 years
2	<ul style="list-style-type: none"> • Small breast buds • Fine, delicate, fuzzy pubic hair growth 	<ul style="list-style-type: none"> • Testes grow • Scrotal skin becomes redder and coarser • Sparse, fine hair develops at the base of the penis 	10-13 years
3	<ul style="list-style-type: none"> • Enlarging breast buds • Increased pubic hair, mainly in the center and not extending out to thighs or upward; dark and coarser 	<ul style="list-style-type: none"> • Penis lengthens, with small increase in diameter • Scrotum and testes continue to grow • Pubic hair increases in amount and becomes darker, coarser, and curly 	12-14 years
4	<ul style="list-style-type: none"> • Noticeable growth of pubic hair in a triangle, the shape it will take in adulthood • Underarm (axillary) hair growth visible • Breasts form mounds • Menarche 	<ul style="list-style-type: none"> • Penis and testes continue to grow • Pubic hair increases in amount and becomes darker, coarser, and curly 	13-15 years
5	<ul style="list-style-type: none"> • Breasts fully formed • Pubic hair is adult in quantity and forms an upside-down triangle, a shape common to women 	<ul style="list-style-type: none"> • Penis is at its full adult size • Pubic hair is at its adult color, texture, and distribution 	14-17 years

Adapted from: Swanson, J. M., and Forrest, K. A., 1984, Tanner Stages of Male and Female Reproductive Development in Men's Reproductive Health, Springer Series: Focus on Men, vol. 3, Springer Publishing Co., pp. 55-57; and Gennex Health Care Technologies, 1999, "Puberty and Its Stages," A Forum for Women's Health, The Estronaut Site.
 © 2002 EngenderHealth

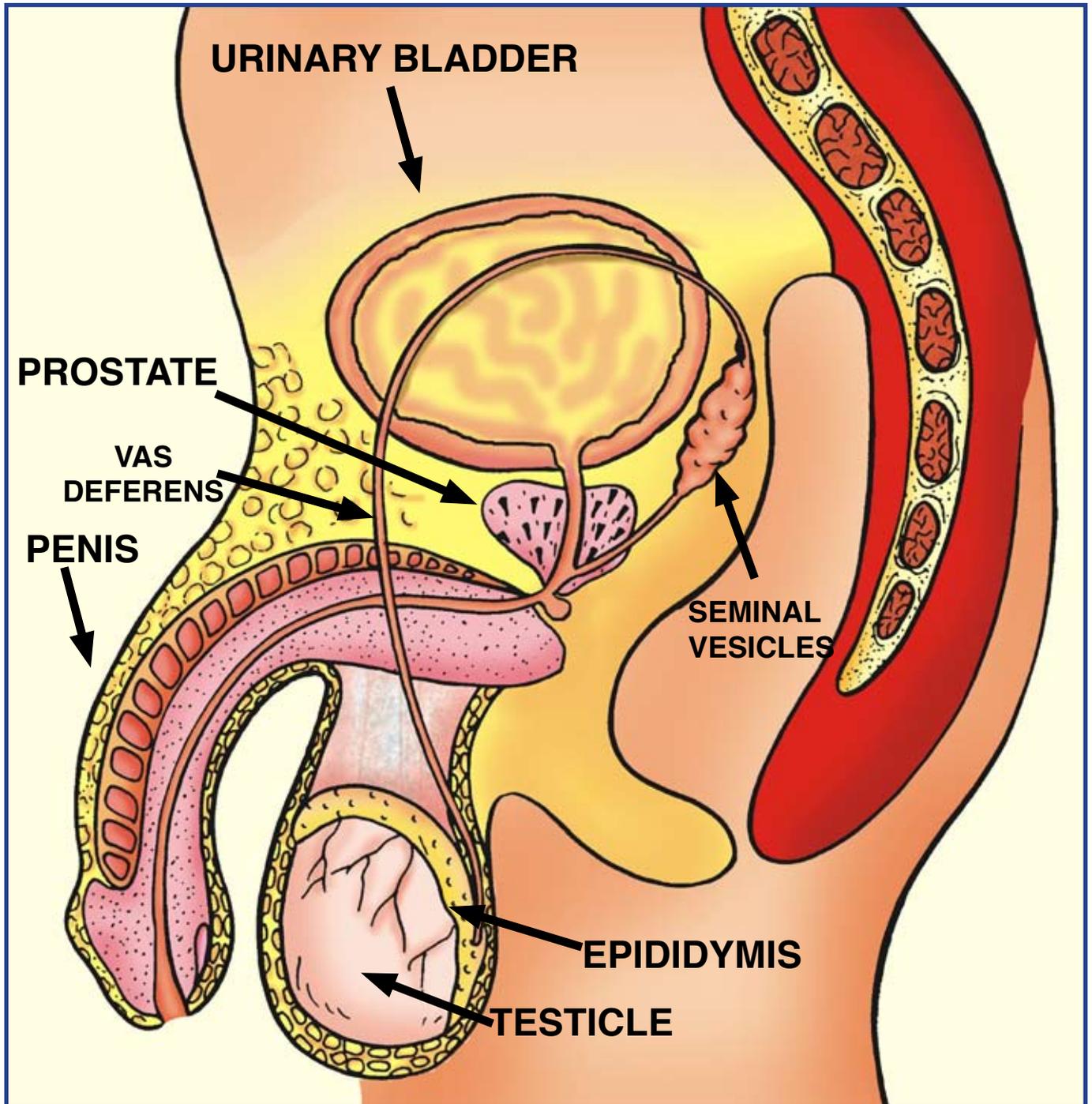
MALE EXTERNAL GENITALS (UNCIRCUMCISED)



