

Religious Leaders' Toolkit on Adolescent Sexual and Reproductive Health and Rights



United Nations
Educational, Scientific and
Cultural Organization



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CONT

INTRODUCTION	10
PREPARING TO USE THIS TOOLKIT	11
UNIT 1: INTRODUCTION – USING THE RELIGIOUS LEADER POSITION TO SUPPORT YOUNG PEOPLE	13
Key Points on Strategic Positioning of Religious Leaders	14
Exercise 1: Strategic Role of Religious Leaders in Addressing Adolescent Sexual and Reproductive Health	15
Exercise 2: The Role of Religious Leaders in addressing Adolescent Sexual and Reproductive Health and Rights	15
Global Fact Sheet on Adolescent Sexual and Reproductive Health	18
What is adolescent sexual and reproductive health (ASRH)?	18
Global Statistics	18
ASRH in Humanitarian Settings	19
UNIT 2: SEX AND GENDER	20
Key Points on Sex and Gender	21
Preparing the Religious Exhortation or Teaching	21
Meetings with Parents (Fathers, Mothers, Guardians)	23
Exercise: Understanding Sex and Gender	24
Engaging Children (12 years and below) on Sex and Gender	25
Exercises for Children 5 – 9 years old	24
Exercise 1: Understanding Myself - My Family	25
Exercise 2: Understanding Gender: My Family and I	25
Exercises for Children 10 – 12 years old	27
Exercise 1: Understanding Sex	27
Exercise 2: Understanding Gender	28
Engaging Adolescents and Youths on Sex and Gender	29
Exercise 1: Understanding Sex	30
Exercise 2: Understanding Gender	31

E N T S

UNIT 3: REPRODUCTIVE ANATOMY AND PHYSIOLOGY **33**

Key Points for Religious Leaders 34

Meeting with Parents (Fathers, Mothers jointly or separately) 34

Exercise: Reproductive Anatomy and Physiology 34

Engaging Children (12 years and below) on Reproductive Anatomy and Physiology 36

Exercise: Reproductive Anatomy and Physiology 36

Engaging Adolescents and Youth 38

Exercise: Reproductive Anatomy and Physiology 39

UNIT 4: ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH & RIGHTS **44**

Preparation 45

Key points for the Facilitator 45

Preparing the Religious Exhortation 46

Helping Parents / Caregivers / Guardians to communicate with adolescents about health and relationship issues 46

Exercise: Understanding Adolescent Sexual and Reproductive Health and Rights 46

Engaging Adolescents (10-19) on Sexual and Reproductive Health and Rights 48

Exercise: Meeting Adolescents and Young People on ASRHR 48

Resources for Parents and Caregivers 50

UNIT 5: PUBERTY **53**

Preparation: 54

Key points for the Facilitator 54

Meeting with Parents (Fathers, Mothers jointly or separately) 55

Exercise: Enhancing knowledge of puberty and supporting adolescents 55

Engaging Children (12 years and below) on Puberty (adjust accordingly for the group 5-9)	55
Exercise: Discussing puberty with children	56
Engaging Adolescents and Young People on Puberty (separately or jointly)	58
Exercise: Discussing puberty with adolescents and youth	58
UNIT 6: MENSTRUAL HEALTH MANAGEMENT	60
Key Points for the Facilitator	61
Meeting with Parents/Guardians/Caregivers	61
Exercise: Menstrual Health Management for Parents	61
Engaging Adolescents (ages 10-19)	63
Exercise: Menstrual Health Management for Young People	63
UNIT 7: HEALTHY RELATIONSHIPS AND POSITIVE SEXUAL BEHAVIOUR	65
Key points for the Facilitator	66
Preparing the Religious Exhortation and Teaching	67
Meetings with Parents/Guardians/Caregivers (Fathers, Mothers and Guardians)	68
Exercise: What is Positive Sexual Behaviour for Adolescents and Youths?	68
Engaging Children (12 years and below)	69
Exercises for 5 – 9 Year Olds	70
Exercise 1: Relationships – Who do I trust?	70
Exercise 2: Relationships – What should I do?	71
Exercises for 10 – 12 Year Olds	72
Exercise: Relationships – What relationships do I have?	72
Engaging Adolescents and Youth on Relationships and Positive Sexual Behaviours	73
Exercise: Expanding Relationship circles	74

UNIT 8: SEXUALLY TRANSMITTED INFECTIONS AND THEIR PREVENTION 76

Key Points for the Facilitator	77
Preparing the Religious Exhortation	77
Meeting with Parents (or guardians)	78
Exercise: Sexually Transmitted Infections	78
Engaging Children (12 years and below) on Sexually Transmitted Infections	81
Exercise: Sexually Transmitted Infections	81
Engaging Adolescents and Youths on Sexually Transmitted Infections	83
Exercise: Sexually Transmitted Infections	83
HIV Testing and Counselling – Activities for parents and adolescents	85
Resource Materials on STIs	90

UNIT 9: TEEN PREGNANCY 94

Key points for the Facilitator	95
Preparing the Religious Exhortation	95
Discussing Teen Pregnancy with Parents	96
Exercise: Teen Pregnancy	97
Engaging Adolescents and Youth on Teen Pregnancy	97
Exercise: The Role of Adolescents and Youth in addressing Teen Pregnancy	97

UNIT 10: CHILD MARRIAGE 99

Key points for the Facilitator	100
Preparing the Religious Exhortation or Teaching	100
Meetings with Parents (Fathers, Mothers and Guardians)	101
Exercise: What is Child Marriage?	102
Engaging Children (12 years and below)	103
Exercise: Understanding the marriage relationships	103
Engaging Adolescents and Youths	104
Exercise: Who is a Child? Am I a Child?	105

UNIT 11: GENDER-BASED VIOLENCE AGAINST ADOLESCENTS AND YOUTHS 107

Key Points for the Facilitator	108
Preparing the Religious Exhortation or Teaching	109
Meetings with Parents/Caregivers/Guardians (Fathers, Mothers and Guardians)	109
Exercise 1: Understanding Gender-based Violence	109
Exercise 2: Factors that lead to Gender-based Violence in our Communities	111
Note: If time allows, you can do the statements exercise prepared for adolescents with parents as well.	112
Engaging Children (12 years and below)	112
Exercise: Understanding gender-based violence, potential victims and perpetrators.	112
Engaging Adolescents and Youths	113
Exercise: "I am smart! I am Streetwise! I fear God! Can I be a victim or perpetrator of Gender-based Violence?"	114
Resource Material for Religious Leaders:	116

UNIT 12: ALCOHOL AND SUBSTANCE ABUSE 118

Note to the Facilitator	119
Preparing the Religious Exhortation	119
Parents/Guardians/Caregivers (Fathers, Mothers jointly or separately)	120
Exercise: Drug and Substance Abuse	120
Children (12 Years and below) on Drug and Substance Abuse	122
Exercise: Alcohol and Drug Abuse	122
Adolescents and Youths on Drug and Substance Abuse	124
Exercise: Drug and Substance Abuse	124

Resource Materials on Substance Use	127
Signs of a Problem	131
How to Get Help	129

UNIT 13: COUNSELLING **132**

Objectives	133
Methods	133
Materials and Resources	133
Activities:	134
Activity 1. What is counselling?	134
Activity 2. The counselling process.	136
Activity 3. Applying our counselling skills.	138
Activity 4. Dealing with Difficult Situations	139
Activity 5. Knowing My Purpose and My Limits	140
Activity 6. Personal Readiness.	142
Activity 7. Understanding the needs and developmental stages of adolescence.	143
Activity 8. Planning for Support Groups	144
Activity 9: Establishing Ground Rules.	146
Activity 10. Planning Ahead for Referrals	147

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Introduction

Purpose: This toolkit serves two purposes, both of which aim to equip religious leaders with resources for engaging with their communities to address the needs and challenges that are related to Adolescent Sexual and Reproductive Health and Rights (ASRHR). The first purpose is to guide training and skills development for religious leaders. The second purpose is to provide resource material that they can use with members of their congregations and communities.

The toolkit seeks to provide religious leaders with relevant information and suggested materials for creating dialogues with people of different age groups. It includes developmentally appropriate content, and suggested activities and messaging for the discussion of Adolescent Sexual and Reproductive Health and Rights (ASRHR) with various age groups. Audiences for those tools include parents and caregivers, as well as young people by developmental stage, including pre-adolescent children, younger and older adolescents and youth. It is designed to build the confidence of religious leaders while providing concrete ideas on how to discuss difficult issues with age appropriate information and topics.

Religious leaders using this toolkit should become familiar with the contents of the *'Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights'* (also referred to as the *Handbook and Religious Leaders' Handbook*) published by the International Network of Religious Leaders Living with or Personally Affected by HIV or AIDS (INERELA). The themes, ideas and concepts of the two are aligned, and are designed to be used together. Key words and concepts can be found in the Handbook Glossary on pages 64-69.

Users of this toolkit are strongly encouraged to utilise the Religious Leaders' Handbook as a reference guide for information on ASRHR. They may then use the skills and processes described in this toolkit to engage different groups of people on themes related to ASRHR. They can also utilise other credible sources and resource persons (for example, health personnel) to enhance the training.

The toolkit contains different units that are derived from the *Religious Leaders' Handbook*. It has learning objectives and activities that the religious leaders can utilise in order to promote ASRHR in their places of worship and in the larger community. It also has suggestions for religious exhortations (known as sermons or bayaan in some communities of faith). These exhortations can be adjusted to fit different settings (e.g. from the pulpit, at weddings, funerals, birthday parties, graduation celebrations and other events).

Further, although the units suggest the amount of time to allocate for each activity, religious leaders can adjust the time to meet their specific needs. Thus, when there is more time available, participants should be allowed to fully share their views on particular themes. When there is less time available, key points are provided to help the facilitator move to other themes.

Preparing to use this toolkit

Become familiar with the Handbook if you have not used it already.

This toolkit is structured to follow the units of information presented in the Handbook. For each lesson, you will want to consult the handbook to make sure you are familiar with the main ideas.

Understand the structure of this toolkit.

Each unit of information is organized to support you to do the following: 1) incorporate themes and messages relating to the needs of young people in your teaching and exhortations; 2) engage with parents to help them to understand their children's needs and to be more supportive of young people; 3) conduct activities for children, younger adolescents, and older adolescents and youth.

Seek out local fact sheets related to adolescent sexual and reproductive health.

A global fact sheet has been provided but, it is important that you know the facts as they relate to young people in the context of your country. This will help you to feel prepared if you meet any resistance to the idea that young people need information and skills to protect themselves (it is hard to argue with facts!). Look for fact sheets that provide information about HIV among young people, teen pregnancy, child marriage, and sexual violence. Sources for this will include the websites and local offices of UNESCO, UNAIDS, UNFPA and your Ministry of Health. Your Ministry of Education may have useful information as well.

Themes to promote across these activities.

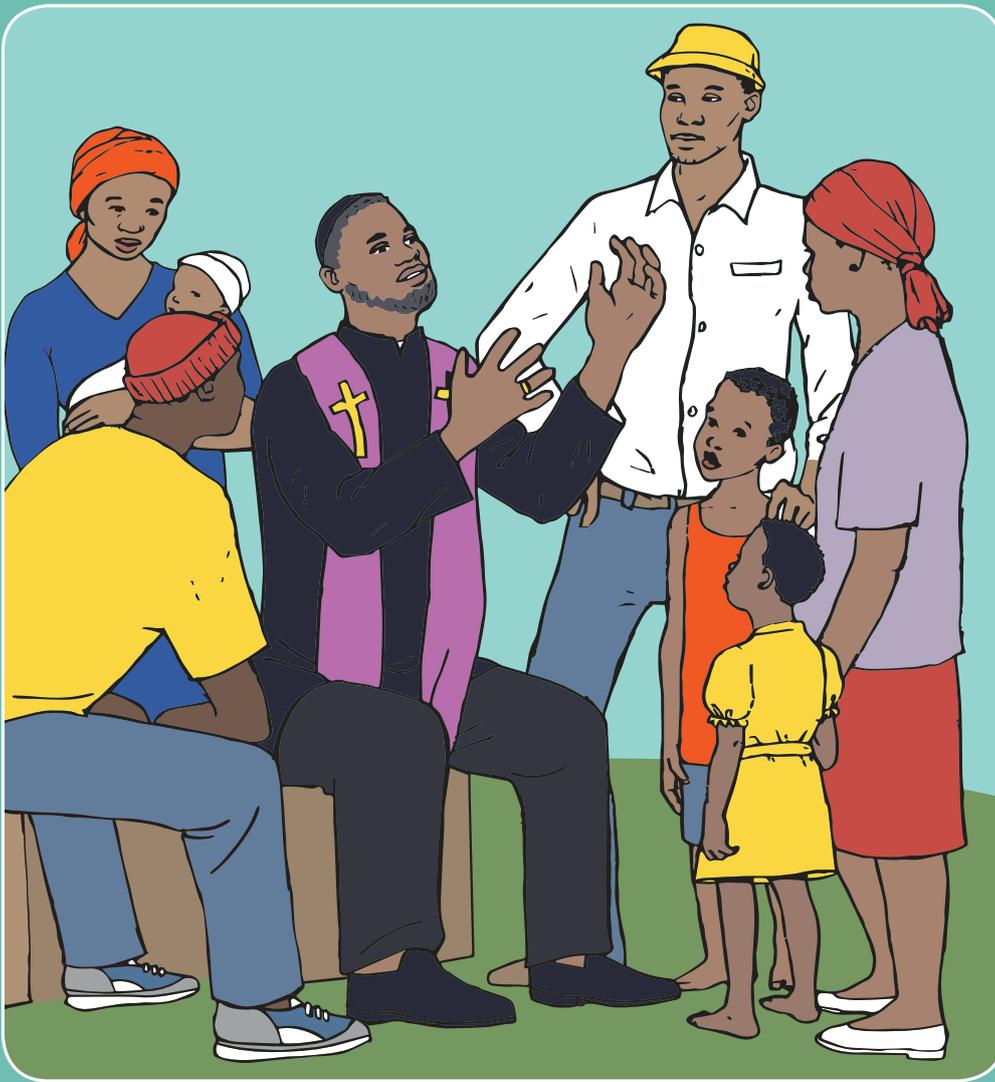
- ▶ Intergenerational communication – almost all families need to improve their communication as it relates to the needs of young people. While promoting this you can also help couples to improve their communication with each other.
- ▶ We are all children of God. While we are all different, we all deserve respect, support and love.
- ▶ Communication between young men and young women – healthy relationships require open communication and shared decision making.
- ▶ Knowledge and life skills do not lead to sex. They help young people to plan ahead, make healthy decisions, and avoid unsafe and unwanted sexual attention.

- ▶ Gender equality – by helping young men and young women to be more equal, no one loses power, and everyone will have more opportunities in life. This can also help to prevent gender based violence.

Qualities to demonstrate for effective interactions with young people on ASRHR

In order to interact effectively with young people, religious leaders should be able to show that they are:

- Non-judgemental and widely accommodating.
- Open and accepting of other points of view.
- Knowledgeable of ASRHR issues but, willing to admit when more information is needed.
- Participatory (not dictatorial).
- Able to foster connections between young people and across generations.
- Able to communicate effectively but actively listen.
- Able to demonstrate empathy and compassion for those already affected.
- Comfortable with humour when appropriate.
- Avoiding the overuse of fear-based messages. Warnings are much more effective if they are delivered with clear information on the steps people can take to avoid a risky situation or protect themselves.



**INTRODUCTION – USING THE
RELIGIOUS LEADER POSITION TO
SUPPORT YOUNG PEOPLE**

1

Introduction – Using the Religious Leader Position to Support Young People

Preparation:

- See the *Religious Leaders' Handbook on Sexual and Reproductive Health and Rights*: Chapter 1: Setting the Scene, pp 7 – 8.
- Review the **Fact Sheet on Adolescent Sexual and Reproductive Health** at the end of this unit.