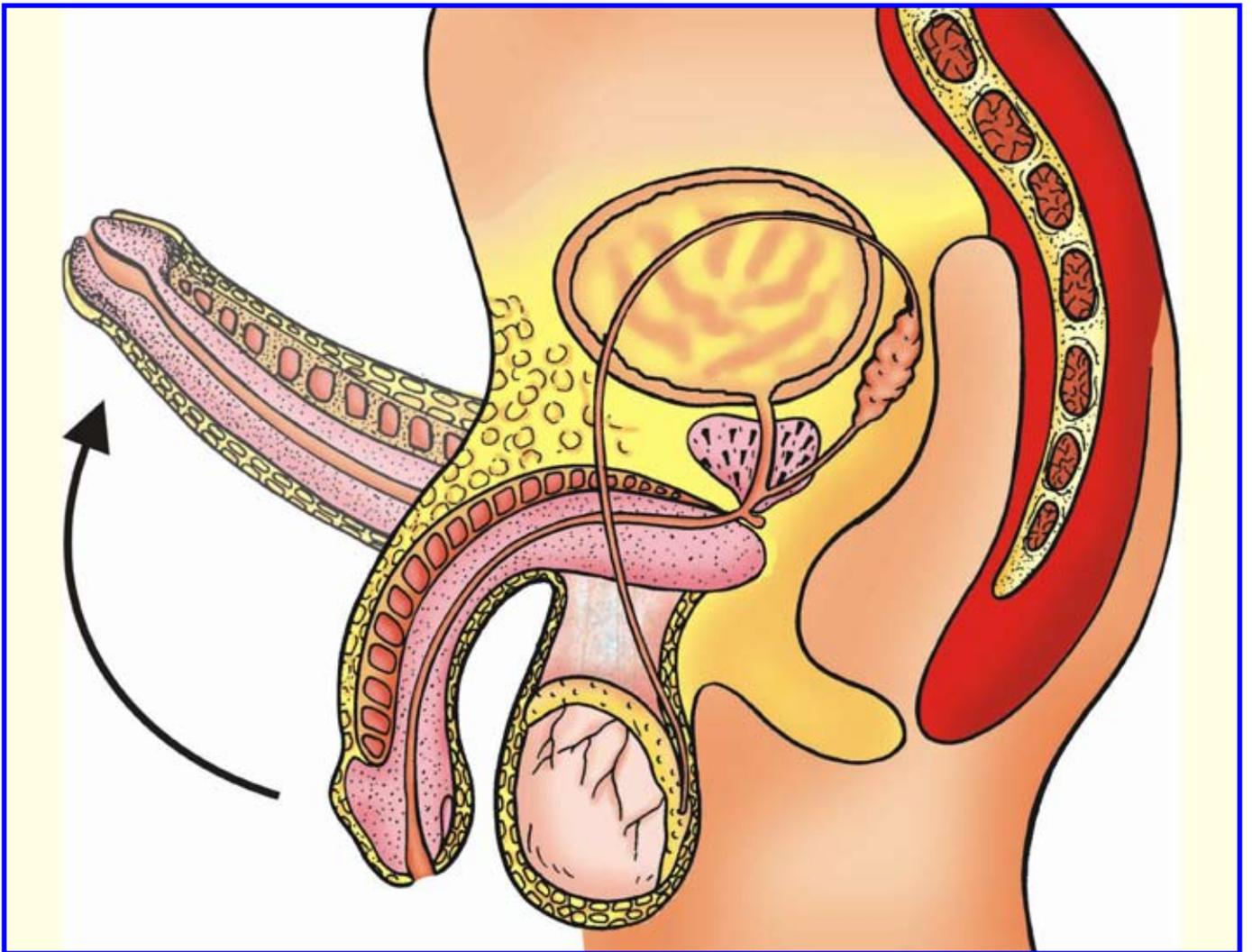
MALE EXTERNAL GENITALS (CIRCUMCISED)