Learning Objectives

By the end of this Unit, religious leaders will be able to:

1. Describe the key role(s) played by religious leaders in the community and how this assists them to address adolescent sexual and reproductive health.
2. Articulate at least three factors that enable religious leaders to address adolescent sexual and reproductive health.
3. Describe at least three settings that religious leaders can use to address sexual and reproductive health.

Key Points on Strategic Positioning of Religious Leaders

Religious leaders are better placed to take a leading role in the development of communities. They possess many advantages that enable them to influence individuals, families, communities and nations. Religious leaders:

- Have a foundation based on compassion for others.
- Are committed to truth and matters of social justice.
- Are committed to the wellbeing of the members of their communities.
- Are trusted members of society, and are often highly respected and regarded.
- Welcome those who are suffering, afraid or vulnerable.
- Are found in most communities, including the most remote ones.
- Influence people from different geographical locations (rural, urban, peri-urban farming).
- Interact with people at different times in their lives, including during happy and sad events.
- Work with people from diverse backgrounds, including the old and the young, the rich and the poor.
- Interface with professionals, including teachers, and medical personnel.
- Access different events and opportunities to address their members and the community.
- Are often key gatekeepers in society who can positively influence others.

Exercise 1: Strategic Role of Religious Leaders in Addressing Adolescent Sexual and Reproductive Health

Objective:

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

1. Describe the roles, advantages and challenges of religious leaders in the community.

Methods: Small groups, Plenary

Resources Needed:

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*

Materials: Flip chart, Markers, Pens/pencils

Time: 30 minutes

Procedure:

1. Explain to the group that at this point we are going to discuss the role of religious leaders and the influence they have in their community.
2. On a flip chart (or board), write 'Religious Leaders' and ask participants to define the concept. Take 5 minutes.
3. Request the participants to form groups where they will discuss the roles of religious leaders in the community. Take 15 minutes.
4. Ask participants to reflect on factors that sometimes prevent religious leaders from fulfilling their roles in the community.
5. Request the group representatives to present their findings. Be on the look-out for the factors outlined in the introduction, as well as others. Take 10 minutes.
6. Summarise the strategic role of religious leaders in the community and thank the participants for their insights.

Exercise 2: The Role of Religious Leaders in addressing Adolescent Sexual and Reproductive Health and Rights

Objective:

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

1. Explain why religious leaders are well positioned to address Adolescent Sexual and Reproductive Health and Rights.
2. Describe the potential role(s) of religious leaders in addressing Adolescent Sexual and Reproductive Health and Rights.
3. Identify opportunities to introduce themes related to sexual and reproductive health in their work as religious leaders.

Methods: Small groups, Plenary

Helpful Resources:

1. Global **Factsheet on Adolescent Sexual and Reproductive Health** (provided at the end of this unit; see the introduction for suggested sources in your country context).
2. **Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights Handbook**
3. **UNESCO International Technical Guidance on Sexuality Education**, pages 22-25. <https://www.who.int/reproductivehealth/publications/technical-guidance-sexuality-education/en/>

Materials: Flip chart, Markers, Pens/pencils

Time: 1 – 1.5 hours

Procedure:

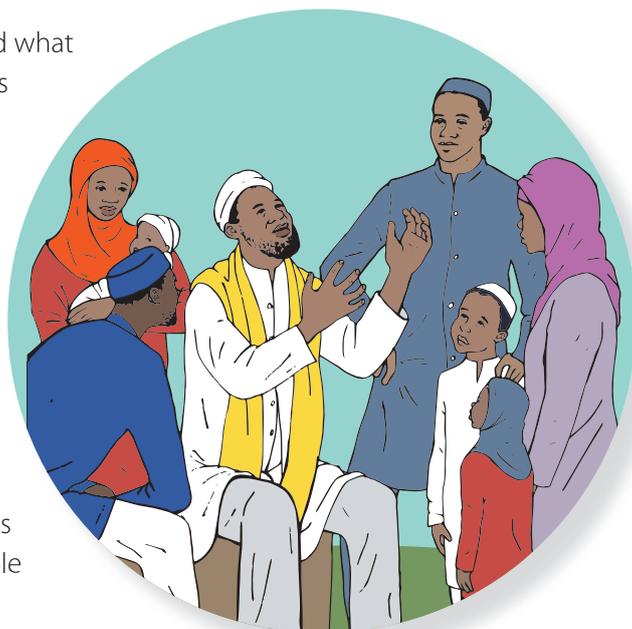
1. Explain to the group that at this point we are going to discuss the role of religious leaders in addressing Adolescent Sexual and Reproductive Health and Rights.
2. On a flip chart (or board), write 'Adolescent Sexual and Reproductive Health and Rights' and ask participants to share what they understand by the concept.
3. Refer to the following blurb from the UNESCO International Technical Guide on Sexuality Education (ITGSE) and discuss:

SRH encompasses dimensions of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2006a). Healthy habits, and the understanding of how to maintain good health, begin in early childhood. Adolescence is an opportune time to build healthy habits and lifestyles relating to SRH, as it is a period of ongoing physical, emotional and social change, as well as the period when many individuals will start exploring their sexuality and developing relationships with others.

Refer to the resource material at the end of this unit. **Note:** There is additional content in the ITGSE on pages 22-25 to deepen their understanding of the issues.

4. Ask participants to share the main reasons why religious leaders might struggle to address Adolescent Sexual and Reproductive Health and Rights in their communities. Note down these reasons on the flip chart then ask them to share what they think should really be the case.
5. Instruct participants to get into smaller groups to discuss the following questions:
 - a. Why is that religious leaders are better placed to address Adolescent Sexual and Reproductive Health and Rights?

- b. What actions should they be taking and what roles should they be playing? [examples – create intergenerational dialogues; create dialogues between couples to make their own relationships more satisfying; start a youth group focused on improving SRH; advocate for more openness within their faith community]
- c. What other stakeholders can they collaborate with?



After 15-20 minutes, ask them to share highlights from their small group discussions with the whole group.

Summarise with the Key Points listed at the beginning of Unit 1.

- 6. Continuing in their groups, ask them to do the following:
 - a. Brainstorm the different platforms, events and opportunities that they can use to address themes related to sexual and reproductive health.
 - b. Identify themes that would be relevant and appropriate to introduce for each platform. Refer to the *Religious Leaders' Handbook* as a guide for themes.

After 20 minutes, ask group representatives to present their findings. Conclude the activity by encouraging them to continue to think about opportunities to address the issues covered in this toolkit. They may want to start a list and add to it as they become comfortable with new topics.

Platform/Event	Themes
Weekly services	Healthy relationships, risks faced by young people
Graduation	Life goals and avoiding pregnancy to achieve them.
Weddings	Good communication for healthy relationships. Waiting to be ready to have children

- 7. Summarise the strategic role of religious leaders in addressing Adolescent Sexual and Reproductive Health and Rights and thank the participants for their insights.

Global Fact Sheet on Adolescent Sexual and Reproductive Health¹

What is adolescent sexual and reproductive health (ASRH)?

Adolescents—defined by the United Nations (UN) as those between ages 10 and 19—are protected under the Convention on the Rights of the Child. Yet, their vulnerabilities and needs often remain unaddressed, including their sexual and reproductive needs.

Adolescent sexual and reproductive health (ASRH) includes the sexuality and reproductive health processes, functions, and systems of adolescents. The World Health Organization (WHO) defines reproductive health as:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. WHO defines sexual health as:

“a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”

Global Statistics

- There are approximately 1.2 billion adolescents globally—making up 16% of the world’s population and 23% of the population in the least developed countries.¹
- Nearly 1.2 million adolescents die each year, mainly to preventable causes, such as road injuries, complications of pregnancy/giving birth, or due to HIV/AIDS. 2/3 of these deaths occur in the least developed countries in Africa and Southeast Asia.²
- Despite an overall reduction in mortality, the estimated number of AIDS-related deaths among adolescents 10-19 of age nearly tripled from 21,000 deaths in 2000 to 60,000 deaths in 2014.³
- More than 1 in 4 (27%) of women in the least developed countries gave birth before they were 18. This represents an estimated 12 million women in the least developed countries that delivered babies during their adolescent years.⁴
- Complications during pregnancy and childbirth is the leading cause of death for 15-19 year old girls globally.⁵
- Adolescent mothers (ages 10 to 19 years) face higher risks of pregnancy complications than women aged 20 to 24 years. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery, and severe neonatal conditions.⁶
- Every year approximately 3.9 million girls aged 15-19 years undergo unsafe abortions.⁷

¹ Adapted from: The Inter-agency working group on reproductive health in crises: ARSH Facts and Stats. Accessed March 2020. <http://iawg.net/areas-of-focus/adolescent-reproductive-health/arh-facts-stats/>

- Globally, about 1 in 6 adolescent girls (15-19 years old) are currently married or in a union. In the least developed countries, around 40% of women were married before 18, with 12% of women married before 15 years old.⁸

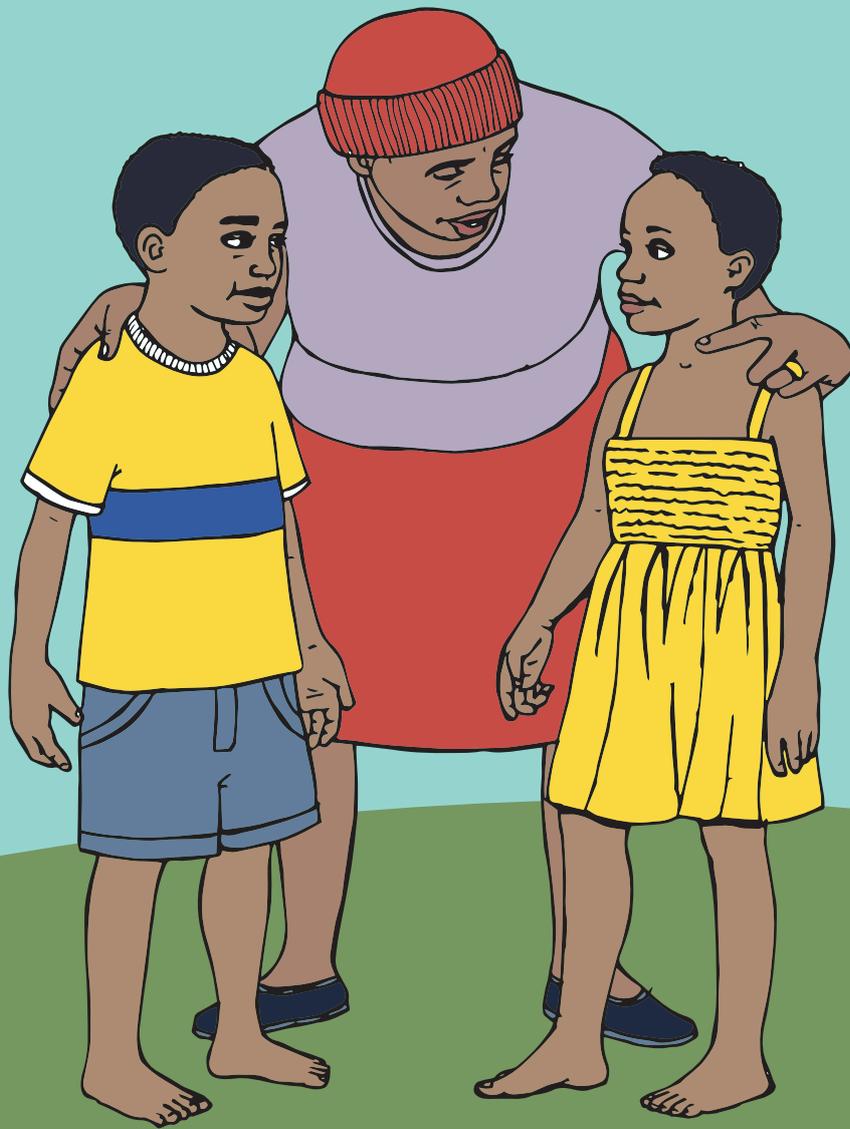
ASRH in Humanitarian Settings

- In 2016, more than 600 million young people were living in fragile and conflict-affected contexts.⁹
- Children under 18 years old accounted for 52% of the refugee population in 2017, up from 41% in 2009.¹⁰
- Estimates of direct conflict deaths suggest that more than 90% of all casualties occur among young adult males.¹¹
- Among the list of 30 countries with the highest prevalence of child marriage in 2012, more than half were fragile or conflict-affected countries.¹²

In humanitarian settings, adolescents face:

- Loss of family, social, education, and religious structures.
- High risk of child-marriage.
- High risk for sexual violence;
- Increased consensual or coerced sexual activity.
- High risk for forced recruitment to armed groups.
- Limited access to health services.
- Adolescent girls are an overlooked group within crisis-affected populations. Existing power differences in relations between men and women can be heightened during an emergency—placing adolescent girls at an increased risk of abuse, exploitation, pregnancy and sexually transmitted infections, and violence.
- Adolescent girls are also vulnerable to early and forced marriage. During conflict, families may turn to child marriage to cope with economic hardship and to protect girls from increased violence.
- Adolescent boys face vulnerabilities during crises, including recruitment into armed forces and uptake of aggressive and risky behaviours, including alcohol and drug use.
- Unaccompanied boys are also affected by gender-based violence. Transactional or survival sex involving boys and young men is often minimized or unreported, increasing difficulties for boys and young men to access services.

~~~~~  
**References:** 1. UNICEF, 2018 - 2. WHO, 2018 - 3. UN AIDS, 2015 - 4. UNICEF, 2017 - 5. WHO, 2016 - 6. WHO, 2014 - 7. Guttmacher Institute, 2016 - 8. UNICEF, 2017 - 9. IANYD, 2016 - 10. UNHCR, 2017 - 11. UNFPA, 2015 - 12. UNFPA, 2012 -



## SEX AND GENDER

# UNIT

2

# Sex and Gender

## Learning Objectives:

By the end of this Unit, religious leaders will be able to:

1. Demonstrate skills for addressing sex in their communities.
2. Demonstrate skills for addressing gender in their communities.
3. Apply skills and knowledge to challenge gender stereotypes in their communities.
4. Reflect on and engage with their knowledge of sexual and gender diversity in their communities.

## Key Points on Sex and Gender

1. Sex and gender are often confused as ideas. Both are part of our identity as human beings. Our sex is defined by the physical differences between people, including our reproductive differences. No one chooses what sex they are, parents do not choose what sex their unborn children must have. In religious terms, only God gives us our sex. God has made us all different. There is a small number of infants whose body parts are less clear ('intersex'); however, this may change in puberty as their bodies further develop. This can be challenging for the child and the parents, but the child is not less worthy and should not be judged.
2. Gender refers to the societal norms and expectations of what makes a male a 'man' and a female a 'woman'. There are certain roles, attitudes, behaviours and values that societies expect from all members, depending on whether the person is female or male. When these norms or ideas become rigid, it can be harmful for both young men and young women.
3. In our communities, religious leaders can become champions of healthy sex and gender relations and they can use different platforms to exhort and teach on sex and gender to their followers. Below, are ways in which they can become teachers and leaders on sex and gender in their communities.

## Preparing the Religious Exhortation, Bayaan or Teaching

One of the greatest instruments that we have at our disposal, which we use in our communities, is the exhortation or Bayaan and teaching. Our exhortations are opportunities to teach about sex and gender. As a starting point, AVOID allowing

### Preparation:

See the Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights, Chapter 2: Sex, Gender and Religion, pp. 10 – 13.

your exhortations to be influenced by ideas that reinforce the unequal relationships between men and women in the community and stereotypes such as:

- Women are gossipers.
- Men are breadwinners.
- Women talk too much.
- Men must rule over their families and must reign in their wives.

It is better to use your exhortations to highlight how societies, including faith communities, teach girls and women as well as boys and men to behave and act in particular ways to conform to their expected social roles in society and the faith community. Highlight to your community that the stereotypes like those above, are the result of the roles, attitudes and behaviours that society instil in women and men, and not what is natural to them. These rigid ideas can get in the way of a more just world, and can limit opportunities for both young men and young women.

### **Points to consider when preparing a Religious Exhortation in different Settings**

There are many texts that we read from our sacred writings that directly or indirectly speak about men and women, boys and girls from which we can teach about the divine origins of sex. For example we read that:

- Sex is a gift from God, the Almighty and all persons must celebrate their sex because it is what God has willed them.
- No one, male or female, must think their sex makes them superior to other sexes.
- Because God has made us all biologically different, those born intersex are not inferior.
- We are all equal in the eyes of God.

There are also many texts that we read that present opportunities to integrate gender into our religious exhortations from the platform where we are addressing the mixed assembly of believers.

Key ideas to include in the religious exhortation include:

- Gender norms are often influenced by ideas related to power and affect relationships between men and women.
- Women have suffered more than men in many societies because most societies have assigned power to men over women.
- The domination of women by men is not the design of God but that of men hence, we can begin to undo what our fathers did. Men and women both play a role in setting expectations for their boys and girls.
- Key religious figures (e.g. Jesus, Muhammad, Buddha etc) are presented without discrimination and showing respect for women. For example, Jesus had time to interact with women who were condemned in his society

(e.g. the story of the Samaritan Woman, John 4: 4-42). According to one hadith (tradition of the Prophet): A man came to the prophet and said, 'O Messenger of Allah! Who among the people is the most worthy of my good companionship? The prophet (saws) said: Your mother. The man said, 'Then who?' The prophet said: Then your mother. The man further asked, 'Then who?' The prophet said: Then your mother. The man asked again, 'Then who?' The prophet said: Then your father. (Hadith narrated by al-Bukhari, and Muslim).

## Meetings with Parents (Fathers, Mothers, Guardians)

As religious leaders, we meet with adults in different settings – we meet them through men's fellowships or meetings, women's fellowships or meetings and through couples' fellowships or meetings. All these platforms are opportunities to engage them on issues of sex and gender – to equip them with information on healthy and more satisfying relationships, and to equip them with knowledge and skills for parenting. When meeting with parents (all adults are parents hence there is no need to exclude those that are not biological parents), here is an activity that you can use to engage them on the subject of sex and gender:

### Exercise: Understanding Sex and Gender

#### Objectives:

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

1. Define sex and gender.
2. Acknowledge sex as God-given and natural, with biological differences which make us all unique.
3. Commit to upholding the integrity and dignity of all people regardless of sex/gender because we are all equal in the eyes of God.

**Methods:** Small groups, Plenary

**Materials:** Flipchart, marker, printout from the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* page 10

**Time:** 30 minutes

#### Procedure:

1. Divide participants into small groups of between 5 and 10 participants, depending on the size of the whole group.
2. Let the participants reflect and discuss what they know about sex and gender. Make sure they understand that we are not referring to sexual intercourse.
3. In the event that the group has both men and women, you may choose to have all-female and all-male groups for this personal reflection.
  - a. Avoid dictating to the group, consult with the participants to check if they are comfortable to do the reflections as mixed groups. Be guided by the participants.

4. Write down the key points that will emerge from the group discussions on a flipchart. The following questions can help in the group reflections:
  - a. What do you understand by sex? What do you understand by gender?
  - b. When do children get assigned their sex? What happens if it is not clear? Who decides on the sex of a child?
  - c. How do children learn what is expected of them as boys and girls? What influences this?
  - d. What can we do to ensure that our ideas for our children as future young men and young women do not hold them back from healthy relationships and life opportunities?
  - e. Why is it important for us to understand sex and gender in our community?
5. Ask the groups to share their feedback in a plenary and allow for discussion on the feedback to occur in a plenary.

**Key Messages to Reiterate:**

1. Sex is God-given to all of us, no sex is better than the other. As Religious Leaders and parents, we commit ourselves to proclaim the equality of the sexes because God created us different but equal.
2. Sex is generally understood as male, and female. While we acknowledge these two main categories, we are aware that a few people are born neither male nor female, they also are created in the Image of God.
3. Sex is biological, and everyone is born with it.
4. It is important to understand sex as parents because as our children grow up, they will experience some changes in their bodies for which they will require our support and guidance.
5. There are now too many cases of child sexual abuse going on in our communities. We should begin the discussion about sex at an early age to equip our children to be aware and seek help if they are being abused. When we teach our children and speak openly, it will be easier for them to inform us if someone has done what we told them must not be done.

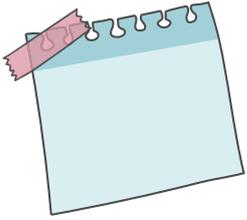


**Engaging Children (12 years and below) on Sex and Gender**

We often look at children with ideas and eyes toward the future – the future faith community, the future leaders, the future society. However, children are not simply the future, they are the present and the future! We must learn from Frederick Douglass when he said; ***“It is easier to build strong children than to repair broken men.”***<sup>2</sup>

We cannot delay teaching our children because we may realise we lost an opportunity. However, we must speak to them according to their age level to help them understand themselves and others better. The following activities can be done with children (preferably in groups of 5 – 9 years and 10 – 12 years).

<sup>2</sup> ([https://www.brainyquote.com/quotes/frederick\\_douglass\\_201574](https://www.brainyquote.com/quotes/frederick_douglass_201574)).



## Exercises for Children 5 – 9 years old

### Exercise 1: Understanding Myself - My Family

#### Objectives:

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

1. Express their biological differences.
2. Describe the sexes of persons in their families

**Methods:** Small groups, Plenary

**Materials:** Flipchart, marker

**Time:** 30 minutes

#### Procedure:

1. Divide participants into small groups of between 5 and 10 participants,
2. Ask each child to describe their family using the following format:
  - a. My name is ....., I am a ..... (boy/girl).
  - b. In my family, we are ..... (number of persons in the family)
  - c. I have ..... brothers and ..... sisters
3. Ask volunteers to say what the difference is between a boy and a girl.

#### Key Messages to Reiterate:

1. Boys and girls are different, but they are all created by God and are all very important.
2. Mothers and fathers are different, but they are all created by God and are very important.
3. It is not a problem if we do not have brothers and sisters, it is God's plan.

### Exercise 2: Understanding Gender: My Family and I

#### Objectives:

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

1. Explain the concept of gender.
2. Express gender identity through reflections on what happens in their families.

**Methods:** Small groups, Plenary (Role play)

**Materials:** Bond paper, Flipchart, markers, pens

**Time:** 40 minutes

#### Procedure:

1. Divide participants into small groups of between 5 and 10 participants depending on the size of the whole group.

2. Instruct the participants to individually and collectively reflect on their personal experiences guided by the following questions:

- a. What toys do your parents<sup>3</sup> buy for you? [Religious leaders should note that there is a cultural belief that a boy/girl should play with toys that are gender related, thus; a boy plays with a toy car and a girl plays with a doll etc. Therefore, if it's vice versa the society raises questions on that child's true gender.]
- b. What toys do girls/boys in rural/urban areas play with?
- c. Who starts/leads a song in your Church?
- d. Who prays for a sick person?
- e. Who buries dead people?
- f. As a girl/boy what do your parents tell you about crying, cleaning your room, washing, watering the garden, cleaning dishes, feeding pets? (Ask the children to list toys for children and activities done by boys, girls or both in a chart as illustrated below)

| <b>BOYS</b> | <b>BOYS/GIRLS</b>  | <b>GIRLS</b> |
|-------------|--------------------|--------------|
| Do not cry  | Cleaning your room | Can cry      |
| Cars        |                    | Dolls        |
|             |                    |              |

- g. What work does your father/male figure in your life do at home?
- h. What work does your mother/female figure in your life do at home? (In response to c and d, ask the children to make a list of chores done by fathers and mothers in a chart as illustrated below)

| <b>FATHERS</b>       | <b>FATHERS/MOTHERS</b> | <b>MOTHERS</b> |
|----------------------|------------------------|----------------|
| Maintenance of tools | Watching television    | Cooking        |
|                      |                        |                |
|                      |                        |                |

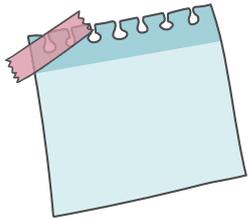
<sup>3</sup> This is a place holder for a responsible adult in the child's life. It is important for the facilitator to be sensitive to the context: in some places the only toys children have are those that they would have made for themselves!

- 3. Ask the children to prepare a role-play on any one of the issues raised above, especially issues b, c or d.
- 4. Ask the children to share their reflections and role play in plenary.
- 5. Lead a discussion on the role plays using the following questions:
  - a. Do you like being told what to do because you are a girl or a boy?
  - b. Can boys and girls do the same things?

- c. What do you think your parents or guardians should be telling you about being a boy or girl?
- d. What can boys and girls do to help each other to be more equal?

### Key Messages to Reiterate:

1. Both boys and girls can play with dolls and cars.
2. It is ok for boys and girls to cry, wash laundry and dishes and feed pets.
3. What boys can do at home, girls can do also. What girls can do at home, boys can do also.
4. Boys and girls must help parents do some work at home.
5. Exhortation ideas:
  - Genesis 1: 26-27, and 28. Men and women are created by God and they are good. Men and women are created in the image of God. God blessed all of them.
  - The Qur'an describes the creation of human beings from a single soul – nafs – which is a gender-neutral term. From this nafs, God created both man and woman. In the account of creation God has not assigned any superiority to one gender over the other for any reason.<sup>4</sup>



## Exercises for Children 10 – 12 years old

### Exercise 1: Understanding Sex

#### Objectives:

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

1. Articulate male and female biological roles.
2. Explain the link between biological sex and being mothers and fathers.

**Methods:** Small groups, Plenary

**Materials:** Flipchart, marker

**Time:** 30 minutes

#### Procedure:

1. Divide participants into small groups of between 5 and 10 participants.
2. Let the participants reflect and discuss what they know about sex.
3. In the event that the group has both boys and girls, you may choose to have all-female and all-male groups for this personal reflection.

The following statements and questions can help in the group reflection:

- a. Only ..... (males/females) can become fathers.
- b. Only ..... (males/females) can become mothers.
- c. I am a boy/girl because I am .... (male/female).

<sup>4</sup><https://themuslimtimes.info/2013/06/29/gender-equality-in-the-holy-quran-in-the-beginning-man-and-woman-were-equal-2/>

- d. A girl can ..... (fall pregnant/impregnate) and become a ..... (father/mother).
  - e. A boy can .... (fall pregnant/impregnate) and become a .... (father/mother).
4. Ask the groups to give their feedback in a plenary.
  5. Summarise the session by going over the statements and giving the correct information.

**Key Messages to Reiterate:**

1. People who are physically male (i.e. have a penis) are the ones who are able to impregnate and become a father.
2. People who are physically female (i.e. have a uterus and ovaries) are the ones who can be impregnated and become a mother.
3. Boys are born physically male and girls are born physically female.

**Exercise 2: Understanding Gender**

**Objective:**

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

1. Explain the concept of gender identity through reflections on their upbringing.
2. Recognise that some ideas about gender can be harmful.

**Methods:** Small groups, Plenary (Role play)

**Materials:** Bond paper, Flipchart, markers, pens

**Time:** 40 minutes

**Procedure:**

1. Divide participants into small groups of between 5 and 10 participants, depending on the size of the whole group.
2. Instruct the participants to individually and collectively reflect on their personal experiences guided by the following questions:
  - a. What work do fathers and mothers do at home? (List the chores as illustrated in the chart below).

| FATHERS                   | FATHERS/MOTHERS | MOTHERS |
|---------------------------|-----------------|---------|
| Supervising building work |                 | Cooking |
|                           |                 |         |