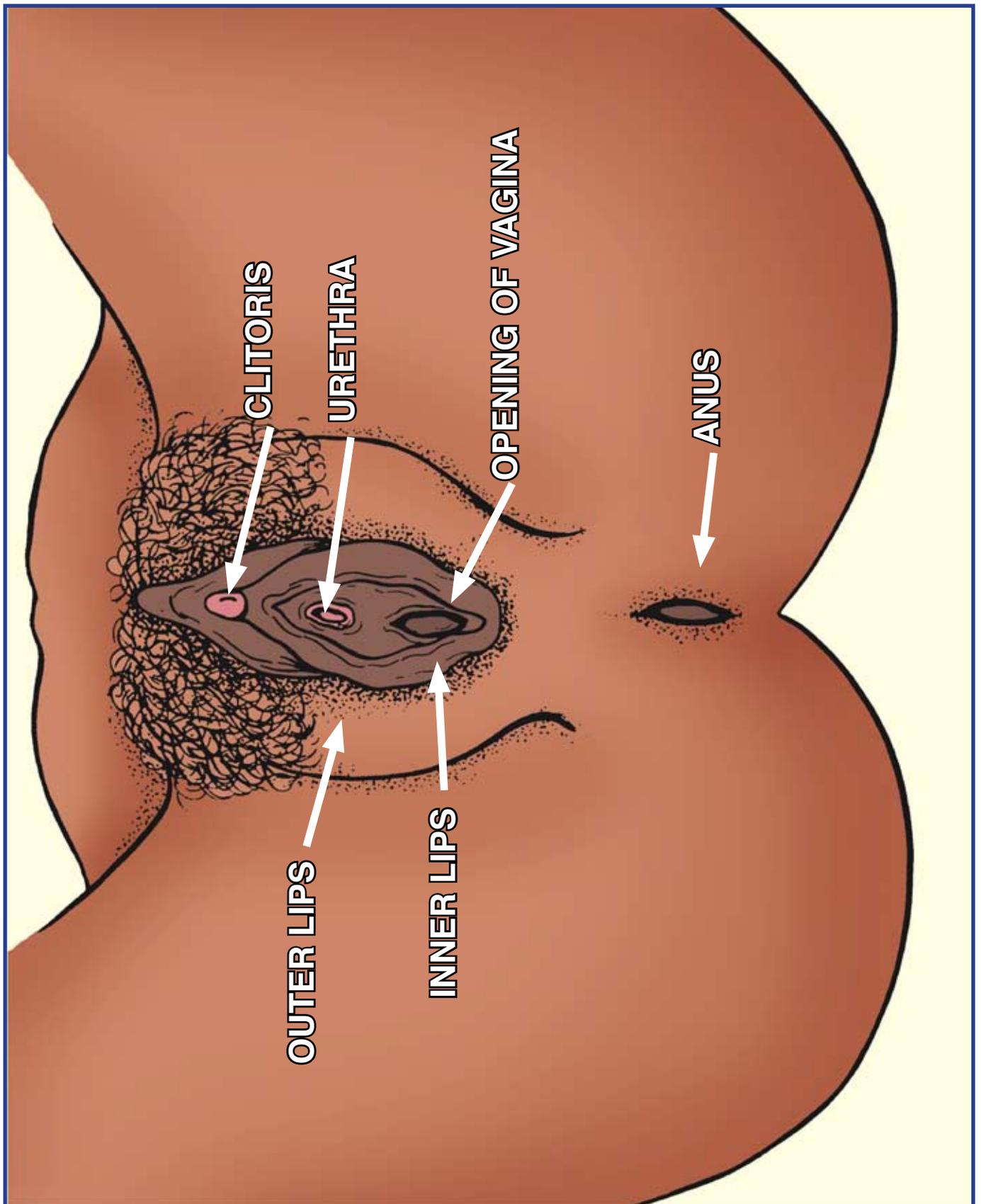
MALE INTERNAL GENITALS