|                           |                 |         |
|                           |                 |         |

- b. "I am a boy, but I sometimes envy girls because ...." (mention the things that you think make girls different from boys).
- c. "I am a girl, but I sometimes envy boys because ...." (mention the things that you think make boys different from girls).
- d. As a girl/boy what do your parents tell you about how you should act. How should you behave? What chores should you do? (Groups should note down their responses using the chart illustrated below. Use the middle column if something applies to both boys and girls).

| BOYS  | BOYS/GIRLS | GIRLS   |
|-------|------------|---------|
| Brave | Honest     | Patient |
|       |            |         |
|       |            |         |
|       |            |         |

- 3. Lead a discussion with the participants using the following questions:
  - a. What do you like about what girls and boys are told to do?
  - b. What would you change about what girls and boys are told to do?
- 4. Ask the children to plan small role plays that show the ways that boys could be more supportive of girls, and how girls could be more supportive of boys. Have them perform their role plays in a plenary. After each play, have the group discuss what they liked about each illustration.
- 5. Point out that sometimes ideas about gender can become harmful especially if they lead someone to think that being tough as a man and hurting someone is okay. Or if they hold girls back in life.

**Key Messages to Reiterate:**

- 1. Boys and girls are different but equal.
- 2. Boys and girls must be treated equally.
- 3. Boys and girls must help their parents do different chores at home.



**Engaging Adolescents and Youths on Sex and Gender**

This is the group on which a lot needs to be done because they are already transitioning from childhood to adulthood. This group, according to international standards, is made up of young people from the age of 10 to 24. However, in our context we may consider 10 -12-year olds to be children, and may consider those above 24 years to be "youths". We can engage adolescents and youths in different age groups (13-15-year olds, 16-19-year olds, 20-24+ year olds). It is important to recognise that young people have diverse needs that change as they progress through each developmental stage. The following exercises can be done with adolescents and youths.

## Exercise 1: Understanding Sex

### Objectives:

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

1. Define sex.
2. Articulate the biological differences between the sexes.

**Methods:** Small groups, Plenary

**Materials:** Flipchart, marker

**Time:** 30 minutes

### Procedure:

1. Divide participants into small groups of between 5 and 10 participants,
2. Let the participants reflect and discuss what they know about sex.
3. In the event that the group has both adolescent boys and girls, you may choose to have all-female and all-male groups for this personal reflection.

The following statements and questions can help in the group reflection:

- a. How many sexes are people divided into?
  - b. What things can the female do which the male cannot do?
  - c. What things can a male do which the female cannot do?
  - d. A girl can ..... (fall pregnant/impregnate) once they begin ..... (menstruating/having wet-dreams).
  - e. A boy can .... (fall pregnant/impregnate) once they begin .... (menstruating/having wet-dreams).
4. Ask the groups to give their feedback in a plenary and allow discussion on issues raised in the same plenary.
  5. Summarise the exercise by referring to the table below, which is also in the Religious Leaders' Handbook on page 10:

| Attribute                 | Female                                                | Male                                                                                    |
|---------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Reproductive organ        | Vagina, Uterus, Ovaries                               | Penis, testicles                                                                        |
| Voice                     | Typically has a higher pitch                          | Typically has a lower pitch                                                             |
| Pregnancy                 | Can get pregnant                                      | Can impregnate                                                                          |
| Menstruation              | Menstruates                                           | Does not menstruate                                                                     |
| Other Physical attributes | Has breasts and is therefore capable of breastfeeding | Has breasts but does not have mammary glands which produce milk hence cannot breastfeed |

**Key Messages to Reiterate:**

1. Sex is natural to all of us. We are now physically capable of becoming parents but, we will wait because we are not socially and emotionally ready to be parents.
2. There are things girls can do biologically that boys cannot do and there are things that boys can do biologically that girls cannot do.
3. We are all equal in the eyes of God.
4. We are different but equal!

**Exercise 2: Understanding Gender****Objectives:**

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

1. Express their understanding of gender.
2. Reflect on the social roles assigned to men and women, boys and girls.

**Methods:** Small groups, Plenary, Role Play

**Materials:** Flipchart, marker, index cards

**Time:** 30 minutes

**Procedure:**

1. Write words/phrases on the index cards e.g. Girl, Boy, man, woman, cooking, washing clothes, cleaning dishes, making bed, switching on a Generator, watering garden, cleaning the house, washing the car, changing car wheel, toy guns, toy armoured cars, dolls, toy cooking utensils, first to wake up, last to sleep, changing baby diapers/napkins, caring for the sick, paying school fees, providing money and food, tending to the baby at night, celebrating mass, preaching in church, cleaning the toilet, enduring, patience, brave, assertive. You can add other words and phrases that help to define gender.
2. Place the cards, upside down, so that the words/phrases are not seen.
3. Ask the groups to share what they know about gender. You can also refer to the **Religious Leaders' Handbook on ASRHR** page 10-11.
4. Ask the participants to pick a card and give the participants 2-5 minutes to look at their card and reflect on it.
5. Write MASCULINE, FEMININE, MASCULINE-FEMININE on three different cards and paste them on the wall or board. Ask a few participants to try and define the words masculine and feminine.
6. Ask each participant to walk to the board where you have pasted the three categories and to paste their own card beneath what they think is the appropriate category for what is written on their card.
7. When everyone has placed their card, (a) ask the group if there are cards that have been misplaced and allow explanations for the different opinions and

eventually place the card in the right category. (b) ask the group who they think decides on the gender roles. Is it God or is it our society? (c) ask the group to compare and contrast sex and gender.

8. Summarise the exercise by addressing any misconceptions that may have come up during the discussion.

### **Key Messages to Reiterate:**

1. Gender refers to the roles, behaviours, attitudes and values that are assigned to every person by their society based on their sex. There are roles and behaviours for females making them women and roles and behaviours for males making them men.
2. When a person conforms to the socially assigned roles and behaviours, they are regarded as gender conforming and are praised by society.
3. When a person does not conform to the socially assigned roles and behaviours, they are sometimes bullied and shamed by society. It is important to be respectful and supportive of others who do not fit into your own idea of what men and women should be.
4. Gender roles, attitudes, behaviours and values tend to disadvantage women while privileging men.
5. Gender-based violence (GBV) is one of the manifestations of these entrenched roles, attitudes, behaviours and values. More women are victims of GBV than men.
6. Rigid ideas about gender can affect the ability of both men and women to communicate in relationships. It is important for both young men and young women to feel empowered to discuss and make decisions about relationships.
7. Gender roles, attitudes, behaviours and values do not come from God and we can begin to change these by opting to be more caring, loving, faithful and respectful to girls and women.



## REPRODUCTIVE ANATOMY AND PHYSIOLOGY

UNIT  
**3**  
UNIT

# Reproductive Anatomy and Physiology

## Preparation:

See the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*: Chapter 3: Reproductive Anatomy, Physiology & Religion, pages 15 – 18.

## Key Points for Religious Leaders:

Although African cultures and religious traditions often discourage open discussions of sex among people of different age groups and gender, it is important for religious leaders to be open minded about sex when engaging with adolescents and other stakeholders.

- A human being undergoes physical and emotional changes through life. These stages may be identified in a simplified way as childhood, adolescence, adulthood and old age. The changes are gradual and occur at different ages and rates in different people.
- In spite of their different appearances, the sexual organs of men and women arise from the same structures and fulfil similar functions.
- Hormonal changes in the body during puberty, alongside powerful cultural and personal factors, all shape the expressions of one's sexuality.

Reproductive anatomy and physiology may not be an appropriate topic for exhortations or bayaan in the community and is best dealt with in group meetings between religious leaders and their followers.

## Meeting with Parents (Fathers, Mothers jointly or separately)

### Exercise: Reproductive Anatomy and Physiology

#### Objectives:

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

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

**Methods:** Small groups, Plenary

#### Helpful Resources

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

**Materials:** Flip chart, Markers, Pens/pencils. Copies of images and charts (found at the end of this Unit) to be used as hand outs.

**Time:** 1 hour 30 minutes

### Procedure

1. Explain that since we have discussed sex and gender we will now begin to model some typical exercises on sexual and reproductive anatomy and physiology, a core content area of sexuality education. This lesson assumes an existing understanding of sexual and reproductive anatomy and physiology.
2. On a flip chart, write 'Male' and on another flip chart write 'Female,' each with a line down the middle. Lead a 15-minute brainstorm and discussion, asking participants to name the reproductive system body parts and their functions, both internal and external. These should be listed in the two columns.
3. With reference to the Handbook's Chapter 3 - Male and Female Body Parts and Functions Chart, fill in the parts that participants do not mention. As you list the parts on the board, briefly define each body part, where it is in the body and what it does.
4. Next, ask participants to go into groups and hand out the Male and Female Genitals and Reproductive Organs handouts (at the end of this unit). Each set includes illustrations of the male and female reproductive organs and corresponding blank lines.
5. Ask each group to take 15 minutes to fill in the blanks.
6. Once every group has completed the pictures, congratulate them on their efforts. Start by systematically going through the diagrams and asking for a group to volunteer to share their answers, noting the term and its function as they go along. Ask others to complement or correct information as they share. Be sure to correct any misinformation using the *Religious Leaders' Handbook* for reference. (15 minutes)
7. Next, ask the following questions, taking 10 minutes to discuss:
  - What was it like to participate in this exercise?
  - What did you notice as you worked in your group to identify the male and female reproductive anatomy?
  - How aware do you think young people are of their reproductive anatomy?
  - Why do you think knowing this information is important? (20 minutes)
8. Conclude by explaining that it is okay to talk about the male and female reproductive systems and knowing the male and female reproductive anatomy and their functions. Increasing our comfort as religious leaders will help parents to increase their understanding and they become more comfortable to discuss their children's bodies thus, empowering them to take care of themselves.

**NOTE:**

In many countries, male circumcision is promoted as a strategy to reduce the risk of HIV and other sexually transmitted infections. While it is often promoted for boys early in adolescence (if not done in infancy), the benefits to both men and women continue through adulthood. Young men also benefit from the education and counselling that come with it. It is important for religious leaders to support voluntary medical male circumcision when talking with parents.



## Engaging Children (12 years and below) on Reproductive Anatomy and Physiology

### Key Points

It is important for children to learn about their bodies in order to gain a deeper understanding of themselves. There is the danger that children can approach their bodies from a mechanical perspective. They should know that their genitals do not have a mysterious life of their own. Making the link between their bodies, sexual health care, relationships and their feelings is really important. Having an understanding about the development and functions of their body parts assists them in understanding themselves as whole persons.

### Exercise: Reproductive Anatomy and Physiology

#### Objectives

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

- Identify and describe the physical and emotional changes that occur in the male and female reproductive anatomy.

**Methods:** Small groups, Plenary

#### Helpful Resources

- Facilitator’s Resource on Male and Female Body Parts and Functions.
- Facilitator’s Resource on Anatomy and Physiology of Reproduction.
- Male Genitals and Reproductive Organs. Handout for participants.
- Female Genitals and Reproductive Organs. Handout for participants

**Materials:** Flip chart, Markers, Pens/pencils

**Time:** 1 hour

#### Procedure

1. Prepare two sheets of flipchart paper. Draw a line down the middle of the paper. Label one side “Physical” and the other side “Emotional.” At the top of each sheet put the appropriate age, thus, 12 years and below. Divide the children into two groups by gender to discuss reproductive anatomy and physiology without being shy.

2. Explain that anatomy and physiology refer to the multitude of physical and emotional changes they experience throughout one's life. The exercise draws on the facilitators' own knowledge about anatomy, physiology and life experiences and the observations of the participants.
3. Instruct each group to list all the physical and emotional changes that occur in their age category. Each group should select a recorder and someone to report back to the larger group. Allow 20 minutes for group work. [When doing this with children, ask what changes in their bodies and emotions/feelings do they know or expect as a boy or girl – this can be something they have experienced or seen in older siblings]
4. Afterwards, allow each reporter about 15 minutes to report their findings. Permit another 15 minutes for comments and questions from the larger group. Be sure to add any important information that might have been overlooked.
5. The facilitator should keep in mind that children 9-12 should be able to identify body parts by name and anticipate the changes that will happen in their bodies. They should understand that it is normal to be curious about their bodies, and that everyone's body is unique.
6. Explain that their bodies are constantly changing and that their need for love and affection continues long after they reach old age.
7. Next, ask the following questions (for answers, consult the information provided in Chapter 5 of the Handbook; take 15 minutes):
  - At about what age do breasts start to grow? At what age do girls start to have their menstruation?
  - At what age do boys start to have erections or 'wet dreams'?
  - Why are some boys shorter than other boys of the same age? Why do some girls have smaller breasts than other girls of the same age?
  - What was it like to participate in this exercise?
  - What did you notice as you worked in your team to identify the male and female reproductive anatomy?
  - Why do you think knowing this information is important?
8. The facilitator may conclude by explaining that it is okay to talk about the male and female reproductive systems and that knowing the male and female reproductive anatomy and their functions is an important part of enabling children to understand their body parts and empowering them to take care of them.

When speaking with children, conclude by reminding them that it is normal to be curious about their bodies, and that everyone's body is unique. It is important for all young people to have a relationship with an adult they trust and can talk to about their body. It is especially important to talk with an adult if anyone is touching or paying attention to your body in a way that makes you uncomfortable.



## Engaging Adolescents and Youth

### Key Points

Understanding how the body works is critical for older adolescents and youth who are transitioning into adulthood. Many are already in romantic relationships at this age. It is important that they understand their bodies as well as their feelings. During later adolescence and youth, it is important that young people fully understand the sexual and reproductive anatomy of both men and women, the role that hormones play in both physical and emotional changes, and how conception occurs. They should recognise that people are sexual beings and anticipate sexual feelings and urges that they may experience.

### Exercise: Reproductive Anatomy and Physiology

#### Objectives

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

- Identify and describe the functions of the male and female reproductive anatomy.

**Methods:** Small groups, Plenary

#### Helpful Resources

- Chapters 3 and 5 of the Religious Leaders' Handbook.
- Resource materials at the end of this unit:
  - ▶ Facilitator's Resource on Male and Female Body Parts and Functions.
  - ▶ Facilitator's Resource on Anatomy and Physiology of Reproduction.
  - ▶ Worksheet for participants: Male Genitals and Reproductive Organs.
  - ▶ Worksheet for participants: Female Genitals and Reproductive Organs.

**Materials:** Flip chart, Markers, Pens/pencils

**Time:** 1 hour

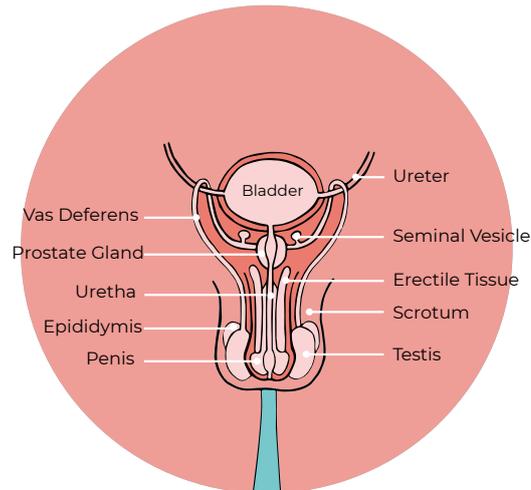
#### Procedure

1. Explain that since we have discussed about sex and gender, the next task is to have some typical exercises on sexual and reproductive anatomy and physiology, a core content area of sexuality education. This lesson assumes the facilitator has an existing understanding of sexual and reproductive anatomy and physiology.
2. On a flip chart, write the word "Male" and on another flip chart write the word "Female" with a line down the middle. Lead a 15 minutes brainstorm asking participants to list under each column, reproductive system body parts and their functions, both internal and external.
3. Using the worksheets and resource materials on Male and Female Body Parts

and Functions Chart for reference, fill in the parts that participants do not mention. As you list the parts on the board, briefly define each body part, where it is in the body and what it does. Take 15 minutes.

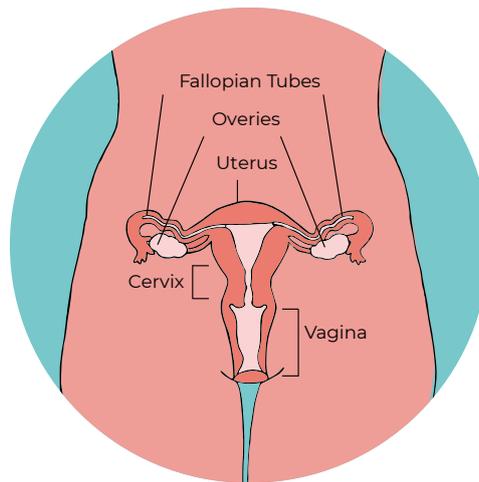
4. Next, ask participants to go into groups and hand out the Male and Female Genitals and Reproductive Organs handouts. Each set includes illustrations of the male and female reproductive organs and corresponding blank lines.
5. Ask each group to take 15 minutes to fill in the blanks.
6. Once every group has completed the pictures, congratulate them on their efforts. Begin by systematically going through the diagrams and asking for a group to volunteer to share their answers, noting down the term and its function as they go along. Ask others to complement or correct information as they share. Be sure to correct any misinformation using the Religious Leaders' Handbook and resource materials. (15 minutes).
7. Next, ask the following questions:
  - What was it like to participate in this exercise?
  - What did you notice as you worked in your group to identify the male and female reproductive anatomy?
  - How aware do you think you are on reproductive anatomy?
  - Why do you think knowing this information is important? (20 minutes)
8. The facilitator may conclude by explaining that it is okay to talk about the male and female reproductive systems and that knowing the male and female reproductive anatomy and its functions is an important part of enabling them to understand their bodies and empowering them to take care of themselves. Take 10 minutes.

## Male and Female Reproductive Anatomy



### MALE PART KEY INFORMATION

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Penis<br>(made up of shaft, glans, and sometimes foreskin) | <ul style="list-style-type: none"> <li>allows passage of urine or semen</li> <li>has many nerve endings</li> <li>the average penis measures 3-4" in length when soft and 5-7" in length when erect. These are only averages; actual sizes can be smaller or larger</li> <li>the size of a boy's or man's penis does not indicate whether he is or will be a good lover, nor does it mean he is any more or less masculine</li> </ul> |
| Glans or Head                                              | <ul style="list-style-type: none"> <li>the tip of the penis</li> <li>can be completely or partially covered by foreskin, except in men who have been circumcised</li> <li>has many nerve endings and can be sensitive</li> <li>there is a small hole in the tip of the glans, called the urinary meatus or urethral opening, through which urine and semen leave the body</li> </ul>                                                 |
| Foreskin                                                   | <ul style="list-style-type: none"> <li>protects the glans of the penis</li> <li>can be sensitive</li> <li>only present on boys or men who have not been circumcised</li> <li>needs to be pulled back before a boy or man can successfully use condoms</li> </ul>                                                                                                                                                                     |
| Scrotum                                                    | <ul style="list-style-type: none"> <li>sac of skin that contains the testes</li> <li>regulates temperature to enable testes to always be able to produce sperm</li> <li>has muscles at its base that contract when body temperature is colder and relax when warmer</li> <li>scrotal skin can be sensitive</li> </ul>                                                                                                                |
| Testes or Testicles                                        | <ul style="list-style-type: none"> <li>produce sperm and sex hormones (testosterone)</li> <li>each is made of 500-1,200 feet of tightly coiled tubes (seminiferous tubules) in which sperm are made.</li> <li>after puberty, adult men continue to produce sperm throughout their lives, including into very old age</li> </ul>                                                                                                      |
| Epididymis                                                 | <ul style="list-style-type: none"> <li>"holding pen" for sperm where they mature before they leave the testicles</li> <li>located on the back of each testicle and can be felt through the testicles. Important for boys/men to recognise how the epididymis feels so as not to mistake it for a lump or abnormal growth</li> </ul>                                                                                                  |
| Vas Deferens                                               | <ul style="list-style-type: none"> <li>facilitate passage of sperm from the testicles to the organs that create semen</li> <li>lined with hair-like projections called "cilia" which gently move the sperm through the vas deferens until they can move on their own</li> </ul>                                                                                                                                                      |
| Seminal Vesicles                                           | <ul style="list-style-type: none"> <li>contribute much of the fluid that makes up the semen, the fluid in which sperm leave the body</li> <li>the fluid created in the seminal vesicles is made up of protein, enzymes and fructose. The fructose gives the sperm energy and is what triggers the sperm's tails to begin whipping back and forth quickly. From this point on, sperm can swim independently</li> </ul>                |



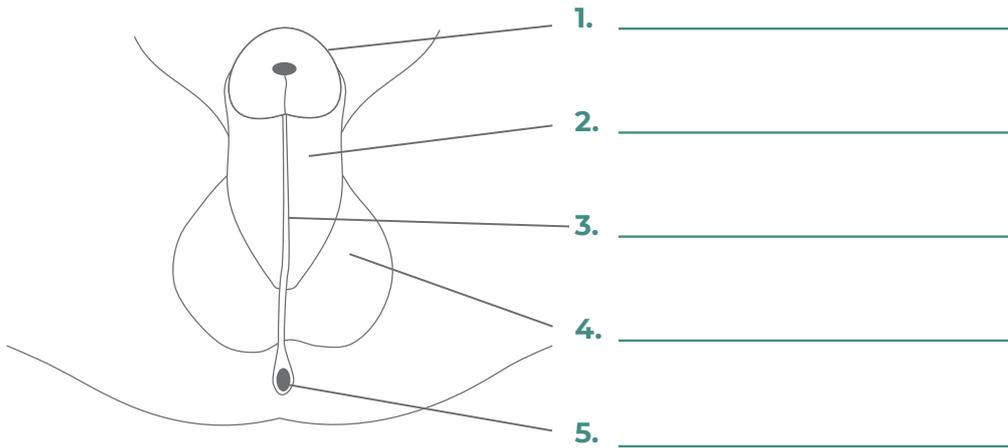
**FEMALE PART KEY INFORMATION**

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Uterus                                                                 | <ul style="list-style-type: none"> <li>made up of muscular walls, a lining called the endometrium, and a cervix. The uterus is also called the “womb”</li> <li>houses and protects embryo/foetus/baby</li> <li>allows nutrient and waste exchange with placenta</li> <li>if a girl or woman does not become pregnant in a particular month, the endometrium is shed during menstruation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Cervix                                                                 | <ul style="list-style-type: none"> <li>the narrow, bottom section of the uterus</li> <li>produces mucus to help sperm enter the uterus from the vagina produces a mucus plug to keep germs out and amniotic fluid in during pregnancy</li> <li>dilates (opens) during childbirth to approximately 4” to allow the baby to pass through</li> <li>needs to be checked via a Pap test for irregular cells, which could signify HPV. Some strains of HPV cause genital warts, and others can lead to cervical cancer</li> <li>Vagina • a collapsed passageway, like a deflated balloon, leading from the uterus to the outside of the body</li> <li>3” long when not aroused, 5-6” when aroused; very stretchy and lined with muscles</li> <li>externally, the opening to the vagina is the middle and largest of the three openings, between the urethra (on top) and the anus (on the bottom)</li> <li>produces fluids to cleanse and lubricate itself and to help sperm travel up to the uterus</li> <li>allows passage of shed endometrium during menstruation</li> <li>muscles lining it push out a baby during childbirth</li> <li>has many nerve endings, especially in the lower third</li> </ul> |
| Ovaries (singular = ovary)                                             | <ul style="list-style-type: none"> <li>where ova (eggs) are created and mature each month</li> <li>produce sex hormones (oestrogen, progesterone, androgens)</li> <li>during ovulation (the release of a mature egg) each month, girls and women might experience a brief, sharp cramp on the side releasing the ovum. This is normal and not a cause for concern</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Fallopian tubes                                                        | <ul style="list-style-type: none"> <li>tubes located between the ovaries and uterus through which ova pass</li> <li>at the end are finger-like projections, called “fimbriae,” which help ova to enter the tubes</li> <li>lined with hair-like projections (cilia) that move ova toward uterus</li> <li>is where a sperm, if present, meets an egg for fertilisation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Vulva (made up of labia majora, labia minora, and clitoris)            | <ul style="list-style-type: none"> <li>Outer labia are folds of skin that fold over to protect openings of urethra and vagina, as eyelids protect eyes</li> <li>has many nerve endings</li> <li>outer labia (labia majora) have pubic hair</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Clitoris (made up of shaft, crura [internal branches], glans and hood) | <ul style="list-style-type: none"> <li>only function is to provide sensation; like the head of the penis, has many nerve endings</li> <li>is made up of erectile tissue and fills with blood during arousal, causing swelling</li> <li>has roots that go down into the body, although only part of clitoris is visible</li> <li>the glans (the visible part of the clitoris) is usually ¼-½” long, comparable in size to a pearl at front of vulva</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Clitoral hood                                                          | <ul style="list-style-type: none"> <li>has many nerve endings</li> <li>during arousal, the clitoral hood will pull back to further expose the clitoris; otherwise, just rests over to cover the clitoris</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

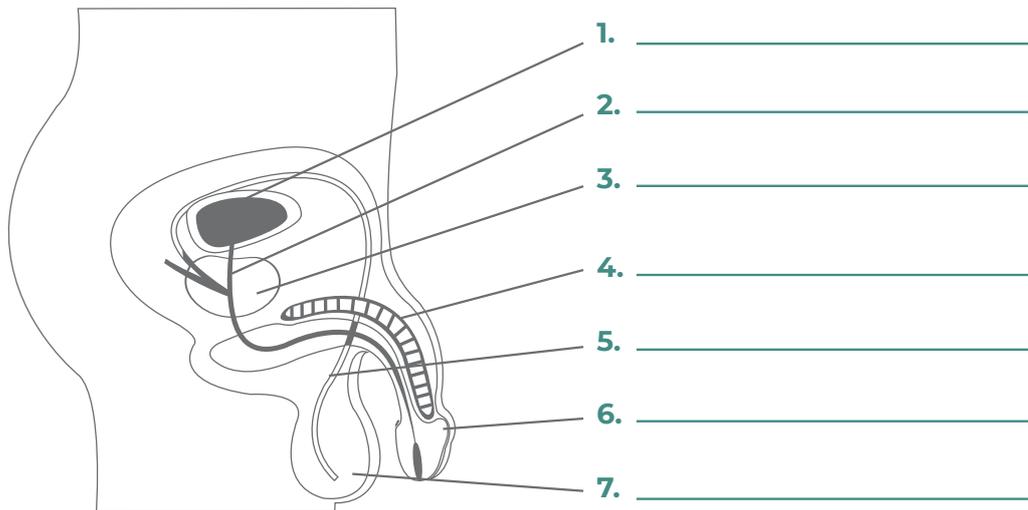
Source: Adapted by Advocates for Youth, 2014, from Family Life and Sexual Health (F.L.A.S.H.) Curriculum. Lesson 2, Grades 9-12, Reproductive Health System. Public Health Seattle and King County, 2011. Additional adaptations by Elizabeth Schroeder, EdD, MSW.

## Worksheets for Male and Female Reproductive Anatomy Activity

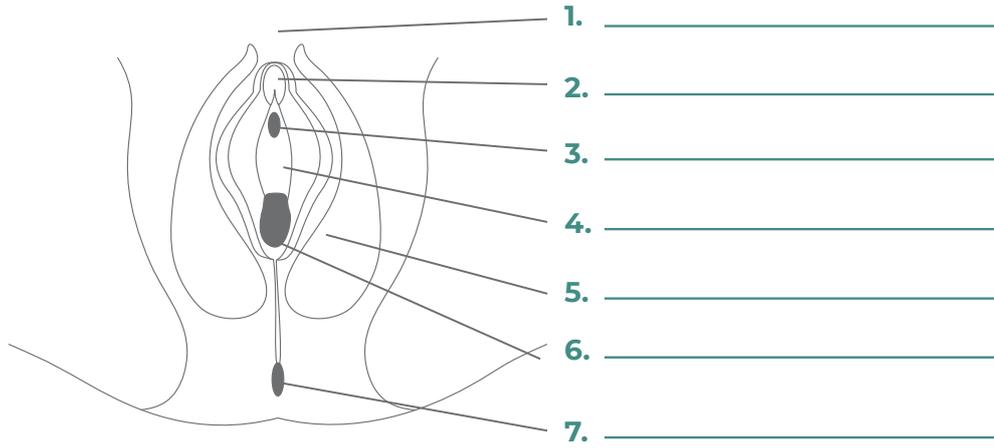
### MALE GENITALS



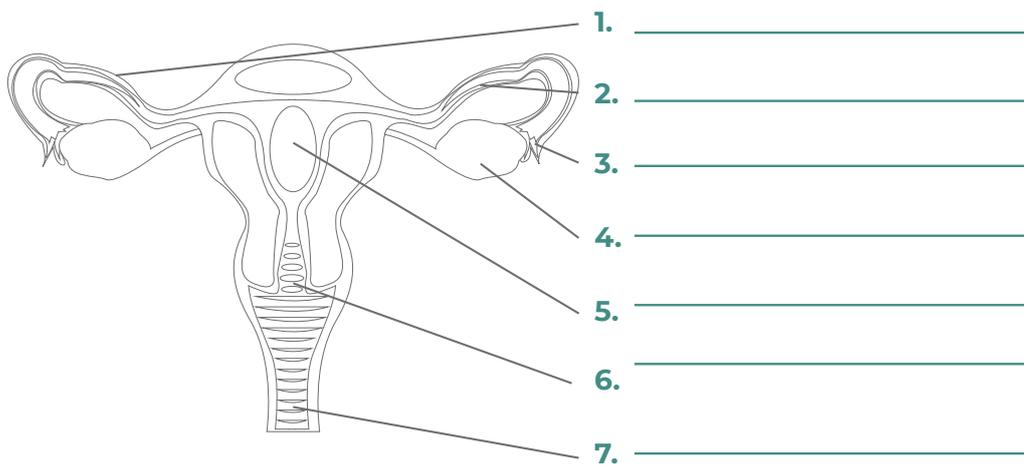
### MALE REPRODUCTIVE ORGANS



**FEMALE GENITALS**



**FEMALE REPRODUCTIVE ORGANS**





ADOLESCENT SEXUAL  
REPRODUCTIVE HEALTH  
AND RIGHTS

UNIT  
**4**

# Adolescent Sexual Reproductive Health and Rights

## Key points for the Facilitator

**What is meant by Adolescent Sexual Reproductive Health and Rights (ASRHR)?** ASRHR expresses the quest to ensure that adolescents (aged 10-19) enjoy the state of complete physical, mental and social wellbeing in all matters relating to the reproductive system in its processes and functions.

With the increase in the number of adolescents getting infected by HIV (and many dying from AIDS), as well as high rates of early and unintended pregnancies, it has become critical to invest in ASRHR. According to the WHO (2018):

*As they transition from childhood, through adolescence, into adulthood, all individuals must be prepared with the knowledge and skills they need to make use of the opportunities and to face the challenges they will encounter in the adult world. These efforts should contribute to building their sense of self-worth and to strengthening their links with the individuals and institutions in their communities. Meanwhile, adolescents need protection from harm on the one hand, and support to make independent decisions and act on them on the other. They need health and counselling services that can contribute to helping them stay well, and to get back to good health when they are ill or injured.*

Healthy relationships are the foundation of good sexual reproductive health. Ensuring good adolescent sexual reproductive health and rights requires information, critical thinking, communication and other life skills for positive actions, social support and access to services.

Parents and religious leaders are well-placed to accompany young people as they transition from childhood, through adolescence into adulthood. They can contribute to this through open discussions about sexuality, reproductive health, and HIV within the context of faith communities.

## Key Issues to Consider on ASRHR for Religious Leaders:

- There are numerous passages within the sacred texts that support the focus on ASRHR. It is strategic for one to be familiar with these.
- Addressing ASRHR will not lead adolescents to experiment with sex. Numerous studies have shown that lack of information leads to experimentation with sex.

### Preparation:

- See the **Religious Leaders' Handbook on Adolescent Sexual Reproductive Health and Rights**: Chapter 4, pages 19-22.
- Review the **Global Fact** sheet at the end of Unit 1, and access any local fact sheets you can find to help make your case for attention to ASRH needs.

- If you are still not sufficiently confident, feel free to invite other resource persons to address adolescents and youth.
- There is merit in separating the groups (boys/men and girls/women) and then bring them together later, to discuss some topics.



## Preparing the Religious Exhortation or Bayaan

It is important to realise that adolescents and young people now constitute the majority of the population in many African countries. It is also important to recognise the urgency of equipping adolescents and young people with the knowledge and information on sex and life skills to form healthy relationships.

Avoid the negative image of adolescents and young people as slaves to passion and as permanently engaging in sexual activity. Adolescents and young people are looking for affirmation and companionship, not condemnation. They quickly switch off when they feel attacked without justification.

For the different events where you address members of your community (e.g. from the platform, at wedding, graduation celebrations, funerals, and birthdays, etc.), ensure that you:

- Acknowledge that biological changes are normal.
- Highlight that human bodies are unique, complex and beautiful.
- Encourage adolescents and young people to seek knowledge and information from trusted sources.
- Promote communication between adolescents/young people and parents/service providers.
- Break the silence on the impact of the HIV pandemic on adolescents and young people.

## Helping Parents / Caregivers / Guardians to communicate with adolescents about sexual reproductive health and relationship issues

### Exercise: Understanding Adolescent Sexual Reproductive Health and Rights

#### Objectives:

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

1. Describe Adolescent Sexual Reproductive Health and Rights and the importance of parents talking about sex and sexuality with adolescents.
2. Identify strategies that parents and other adults can use for more open communication with young people

**Methods:** Role play, personal reflection, plenary and small group discussions. This can be done separately by gender, or as a mixed group.

### Helpful Resources

- ***Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights.***
- WHO Recommendations on Adolescent Sexual and Reproductive Health and Rights.
- Updated statistics on HIV for your country (available from the UNAIDS website or from a health centre near you).

**Aids:** Flip chart, Markers, Pens/pencils

**Time: 1.5 - 2 hours**

### Procedure

**Introduction:** As religious leaders, parents may share concerns and fears that they have for their children. They may ask you to speak with them, either yourself or together with them. In addition, there are things you can suggest to parents to help them.

1. Note that we are going to discuss Adolescent Sexual Reproductive Health and Rights and the need for parents to talk about sex and sexuality with adolescents. Ask the group what are the major health challenges faced by adolescent girls and boys. Be prepared to share key facts on teen pregnancy, HIV and sexual violence. (10-15 minutes).
2. Next, have some parents participate in a role play at the beginning of the session. This can be a typical scene where the parents (or either one of them) would be confronting an adolescent for being in love with another adolescent. Participants can then comment on the episode. (10 minutes)
3. Call for two minutes of complete silence and recollection. Each participant must reflect back in time to their period of adolescence. They should try to recall where they lived, who they lived with and also recall one particularly happy event. After a minute, prompt them to remember how they learned the 'facts of life' related to their bodies and relationships. What do they wish someone had shared with them?
4. Ask the participants to individually reflect on these questions: How did it feel to remember their adolescent years? What did they like most? What were the challenges that they faced? Who was available for them? Looking back, what do they wish they had experienced differently? (5 minutes)
5. If needed, say some words that lighten up the mood and bring the participants back to the present. An uplifting song or chorus may be useful at this point.
6. Request a few volunteers to share their experiences of adolescence. Often, many hands will go up because most participants may never have had the chance to reflect on their adolescence as well as to share their experiences. Remind them that the lessons we learn from our own lives help to make us better parents. (5 minutes)
7. Next, ask participants to form groups to discuss the importance of parents