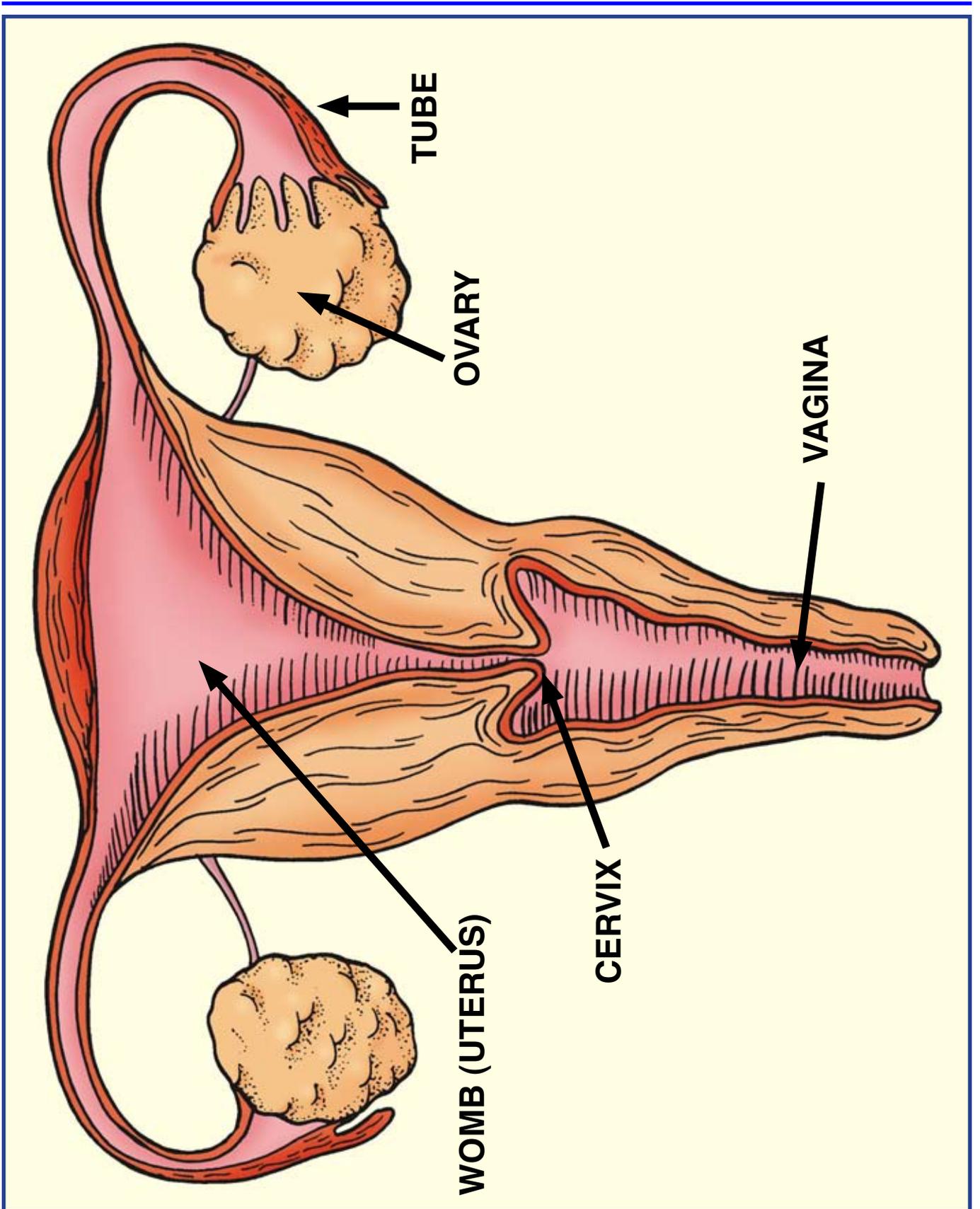


MALE GENITALS (ERECTION)