talking to their adolescent children about sex and sexuality (it is advisable to separate couples if the groups are random). In their discussion, they should consider what makes it harder and what makes it easier to have those conversations and, any 'dos and don'ts' they have learned. Be sure to explain that there is a difference between trying to scare adolescents out of experimenting with sex and communicating with them effectively. Allow each group to share a few 'words of wisdom' with the larger group. (30 minutes)

8. Work together in small groups to identify common 'pitfalls' (traps or mistakes) that parents and caregivers make when they talk with young people. Generate a list. For each pitfall, identify things adults can do to avoid them.

| Common Pitfalls | Advice to parents and caregivers |
|-----------------|----------------------------------|
|                 |                                  |

9. After spending 10-15 minutes on this, consult the Resource Materials for parents and caregivers (end of this unit) to supplement the discussions. When you are done, discuss as a larger group and share any enlightening moments or new information learned.
10. Next, work in pairs or small groups to develop a list of topics or themes you would like parents and caregivers in your community to feel more comfortable discussing with adolescents. For each theme, identify what parents should understand. Use the resource material in ANNEX B to assist you with this.
11. Finally, work together to identify actions you can take to help parents and caregivers to feel better prepared.
12. Conclude the discussion by reiterating the importance of effective communication between parents and adolescent children, as well as the supporting role of other stakeholders/professionals. Underscore the point that when adults talk openly about reproductive health, young people will be encouraged to seek information from them to make safer and healthier choices.



## **Engaging Adolescents (10-19) on Sexual and Reproductive Health and Rights**

### **Exercise: Meeting Adolescents and Young People on ASRHR**

**Objective:**

By the end of this exercise, participants will be able to:

1. Identify opportunities for adolescents and young people to understand ASRHR and their related rights.

**Helpful Resources**

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights.*
- Information about national laws that have a bearing on the rights of children.
- Information from a Child Rights organisation in your country.
- Information about youth friendly services in your area. Consider inviting a guest speaker.

**Materials:** Flip chart, Markers, Pens/pencils

**Time:** 1 hour 10 minutes

**Procedure**

1. Indicate that in the next session, we are going to discuss how to engage adolescents and young people on ASRHR.
2. Ask the adolescents and young people to indicate what they understand about ASRHR. Remember to highlight that ASRHR recognises the diversity of adolescents, draws attention to the health and rights of adolescents and has a positive view towards human sexuality. (5 minutes)
3. Next, ask the adolescents and young people to share the health challenges that they and others their age face. Ensure that the differences according to gender are brought out. (10 minutes)
4. After this, devote 10 minutes to a discussion of the United Nations Convention on the Rights of the Child. Include national laws that have a bearing on the rights of children.
5. Request participants to get into groups. Ask them to identify the services that they are aware of and discuss strategies to ensure that they access sexual and reproductive health services in their communities. They should reflect on any challenges they are aware of, and propose ways of overcoming those challenges. They should also discuss options for getting support and improving communication with adults. (30 minutes)
6. As the groups report back, you can supplement their responses as required by making reference to:
  - International and national laws that address ASRHR and children's rights.
  - Religious and cultural factors that prevent full access to ASRHR and children's rights.
  - The role of parents, religious leaders, and other stakeholders.
  - The responsibility that adolescents and young people have in managing their own lives. (10 minutes)
7. Summarise the key issues around ASRHR and thank the adolescents and young people for their participation. (5 minutes)



## Resources for Parents and Caregivers

### Handout: Talking with young people about relationships, sex and other sensitive matters

#### Communication Tips for Parents<sup>5</sup>

When talking with young people about relationships, sex and other sensitive issues, it is easy to end up in an argument, or in a situation where they feel you are forcing your position on them. As young people transition to adulthood, they need your support to develop life skills and the confidence necessary for healthy relationships. Here are some examples of communication techniques that work for other parents.

#### “I” statements

When talking with people we are close to, we often have strong emotions. Sometimes it is helpful to tell people how we feel, but it should be done in a way that enables open and non-threatening communication. This can be done using ‘I’ statements. To do this, begin with yourself rather than the other person, explain your point of view and make constructive requests or suggestions:

- I feel ... (name the emotion)
- When you ... (name the action)
- So can you please ... (make a request)

For example: ‘When you come home late, I feel scared that something has happened to you. So can you please call me if you are going to be late and let me know?’

**Active listening.** Let the other person speak. Ask them open and non-threatening questions to show that you are listening, and that you care what they are saying. For example:

- How did that make you feel?
- And then what happened?
- What have you tried already? (before making suggestions)

**Using reflection.** With reflection, you listen carefully to what the other person is trying to say to you. Then, instead of responding with what you want to say back, first take the time to make sure you have understood them, and to let them know you understand what they feel or what they are trying to say by summarising or checking it back with them. You do this by summarising their main point, or sometimes by adding a guess or a question as well. Here are some examples:

- It sounds like you really do not like this school and want to leave.
- Am I right in thinking that you are worried that if you do not have the right clothes the other girls will not want you as a friend?
- Am I hearing that you will feel embarrassed if I pick you up tonight because you think none of the other girls will have their parents there?

<sup>5</sup>Adapted from UNESCO *Our Talks: Supporting parent-child communication on sexual and reproductive health and rights*. July 2019.

Once you each feel heard and understood, you can follow this with an empowering question such as:

- What do you see as your options or alternatives?
- How can we make this work in a way that I am not worried about.....and you are not worried about.....?

**Other suggestions for discussing difficult topics or situations:**

It is often easier to start by talking about someone else’s situation (avoid sounding judgmental about that person because your child will think you would similarly judge them). It is okay to share your own personal experience and lessons you have learned, but acknowledge that circumstances may be different now.

## Talking with young people about relationships and sex: advice for parents and caregivers<sup>6</sup>

| Topic                                                        | Discussion Points                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Making decisions about relationships</b>                  | <p>It helps for young people to think ahead about what they would like from a relationship. Ask them questions such as:</p> <p>What is important to you in a relationship? How would you want to be treated by that person?</p> <p><i>This can be hard for parents who may have had difficult relationships themselves. It is okay to be honest about your own experience to help them learn.</i></p> |
| <b>Making healthy decisions about friends and activities</b> | <p>Help your young person to think ahead about situations they might face. For instance situations with friends, alcohol or drugs, being alone with someone they may feel attracted to.</p>                                                                                                                                                                                                           |
| <b>Consent and sex</b>                                       | <p>It is important for young people to hear us say that each person has the right to make decisions about whether or not to have sex with a person, and that no one has the right to push another person into a sexual relationship. Young men and young women both have the responsibility to make sure their feelings are known to the other person.</p>                                            |

<sup>6</sup> Adapted from: *Parent Engagement Facilitator Manual*, Department of Basic Education, Pretoria, 2019.

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Avoiding situations that are harmful</b></p> | <p>Young people (young women especially) may find themselves in a situation where someone who, in some way, has power over them is pressuring them to have sex. These situations can become violent, or in a less obvious way – become a form of exploitation. It is important for your young person to know that you are there to help them to protect them from exploitative and coercive relationships.</p>                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Sexual Pressure and Abuse</b></p>            | <p><b>Believe a young person if they say someone is pressuring or threatening them</b> Sexual abuse and exploitation are more common than we would like to believe. Young people are especially vulnerable to abuse when the pressure is coming from someone on whom they (or you) depend.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Planning for a sexual relationship</b></p>   | <p>All new relationships come with some risk that can be reduced with careful planning. Talk about where they can go for information and help with safer sex, before the relationship gets sexual. This includes prevention of HIV and STIs with condoms, getting a test for HIV, and contraception to prevent unintended pregnancy.</p> <p>Young people should be aware of the need for ‘dual protection’ – protection from both infections and pregnancy. While condoms work for both, many young women feel better protected if they also use another method of contraception for the extra protection from pregnancy. Condom use should be the responsibility of both partners - young women as well as young men have the right to get condoms, carry them, and insist on their use.</p> |
| <p><b>Sexuality is more than sex</b></p>           | <p>Our children need their parents and the adults around them to accept them for who they are. When they feel they do not have our acceptance it can cause them a lot of pain. Helping them to see you as an open person will make it easier for them to come to you for help when they need it.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



## PUBERTY

5

UNIT

# Puberty

## Preparation:

- See *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*, pages 23-27.

## Key points for the Facilitator

It is important for parents, religious leaders and other stakeholders who work with adolescents to appreciate the significance of puberty. This is the period during which adolescents reach sexual maturity and become capable of reproduction. It is associated with:

- Significant bodily changes in both girls and boys.
- Emotional changes in both girls and boys.
- Individuals developing in different ways.
- Acknowledging that usually, puberty starts between ages 8 and 13 in girls and ages 9 and 15 in boys.
- Recognising that with rapid social change, puberty now begins earlier in both girls and boys.
- With technological advances, adolescents are accessing information from various sources, some of which is not helpful to them at their age.

## When addressing puberty, it is helpful to keep the following points in mind:

- Not all young people are the same, but all have the need to understand their bodies and how they work. Most will need to understand fertility as they transition into adulthood. Age, sex, life experiences, and other characteristics affect the way adults communicate with youth.
- Talking about sex does not encourage sexual activity among young people. Rather, it can help youth make healthier and more responsible decisions and choices.
- Talking simply and accurately to youth as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.
- Talking about it can also help to reduce the teasing, embarrassment and unwanted attention that many young people (particularly girls) experience as their bodies change.

Puberty is another topic that may be difficult to address in an exhortation or bayaan and will be better tackled in meetings which allow for open and frank discussions. We therefore, recommend tackling this topic in other settings within the life of the faith community.

## Meeting with Parents (Fathers, Mothers jointly or separately)

### Exercise: Enhancing knowledge of puberty and supporting adolescents

By the end of this exercise, participants will be able to:

1. Define puberty, outline key changes in girls and boys and support them better.

### Method: Plenary and small group discussion, role play

#### Helpful Resource:

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (pp. 23-27)

#### Aids: Flip chart, Markers, Pens/pencils

**Time:** 1 hour and 35 minutes

#### Procedure

1. Begin by informing participants that at this point we are going to discuss puberty, highlighting the key changes in girls and boys and how parents can support adolescents better during puberty. Indicate that when it comes to the subject of puberty, generally, boys find it easier to talk to men, while girls find it easier to talk to women.
2. Ask participants to define puberty and describe the major changes that girls and boys undergo during this stage. Remember to cover physical and emotional changes. (5 minutes)
3. Request some participants to stage these scenes: 1- a girl discovers menstruation by accident; and 2- a boy is worried about wet dreams. It would be useful to have participating parents demonstrate two versions of each incident: one where the adolescent is dismissed without getting any support, and another where the adolescent receives effective accompaniment. Allow the other participants to comment on the two responses. (15 minutes)
4. Ask participants why it might be hard for adults to talk with adolescents about the changes associated with. Allow 10 minutes for the discussion. Include the following if not mentioned by the participants. Adults worry or think that:
  - a. They do not know the information very well themselves.
  - b. Their children or other young people will know more information than they do.
  - c. It is inappropriate or culturally taboo to talk about sex.
  - d. Young people will not listen to them.
  - e. Talking about sex with young people will encourage them to have sex.

Finish by asking the group what they can do to make it easier for parents/ caregivers to talk with young people (allow another 5 minutes for the group to discuss).

5. Inform the participants that next we are going to look at the development that boys undergo. Present the material on, "Boys 10-14," "Boys 15-19," and "Boys 20-24," highlighting the physical and emotional changes that boys go through. Review answers not provided in the brainstorming. Be sure to note that boys usually cannot control erections and that wet dreams are also normal and that masturbation is a healthy practice. (30 minutes)
6. Next, inform the participants that the discussion will focus on girls. Present the material on, "Girls 10-14," "Girls 15-19," and "Girls 20-24," highlighting the physical and emotional changes that girls go through. Review answers not provided in the brainstorming. Note that masturbation is a healthy practice. Also point out that menstruation can be a cause for embarrassment, discomfort and missed school (discussed later in greater detail). (30 minutes).
7. In conclusion, thank the participants for the sharing their knowledge and experience. Reiterate that they can always invite other resource persons such as health personnel and other service providers to share information and answer questions. (5 minutes)



## Engaging Children (12 years and below) on Puberty (adjust accordingly for the group 5-9)

### Exercise: Discussing puberty with children

#### Objectives:

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

1. Explain the meaning of puberty.
2. Identify at least 5 physical changes that occur during puberty.

**Method:** Plenary discussion

#### Helpful Resources

*Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (pages 23-27)

**Aids:** Flip chart, Markers, Pens/pencils

**Time:** 45 minutes

#### Procedure

1. Explain puberty by indicating that it is the period when a person's body and feelings change from those of a child to those of an adult. These changes are physical (relating to the body) and emotional (relating to feelings). There are also social expectations associated with puberty as parents and other people begin to expect the individual to succeed in completing certain tasks.
2. Next, clarify that everyone goes through puberty at some point in their young lives. However, some experience it earlier than others. For example, many girls start noticing the changes of puberty as young as age 8–9 while others not until ages 12–13. Many boys start noticing the changes of puberty at ages

10–11 while others may begin later around ages 13–14. It is also important to know that the body is changing but so are the feelings and relationships a person has. Sometimes the body can start to change while other changes might happen later. It is important to reassure children that all this is normal.

3. After this, it is helpful to state that some girls can worry about the size of their breasts, while some boys worry about the size of their penis. Explain that there are differences in the size of organs and that this is normal. If you see or hear about teasing in relation to the changes of puberty, spend time discussing. What seems like innocent or funny comments can have very hurtful consequences for a young person.
4. Ask the participants to share what they have heard of or if they have questions about physical changes relating to puberty. As learners share their responses, write them in one of three columns on the chalkboard that you have not labelled yet, so it looks like this:

|                                                                                                           |                                                                                                                     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Grow hair on the face/<br>chest.<br>Erections grow more<br>often and for no reason.<br>Voice gets deeper. | Starts to grow taller.<br>Develop pubic hair<br>around genitals and<br>under arms.<br>Might get acne or<br>pimples. | Breasts develop and may<br>start wearing a bra.<br>Ovulation and menstrual<br>periods begin.<br>Hips get wider. |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

5. Continue with the exercise by asking participants to include other developments associated with puberty that they know of or have heard about. Next, ask them to look at the three categories you have created with their responses and suggest what each category is. Once they have figured out the answer, write Boys, Both, and Girls on the top of each column so it looks like this:

| <b>BOYS</b>                                                                                                                                                                                                                      | <b>BOTH</b>                                                                                                                                                                           | <b>GIRLS</b>                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Grow hair on the face/<br>chest<br>Erections grow more<br>often and for no reason<br>Voice gets deeper<br>Shoulders get broader<br>Sperm production<br>begins and ejaculation is<br>possible<br>Nocturnal emissions may<br>occur | Start to grow taller<br>Develop pubic hair around<br>genitals and under arms<br>Might get acne or pimples<br>Sweat or perspires more<br>Hormone changes cause<br>more sexual feelings | Breasts develop and may<br>start wearing a bra<br>Ovulation and menstrual<br>periods begin<br>Hips get wider<br>Daily vaginal discharge |

(25 minutes)

6. Conclude the engagement by checking what they have learnt, reflecting on how the changes can affect moods, as well as indicating that they can always talk to someone they trust about puberty. (10 minutes)



## Engaging Adolescents and Young People on Puberty (separately or jointly)

### Exercise: Discussing puberty with adolescents and youth

#### Objectives:

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

1. Explain the meaning of puberty.
2. Identify the physical changes that occur during puberty.
3. Explain how to prevent STIs (including HIV) and early unintended pregnancy.

#### Methods: Plenary discussion, role play

#### Helpful Resource

Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights (pp. 23-27)

**Materials:** Flip chart, Markers, Pens/pencils

**Time:** 1 hour

#### Procedure

1. Indicate to the participants that now we are discussing how to engage adolescents and young people on issues to do with puberty.
2. Begin by writing, "puberty" on the flip chart. Ask a few participants to define puberty. Supplement their answers with information in the Religious Leaders ASRHR Handbook. (5 minutes)
3. After the technical definitions, ask participants to share one word that they feel accurately captures/describes puberty for them. Write all these words on the flip chart (expect and use humour). Brainstorm on the meaning of some of them. The major focus is on showing that puberty represents a period where a lot of changes are happening to adolescents, and that for many it can be an emotionally challenging time. (10 minutes)
4. Ask some participants to dramatise a situation where a teenage girl has been impregnated by a teenage boy. Alternatively, you can have a young person who has experienced an early and unintended pregnancy, but who has received support, to share (only if she or he is comfortable). To avoid stigma to anyone who has already experienced unintended pregnancy, be sure to point out that while young parents do face hardships, their lives are not over and they can still be loving parents. (10 minutes)
5. Inform participants that we are proceeding to divide into groups. Each group will reflect on the factors that may be the contributing causes of early and unintended pregnancy. (20 minutes)

Proceed to ask the groups to share their work, adding new points that were not covered by previous presenters. (10 minutes)

Utilise the list below if need be, to supplement the discussion.

Contributing factors:

- Poverty.
- Unequal gender relations.
- Lack of comprehensive sexuality education.
- Negative or Harmful Religious Practices.
- Lack of parental counselling and guidance.
- Early sexual debut.
- Health services that are not adolescent-friendly.

6. Ask the group what young people need to be able to prevent early and unintended pregnancy.

7. Conclude the discussion by emphasising the need for young people to be able to access youth-friendly reproductive services from health centres and from trusted sources in their families and communities. Also mention that it is possible to minimise early and unintended pregnancies through comprehensive sexuality education for in school and out of school adolescents and young people. (5 minutes)



# MENSTRUAL HEALTH MANAGEMENT

UNIT

6

# Menstrual Health Management

## Key Points for the Facilitator

Across the world, there are various myths and taboos surrounding menstruation. Some of the dominant views relate to the power of blood as sacred. Others associate blood with pollution or being unclean. The silence relating to menstruation can lead to panic among many adolescent girls. Failing to address it can lead girls to be excluded from ordinary activities. Parents, religious leaders, boys and men all have a role to play in menstrual health management.

### Consider the following:

- Menstruation is a normal biological process.
- Menstruation may be a “women’s issue” but requires the support of boys and men.
- Recognise that the changing social context has challenged most of the taboos associated with menstruation.
- A significant number of girls miss school due to inadequate sanitary wear and lack of toilet privacy and water.
- Society has a responsibility to ensure the availability of water and toilet facilities to meet the girls’ sanitary needs.

## Meeting with Parents/Guardians/Caregivers

Note: Due to the taboos associated with menstruation in most societies, it is strategic to begin by meeting men and women separately. It is vital to bring them back together in a plenary in order to demonstrate that menstrual health management is a community issue.

### Exercise: Menstrual Health Management for Parents

#### Objective:

By the end of this exercise, participants will be able to:

1. Define menstrual health management and support girls and young women more effectively.

**Method:** Small group work by gender, plenary discussion.

#### Helpful Resource

- *Religious Leaders’ Handbook on Adolescent Sexual and Reproductive Health and Rights* (pp. 30-31)

#### Preparation:

See the *Religious Leaders’ Handbook on Adolescent Sexual and Reproductive Health and Rights* (pages 30-31)

**Aids:** Flip chart, Markers, Pens/pencils

**Time: 1 hour**

**Procedure**

1. Indicate to the participants that we are now going to discuss menstrual hygiene management.
2. On the flip chart, write, "menstruation." Ask participants to say what menstruation is. After the responses, clarify that menstruation, or period, is normal vaginal bleeding that occurs as part of a woman's monthly cycle (while mensuration is the branch of mathematics which deals with the study of Geometric shapes, their area, volume and related parameters). (5 minutes)
3. Inform the participants that we will next work in groups, men and women sitting separately. Each group must highlight the role of parents, schools, churches and the government in contributing towards menstrual health management. (20 minutes)
4. When the groups are done, ask them to present their findings to the full group - men and women will now be together. (20 minutes)  
After all have shared, supplement the responses with the following information if not already mentioned:
  - a. Parents (including fathers) must provide knowledge, information and emotional support. If there are major cultural limitations, they must ensure that they invite relevant people who will be able to provide these.
  - b. Parents (including fathers) must provide financial assistance to enable girls to access sanitary ware in most contexts where these are not provided.
  - c. Schools must ensure that toilets for adolescent girls must have individual cubicles for privacy (to allow girls to change their pads and tampons as frequently as they ought and wish to), as well as sanitary products disposal units.
  - d. Faith leaders must play a leading role in advocating for the free distribution of sanitary products and for ensuring the availability of water at faith community institutions.
  - e. Faith communities must be actively involved in de-stigmatising menstruation and promoting acceptance that it is a normal biological process.
  - f. Governments must invest in distributing pads for free or removing duty on all sanitary products to bring down the prices. Take 40 minutes.
  - g. All must ensure that girls are treated with dignity and that menstruation does not become a barrier to education.
5. Conclude the session by thanking participants for their willingness to address a topic that has been deemed a taboo subject for a long time. Reiterate the point that menstrual health management is a collective responsibility and that all the different stakeholders have a role to play. Take 10 minutes.

## Engaging Adolescents (ages 10-19)

**Note:** It will be useful to initially separate boys/young men and girls/young women, then bring the groups together in a plenary. If you have a wide range of ages, divide them by age – for example 10-14, 15-19 – to ensure the full participation of younger adolescents.

### Exercise: Menstrual Health Management for Young People

By the end of this exercise, participants will be able to:

- Define menstrual health management and support girls and young women more effectively.

**Methods:** Small group work by gender (and age if the age range is wide), plenary discussion.

### Resources Needed

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (pp. 30-31)

**Aids:** Flip chart, Markers, Pens/pencils

**Time:** 1 hour

### Procedure

1. Highlight to the participants that now we are going to discuss menstrual health management. The key point to be underscored is that menstrual health management is not a matter for the individual girl or young woman, but that it concerns other stakeholders, including boys and men.
2. Invite participants to define menstruation. (5 minutes)
3. Ask participants to name the religious, cultural and social taboos associated with menstruation in their own context. They can also add what they have read and heard about menstruation. Take 10 minutes.
4. Indicate to the group that we are proceeding to groups. The groups will discuss the role of boys and young men in promoting menstrual health management. They should specifically discuss what they need to understand about menstruation, and what they can do to be supportive of girls when they menstruate. Take 30 minutes.
5. When the groups report on their discussions, add the following aspects (if they have not been reported by any of the groups): Boys and young men can contribute to menstrual health management by:
  - a. Gaining more knowledge and information on menstrual hygiene management. They are then better placed to support their wives, female relatives, friends, and colleagues in their menstrual hygiene.
  - b. Addressing barriers to water and sanitation for the hygienic management of menstruation with privacy and dignity.

- c. Being aware of the additional costs associated with menstrual health management for girls and women and recognising this in different budgets (e.g., the domestic and national budgets).
  - d. Demystifying menstruation and assisting in recognising that it is a normal biological process.
  - e. Removing the stigma around menstruation. If you see someone teasing a girl who is menstruating, speak up and let them know it is not acceptable.
  - f. Contributing to the advocacy around free distribution of sanitary products.
  - g. Participating in the local production of menstrual products. Take 10 minutes.
6. When concluding the session, reiterate the point that while an individual girl/young woman has to be supported in her menstrual health management, ultimately all members of the family, faith community and larger community must be involved. Take 5 minutes.



## HEALTHY RELATIONSHIPS AND POSITIVE SEXUAL BEHAVIOUR

**7**

# Healthy Relationships and Positive Sexual Behaviour

## Preparation:

Before applying materials in this Unit, take time to familiarise yourself with the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*: Chapter 7, pages 32 – 36.

## Learning Objectives:

By the end of this Unit, Religious Leaders should be able to:

1. Develop and apply skills to articulate and teach positive sexual behaviour and positive relationships in their community.
2. Distinguish negative sexual behaviour from positive sexual behaviour.
3. Equip parents and guardians with skills to promote positive sexual behaviour among young people in their community.
4. Teach and facilitate life skills learning by adolescents and youths in their community.

## Key Points for the Facilitator

1. HIV remains a real challenge to the health and prosperity of the African continent. Religious Leaders are a critical group that could make a lasting contribution in this response. While new infection rates are declining among other age groups, they remain high among adolescents and youths, indicating that there is need to address the sexual behaviours of adolescents and youths in a realistic way. Adolescent girls and young women are getting infected at higher rates than their male counterparts.
2. Parents, guardians, religious leaders and faith communities must empower adolescents with life skills that will help them adopt positive sexual behaviours. Life skills refer to the abilities of adolescents to negotiate challenges in life in order to have positive outcomes.
3. In most cases, parents, guardians and adolescents and youths have not been able to deal with issues to do with sexual behaviour, not because they do not want to, but because they lack sufficient knowledge and life skills to handle the subject. Religious leaders have also not been fully equipped to handle this subject from their training, but this resource can go a long way in equipping religious leaders with the necessary skills to bring this issue to their members.

### IMPORTANT:

Unfortunately, many young people have experienced sexual abuse and violence in their lives. This can include boys as well as girls. When talking about healthy and unhealthy relationships and sexual experiences with young people, those who may have been abused or exploited in some way may experience some distress during the discussions. Stay alert for those who seem withdrawn or uncomfortable; find a private moment to offer to listen and help if they have anything they need to discuss. Plan ahead for what you will do in these situations. If a child is in an unsafe situation, you may need to intervene and/or link them to protective services. Find out about nearby services for rape survivors and child protection.

## Preparing the Religious Exhortation, Bayaan and Teaching

The exhortation, Bayaan or teaching remains a key instrument in faith communities and we must never deviate from it. However, let us make our exhortations opportunities to infuse and propagate “positive sexual behaviour” not only for adolescents and youth, but for all members of the community. It must begin with parents and other adults who are role models for young people. As a starting point:



- Let us begin by avoiding condemnatory and discriminatory tendencies in our exhortations that seek to dehumanise adolescents and youths that have (for whatever reason) failed to abstain or stopped abstaining.
- Recognise the life situations and social pressures that are pushing young people into early sexual activity.
- Avoid explicit condemnation of condoms (even if you do not agree with their use) – this is the main means through which people can protect themselves from HIV if they cannot avoid having sex.
- Avoid explicit condemnation of other contraceptives (even if you do not agree with their use).
- Practise what we preach! Religious leaders are also human and must model the behaviour we hope to see in others.

### Points to consider when preparing an Exhortation in different Settings

There are many passages in our sacred texts that deal with communication, temptations, positive and negative pressure and it is from these texts that we can infuse a number of ideas that are critical when teaching about positive sexual behaviours. Since the platform is used to address mixed groups, we can use it to address this subject in a general, but effective way. The following are key ideas to infuse in our exhortations from the platform:

- Any action or activity that harms another person is not good because the Almighty wants us to live in peace, justice and harmony.
- Be an effective communicator and have the strength to resist negative pressure.
- Respect other people’s feelings and decisions.
- Abstinence remains the most appropriate sexual behaviour before marriage, however, when this has failed (and it does fail many times!), it is not the end of the world. For those who cannot abstain, there are options for protection.

## Meetings with Parents/Guardians/Caregivers (Fathers, Mothers and Guardians)

### Key Points for the Facilitator:

Most parents struggle with parenting their children, for a variety of reasons. These may include being busy with livelihood activities and other responsibilities, a lack of parenting skills, and/or being overly socially conservative. Religious leaders have an obligation to help equip parents with the necessary skills to parent their children effectively, especially when they become adolescents and youths. The following exercises can help parents understand the sexuality of adolescents and youths and how best to help the adolescents and youths negotiate and navigate their transition from early adolescence to adulthood.