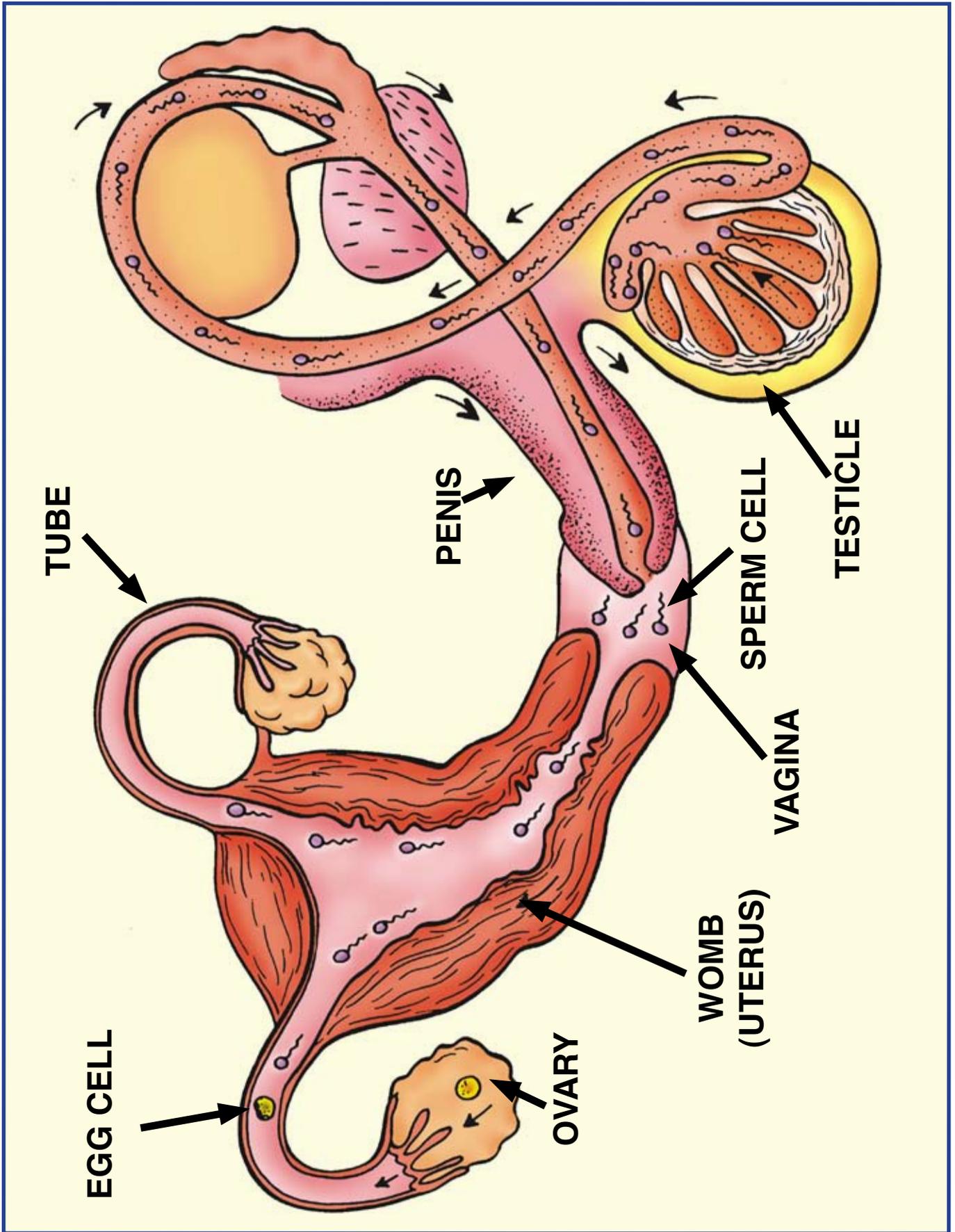


EXTERNAL FEMALE GENITALS

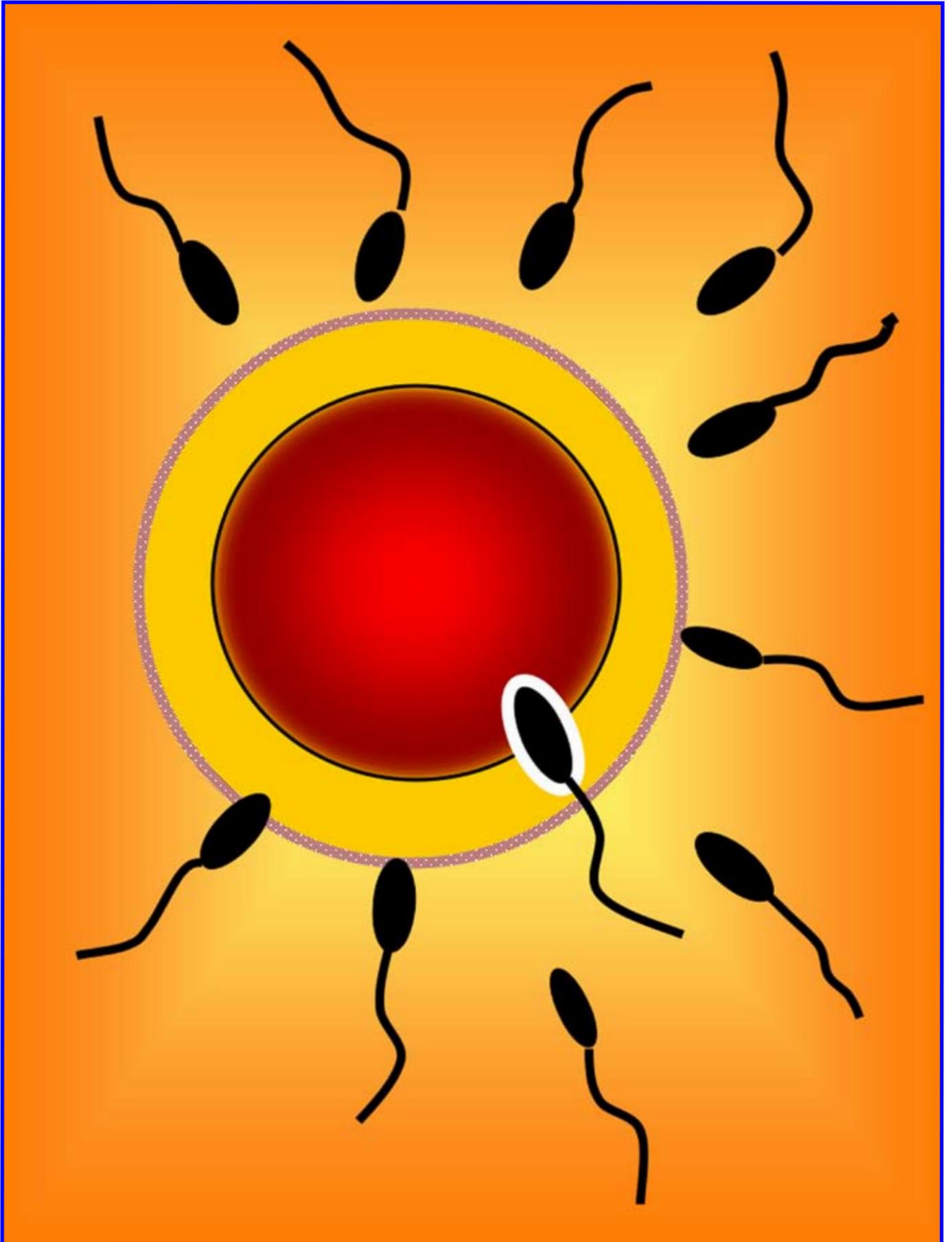




FERTILIZATION



FERTILIZATION



Appendix 3:

Questionnaires and Evaluation Forms

Introductory note:

The forms on the following pages are only examples and need to be modified based on specific needs of the target population (including age) and any changes in the contents of the training activities or the ensuing discussions. Depending on the literacy level of the participants, questions may have to be simplified or be used in a sign-language interview instead of being self-administered. Regardless of the method that is used, it is crucial for the interviewer to pose the questions in a non-coaching, non-judgmental manner in order to obtain objective and valid results.

The enclosed forms were designed for several purposes:

- **Baseline questionnaire for school headmasters/mistress group leaders: to assess the need for HIV awareness programs at the school or group level.**
- **General baseline questionnaire for deaf individual: to assess general knowledge and health-seeking behavior).**
- **Specific HIV questionnaires: to evaluate practical knowledge on the basics of HIV and AIDS. When used before and after a training program, comparison will indicate the effectiveness of the training program.**
- **Training program evaluation form: qualitative and open-ended questions.**

Contact information of your group:

(stamp is welcome)

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?

Circle one: No Yes

If yes, this program (check whichever applies)

- On a continuous basis (for example, brochures, posters are always displayed to heighten HIV awareness)?
- On a periodic basis (if it is periodic, then 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?

- 0
- 1-10
- 11-20
- 21-50
- 51-100
- 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?

Circle one: No Yes

If yes, how many?

- 0 programs
- 1-3
- 4-6
- 7 or more

How many people attended?

- 0
- 1-5
- 6-10
- 11-20
- 21-50
- 51-100
- 101®

Who organized it?

- your group
- other church
- other school
- NGO working with HIV/AIDS-related issues
- Government
- 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?

Circle one: No Yes

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

Circle one: No Yes

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

Circle one: No Yes

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

Circle one: No Yes

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

Circle one: 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?

Circle one: No Yes

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

Circle one: 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- (circle one) Female Male
3. Age at onset of deafness-
4. Age begin school-
5. School level last completed-
6. Marital status- (circle one) 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?
You go to:
 - 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.
- Father
 - Mother
 - Brother/sister
 - Friend
 - Teacher
 - Headmaster
 - School staff
 - Pastor
 - Other _____
7. Who helps you talk to the doctor at the clinic/hospital?
- A teacher
 - A school worker
 - A friend
 - A family member
 - An interpreter who works at the doctor's place.
 - I write my problems on paper for the doctor
8. Do you know what HIV stands for?
- No
 - Yes
- If yes, what?
9. Do you know what AIDS stands for?
- No
 - Yes
- If yes, what?
10. Do you think you know enough about HIV and AIDS?
- No
 - Yes
11. How did you learn about HIV and AIDS? (check all that apply)
- 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 learned about HIV and AIDS
12. Do you know anyone who has HIV and/or AIDS?
- 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

15. Have you had sex in the past?

- No
- Yes

If yes, did you use a condom?

- Yes
- No

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

- No
- Yes

Detailed pre- & post program questionnaire on HIV/AIDS (*questions need to be selected and/or modified depending on which activities have been performed*).

Name:

Class:

School/Group:

Date of program:

Instructions: please circle one answer per question.

1	There is a difference between HIV and AIDS	Yes	No	Don't know
2	HIV is spread by:			
	(a) Kissing an HIV positive person	Yes	No	Don't know
	(b) Mosquito bite	Yes	No	Don't know
	(c) Blood transfusion with blood from HIV-infected person	Yes	No	Don't know
	(d) Masturbation (manual stimulation of genitals)	Yes	No	Don't know
	(e) Sex with penetration without a condom with somebody who is HIV infected	Yes	No	Don't know
	(f) HIV-infected mother can pass the virus to her baby	Yes	No	Don't know
3.	Oral contraceptives can prevent HIV infection	Yes	No	Don't know
4.	Always and correct use of condoms prevents HIV infection	Yes	No	Don't know
5	You can know for sure if a person is HIV-infected by:			
	(a) the look of a person	Yes	No	Don't know
	(b) the results of a blood test	Yes	No	Don't know
6	If you donate blood, you will get HIV	Yes	No	Don't know
7	A person living with HIV who wants to have sex should always use a condom	Yes	No	Don't know
8	If a pregnant woman is HIV-infected, then HIV is always (100%) transmitted to her baby	Yes	No	Don't know
9	Do you think it is best for a man or women to be tested for HIV before getting married	Yes	No	Don't know
10.	Which of the following carries risk of getting or transmitting HIV infection?			
	(a) Unprotected anal sex	Yes	No	Don't know

	(b) Unprotected vaginal sex			
	(c) Unprotected oral sex			
	(d) Mutual masturbation			
11	Is it possible that a man married to a woman has also sex with other men?	Yes	No	Don't know
12	All homosexual men are feminine	Yes	No	Don't know
13	Anal sex can happen between two men or between a man and a woman.	Yes	No	Don't know
14	For a man having anal sex with another man, which methods are known to reduce his risk to get HIV?			
	(a) Use condoms	Yes	No	Don't know
	(b) Use condoms with water-based lubricants	Yes	No	Don't know
	(c) Use water-based lubricants only	Yes	No	Don't know
15	Sexually transmitted infections increase the risk of acquiring or transmitting HIV	Yes	No	Don't know
16	An HIV infected person should be isolated in order to prevent HIV transmission to others	Yes	No	Don't know
17	An HIV infected person should be allowed to continue to go to school or to work	Yes	No	Don't know
18	Which statements are correct:			
	(a). HIV and AIDS is a disease that affects only heterosexual people and not homosexual people.	Yes	No	Don't know
	(b). I can get HIV from hugging or shaking hands with somebody who is HIV-infected.			
	(c). I can be friend with somebody who is HIV infected.	Yes	No	Don't know
19	Most of the sexually transmitted infections can be cured completely by giving injections or tablets	Yes	No	Don't know
20	In men and women, some sexually transmitted infections may not produce any symptoms.	Yes	No	Don't know
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	Yes	No	Don't know
	(b) Go to a good doctor to seek treatment as soon as possible.	Yes	No	Don't know
	(c) Take a good bath and wash the genitals extra well with soap.	Yes	No	Don't know

Thank you for your participation!

HIV Awareness Project of the Deaf 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:



**I AGREE
TOTALLY**

5	4	3	2	1
---	---	---	---	---

I DISAGREE



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.

1	The program was fun	5	4	3	2	1
2	I have gained more knowledge on important life skills for growing up.	5	4	3	2	1
3	I learned new information on sexual topics.	5	4	3	2	1
4	I learned useful information on HIV and AIDS.	5	4	3	2	1
5	I know now how HIV transmits	5	4	3	2	1
6	I know now how to prevent HIV transmission	5	4	3	2	1
7	I have gained more skills on how to talk about such topics with other deaf people of my age.	5	4	3	2	1
8	I plan to talk about the things I have learned to my friends.	5	4	3	2	1
9	I think I will be a good peer educator to help other deaf people.	5	4	3	2	1
10	Overall, I found this program useful.	5	4	3	2	1

Please turn to other side for more questions.

Evaluation Form (*continued*)

a). What I liked most about the program:

b). What I liked least about the program:

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

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

Appendix 4:

Photographs of sexually transmitted diseases and other infections.

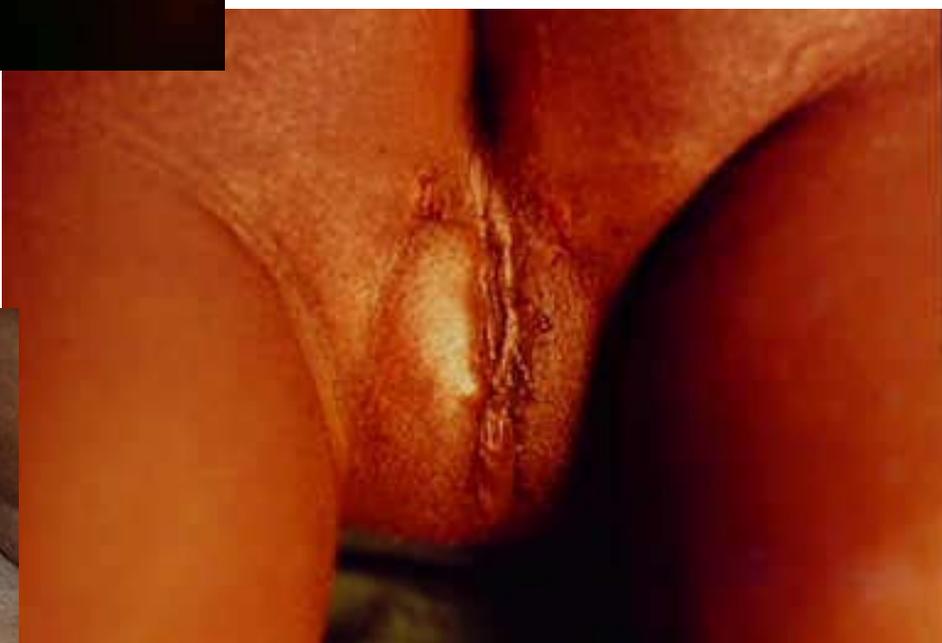
(Courtesy of WiRED International)

Introductory note:

These photographs are merely intended to raise awareness about some of the symptoms of sexually transmitted diseases and of infections that occur in people who have AIDS. These photographs are *NOT* meant to allow self-diagnosis. Instead, the inclusion in this manual is to encourage you, if you think you may have an infection, to seek *EARLY* medical assistance from trained health-care professionals for accurate diagnosis and treatment.

We plan to prepare more detailed information on such infections in a separate manual. In meantime, if you like to have more information on the different sexually transmitted infections or infections that can occur if you have AIDS, please ask your doctor or nurse, as they may be able to give you a brochure. Another possibility is to go to your local library or use the internet.

Please remember that many sexually transmitted diseases and opportunistic infections can be treated appropriately with antibiotics, and early treatment is best. It is important to seek assistance of qualified professionals who understand the true nature of infectious disease (an organism) and appropriate drugs. Don't go to quacks or witchcraft doctors who consider these symptoms as some kind of curse or punishment, because the treatments they may offer you may be ineffective and even harmful to your health.





Appendix 5:

Cartoons: Facts and Myths of HIV & AIDS a practical guide to prevention, health & life.

Please download the files from <http://www.sahaya.org/cartoons.html>.

The materials include cartoons provided by Global Strategies for HIV Prevention.



Global Strategies for HIV Prevention
www.GlobalStrategies.org

This is who we are:

The program manager and the master trainers:



Jacquilyn
Odwesso



Mbandah Tom
Ger



Mulama Benard
Ochieng

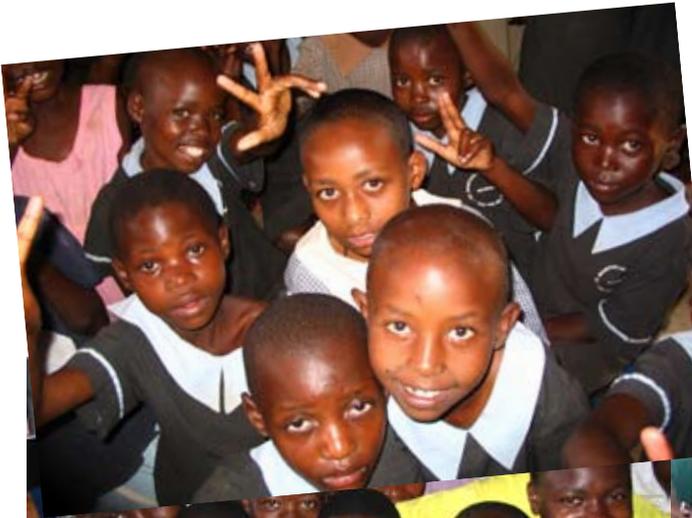


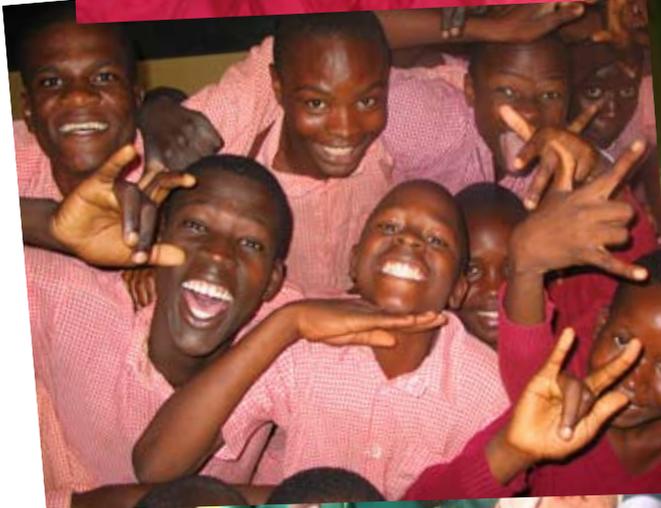
Akinyi
Margaret
Odhiambo



Murubi Reuben
Amalemba

Some of the peer educators and students at
Maseno, Mumias and Nyang'oma:





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