### Key Messages:

- Parenting involves more than impregnating a woman or carrying a pregnancy for nine months.
- Be a confidant of your children from early on in their lives.
- Be a good listener to your children; do not always talk to them, talk with them.
- Provide material things to the best of your ability but do not overdo it, material possessions do not parent for you.
- Make time for your children, if you do not someone else will.
- Children are indulging in sex much earlier in their lives and they need our guidance not condemnation.
- Learn from your children if they are going to learn from you as well.
- Young people get much of their information from the internet and social media; it is important to stay ahead of this with open communication and guidance to trustworthy sources.

### Exercise: What is Positive Sexual Behaviour for Adolescents and Youths?

#### Objectives:

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

1. Define the concept of positive sexual behaviour.
2. Acknowledge that harmful or positive sexual behaviour is influenced by other factors, especially cultural and religious factors.
3. Reflect on the importance of positive sexual behaviour in the context of HIV and AIDS.

**Methods:** small groups, plenary

**Materials:** Flipcharts, markers, printout from the Religious Leaders' Handbook pages 33-36

**Time:** 60 minutes

**Procedure:**

1. Divide participants into groups of between 5 and 10 participants depending on the size of the whole group.
2. Ask the small groups to reflect on their own adolescence and youth, and discuss the following questions:
  - a. What were we told was the purpose of sex?
  - b. What was considered right, and what was wrong?
  - c. What “sexual practices” were condoned, condemned or ignored when we were adolescents and youths?
  - d. What are harmful sexual practices?
  - e. What are positive sexual practices?
  - f. What types of relationships were considered riskier than others?
  - g. What lifestyle risks did people take that led to unsafe sexual situations (e.g. drinking alcohol)?
  - h. Were there adolescents and youth who did not conform, and what happened to them?
  - i. What sexual behaviour do you now expect from adolescents and youth?
  - j. What role do the media and social media play in influencing young people?
3. Ask the groups to present their feedback to the main group and allow discussion and questions on the points made by groups. As a large group, share ideas on things parents can do – as parents today, what steps can we take to support our young people recognise risks and make responsible choices?
4. Summarise this exercise by highlighting and reiterating the important points raised by the groups and emphasise the changes that have happened between the world of the participants and that of their children.



**Engaging Children (12 years and below)**

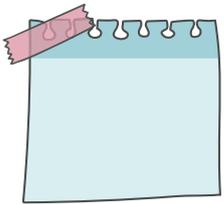
**Key Points for the Facilitator:**

Delaying talking to our children can have greater negative effects than talking to them. We need to talk with our children on positive sexual behaviour from an early age in an appropriate way that takes note of their ages. As a religious leader, always strive to talk with the children and below are activities that you can do with them to instil in them positive attitudes that will prepare them to adopt positive sexual behaviour when they begin to transition from childhood to adulthood.

**Key Messages to Reiterate:**

1. Most people are good and will not abuse any children. However, children can be abused by any person: parents, relatives, and people they know as well as total strangers. Be alert always to avoid abuse!

2. We must trust the people that care for us, such as our parents, relatives, teachers, and friends, but we must always report if they begin to touch us inappropriately. This is true for the people with whom we pray as well.
3. There are things that only our parents and carers can do, like touching our private parts when they bathe us. We must not let anyone touch our private parts, if anyone does, tell someone you trust.
4. Do not trust a stranger, who wants you to go somewhere or do something private with them, no matter what the stranger offers you. If this happens, move away quickly. If you need to – Run! Shout for help! Report them to someone you trust!
5. If ever a relative or stranger asks you to do something sexual or begins to touch your body in a way that makes you uncomfortable or afraid, get away from them and report them to someone you trust (teachers, parents, police, priest or pastor)



## Exercises for 5 – 9 Year Olds

### Exercise 1: Relationships – Who do I trust?

#### Objectives:

By the end of the exercise, children will be able to:

1. Identify the parts of the body that are private.
2. Distinguish between good and bad touch.
3. Demonstrate how to respond if someone is touching them in a way that makes them uncomfortable.
4. Explain how they would talk to a trusted adult if they are feeling uncomfortable about being touched.

**Methods:** Interactive question and answer

**Materials:** Flipcharts, markers

**Time: 30 minutes**

#### Procedure:

1. Sit the group in a circle or horseshoe so that everyone can see one another, join them in the circle.
2. Begin by telling the group that children face some dangers, and that not everyone can be trusted. It is important to stay alert for things you should not allow or trust. We will discuss things you should be alert for, and what you can do if something happens.
3. Ask questions to the group and allow the group to answer. Make sure all children participate. The following questions can help in this activity:
  - a. Who are the people we can trust (at home, school, community)?

- b. Who should we tell, if someone is doing things that we do not understand?
  - c. What should we do, if a stranger offers us some things (toys, sweets, biscuits, money)?
  - d. Why do we trust some people and not other people?
  - e. What are some examples of good touch? What are examples of bad touch?
  - f. What parts of your body must no one touch, unless they are bathing a young child? Why do we call these private parts?
4. Allow children to answer these questions in a plenary and allow for an exchange of ideas as they process the information they are sharing.
  5. Summarise this exercise by highlighting and emphasising the key points given above and if you or the children know the song “do not touch...” which highlights body parts that must not be touched, you can sing the song with them.

**Exercise 2: Relationships – What should I do?**

**Objectives:**

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

1. Name the relationships that they have.
2. Explain that their lives are made up of different relationships formed in different places.
3. Reflect on what they should do in relationships.

**Methods:** Interactive question and answer, large group discussion

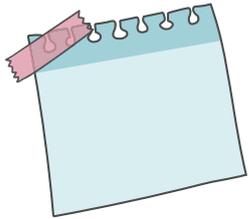
**Materials:** Flipcharts, markers

**Time:** 30 minutes

**Procedure:**

1. Sit the group in a circle or horseshoe, so that everyone can see one another. Join them in the circle.
2. Begin by sharing with the children a story about a faith hero (Jesus, Mohammed, Buddha, Moses, Abraham etc.), showing how good children listen and obey their parents and other elders. Share with them, how good children talk to their parents about things happening to them. Share a story that shows the virtues of honesty, obedience, trust and any other virtues we want our children to learn. Make your story not more than 10 minutes to keep the children attentive.
3. After your story, children love to participate and be involved. Use questions to allow them to learn about what they should do in different situations. Refer to the following questions and statements (and others you can think of). You can write the questions on a chart for all to see:
  - a. What do children who are deemed good do when told to do something by their parents?
  - b. I must always be .... (honest/dishonest) with my friends.

- c. I must .... (obey/disobey) my parents at home and teachers at school.
  - d. I must ..... (trust/distrust) strangers.
  - e. I must .... (play with/cheat) my friends.
  - f. God wants us to be ..... (good/bad) people.
  - g. It would be wrong for me to .... (obey/disobey) my parents/teachers.
  - h. I obey elders if they are ..... (abusing/helping) me.
  - i. If anyone touches me in a way I do not like, I should .... (report/not report) this to a person I trust.
  - j. If I see a stranger who wants to offer me things, I will .... (accept/reject) the things and .... (go to him or her/run away) and report the stranger.
4. Allow the children to discuss the answers and their own experiences in a plenary and summarise the key expectations from this exercise for the children to take away.



## Exercises for 10 – 12 Year Olds

### Exercise: Relationships – What relationships do I have?

#### Objectives:

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

1. Name the different relationships in their lives.
2. Reflect on what makes relationships strong and healthy.

**Methods:** small groups, role play, plenary

**Materials:** Flipcharts, word cards, markers

**Time:** 45 minutes

#### Procedure:

1. Arrange the group to sit in a circle or horseshoe and seat yourself with them.
2. If the group is large, divide the children into smaller groups of 5 - 10 participants each.
3. Ask the small groups to discuss and write down the different relationships that they are involved in (you can prepare word cards with different relations for children e.g. family, community, school, parents or caregivers, siblings, brothers, sisters, friends, God-parents, uncles, aunts, cousins, pastor, teachers etc.).
4. In a plenary, ask the groups to present the relations they have come up with. Ask the groups to say something about the relation they have identified e.g. parents are our fathers and mothers, they take care of my needs, they pay my school fees, bring me to worship and provide food for me.
5. Ask the small groups to do a small role play of how they relate in a particular relationship e.g. teacher and students, father and children, pastor and children,

mother and children etc. For each type of relationship, they should consider what makes a relationship healthy and strong.

6. Ask the students to perform their role plays while the others observe and make comments when they are done.
7. Summarise the exercise and highlight that relationships involve the individual and other people. The other people come from families, faith community, education community and the places we live with other people. Point out that different relationships may require different styles of communication, but that they are all stronger and healthier if they are based on trust, honesty, respect and faithfulness. It is important to have open communication, even with topics that are difficult to discuss.



## Engaging Adolescents and Youth on Relationships and Positive Sexual Behaviours

### Key Points for the Facilitator:

Studies in many different parts of the world, including in Africa, are consistently showing that the age of sexual debut for many young people is around the age of 15, with some as early as 12, while others are delaying sexual debut into their 20s. Faith communities remain largely in denial about these statistics. This toolkit is urging faith communities to come out of denial and to begin engaging adolescents on this subject and to promote positive sexual behaviours among adolescents and youths. Engaging adolescents and youth in different age groups (13-15-year olds, 16-19-year olds, 20-24 year olds) will enable more specific discussions for young people in different stages of life.

### Key Messages to Reiterate:

1. As a faith community, we would be happy if all adolescents and youth delayed their sexual debut until the night of their wedding.
2. As a faith community, we are aware that for several reasons, this is not always possible, hence some will engage in sexual relationships before marriage.
3. As a faith community, we are aware of the dangers that these relationships pose to adolescents and youths, including HIV infection, failure to pursue professional development, especially for young women, unplanned pregnancies leading to pre-mature entrance into parenthood.
4. Noting these consequences, we encourage those who are no longer abstaining to consider a “return to abstinence” – it is possible to stop.
5. If this fails, we encourage you to seek assistance from health professionals who can provide information and services to protect yourselves from the consequences of sexual relationships.
6. If you are comfortable, you can also explicitly encourage those who are not able to abstain to take steps for protection against pregnancy, HIV and other sexually transmitted infections, as well as abusive or violent relationships. Consider the different contraceptive methods such as condoms, pills and

injectables, in the Handbook. More information on these methods can be accessed from health centres.

7. Sex must always be by consent of both partners. When one person does not consent it is considered rape.
8. What brings pleasure to one person must never harm another. No means No!
9. Do not be stampeded into sexual relationships. Walk away from such relationships if your partner becomes domineering and demanding. Relationships should always be based on respect.
10. Delaying sexual relationships allows young people to pursue their academic and professional development without hiccups. It also allows young people to mature - both physically and socially - making them better equipped to deal with the consequences of sexual relationships.

**Exercise: Expanding Relationship circles****Objectives:**

By the end of this exercise, participants will be able to:

1. Define relationships.
2. Explain how circles of relationships keep expanding as a person grows older.
3. Think critically about healthy and unhealthy relationships and their influence in our lives.
4. Discuss strategies to keep relationships healthy and to move away from unhealthy relationships.

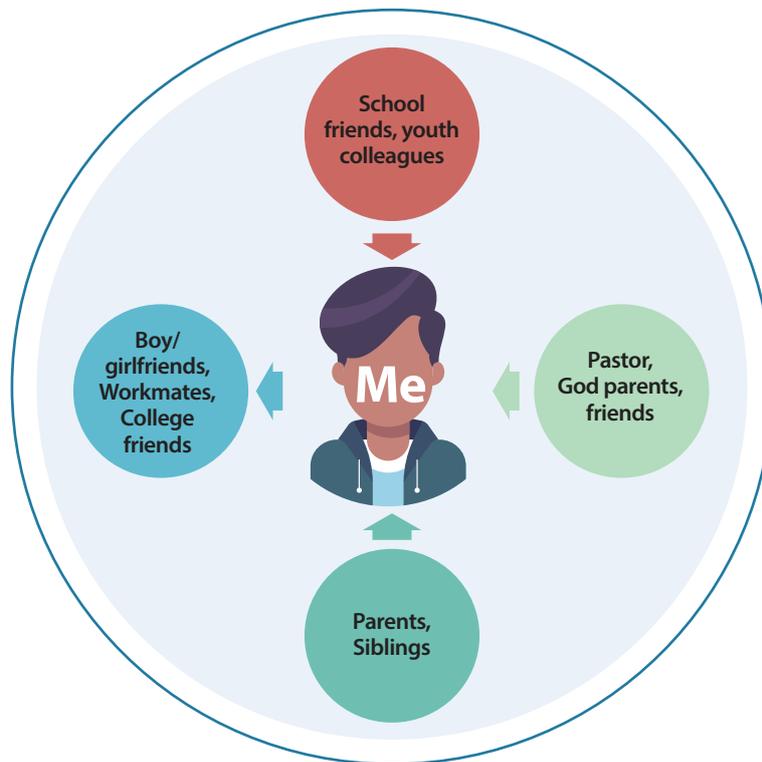
**Methods:** small group work, role play, plenary

**Materials:** Flipcharts, markers

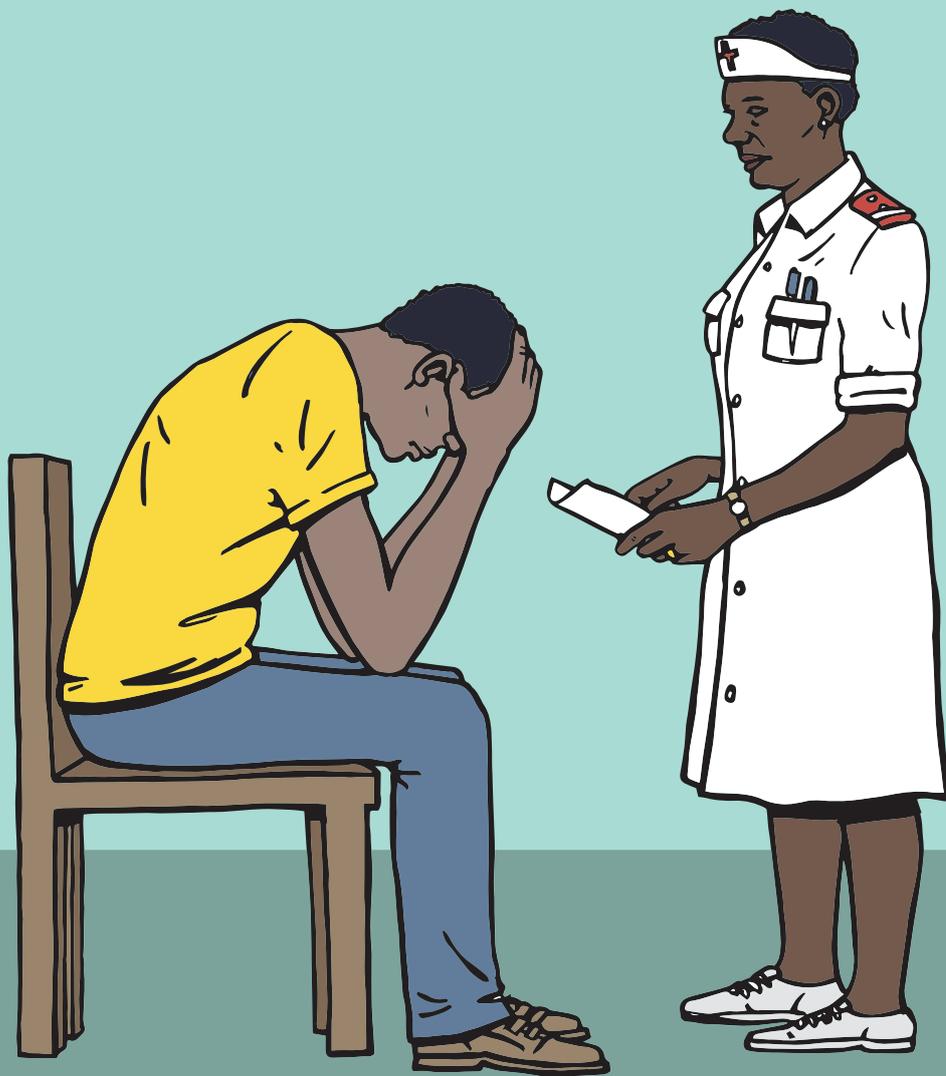
**Time:** 45 minutes

**Procedure:**

1. Divide the participants into groups of 5 -10 participants depending on the size of the whole group.  
Ask the groups to reflect on the types of relationships that were important to them as children (give examples such as parents, siblings, god-parents, pastors, etc). Have them map those relationships starting with an image like the one below- on pieces of paper or flip chart (have a prepared flip chart to get them started). Have them map the relationships that became important to them as they entered their teen years, adding circles and other shapes to their liking. Finally, have them add the relationships that are becoming more important as they move toward adulthood. [Give examples like girlfriends, boyfriends, workmates etc.]



2. Ask for volunteers to explain the expanding number of relationships in the lives of a young person, clarifying how new relationships emerge into our lives with each development stage. You can share your own prepared chart and compare with the feedback from the groups.
3. Ask the participants to return to their small groups and prepare role plays to demonstrate the expanding relationship circles, with examples of good relationships, and bad relationships etc.
4. Allow each group to do their role play for the larger group, followed by questions and discussions on the different role plays. When they are done, ask probing questions to the overall group to for a guided discussion. Some examples of probing questions are:
  - a. When do adolescents and youth begin to have love relationships?
  - b. Where do these relationships begin?
  - c. What are the signs of healthy and unhealthy love relationships?
  - d. What are the signs of healthy and unhealthy relationships with friends? (be sure to probe for issues related to peer pressure).
  - e. What can we do if we see that we are in an unhealthy relationship?
  - f. How can we keep our relationships positive and healthy?
5. Summarise this exercise by emphasising that from birth, we are all on a journey which involves meeting people along the way. As we enter relationships with these people, some relationships will be very dear to us, others will not be so dear but still important. Healthy relationships help us to develop into responsible adults and help us to fulfil our life goals, while unhealthy relationships may lead us off track and make it harder to be responsible and achieve our goals.



## SEXUALLY TRANSMITTED INFECTIONS AND THEIR PREVENTION

UNIT

# Sexually Transmitted Infections and their Prevention

## Key Points for the Facilitator

**What are STIs?** Sexually Transmitted Infections are commonly referred to as STIs. These are infections spread from man to woman, from woman to man and between two people of the same sex through body fluids, including semen, vaginal fluids and blood through sexual contact. They can also be transferred from mother to child. It is critical to take STIs seriously; some can only be treated but not cured, and AIDS can become life threatening. Others can cause complications if not treated. Therefore, preventing STIs and seeking medical attention in time cannot be stressed enough.

### How to avoid STIs

The following are ways to avoid STIs:

- Abstaining from sexual intercourse.
- Getting tested with your partner before sexual intercourse.
- Being faithful to one uninfected partner.
- Visit your nearest health facility for PEP if you have been exposed.
- Correct and consistent use of a male and female condoms in all sexual relationships.

**Awareness alone is not enough to prevent risky behaviours. Thus, adolescents must:**

- Make informed decisions to protect themselves and others.
- Resist peer pressure that may lead to unhealthy behaviour.
- Learn to assert and affirm themselves in their decision/s.
- Fight against denial and discrimination.
- Establish and cultivate a good relationship with their partner.
- Exercise skills in communication, i.e. listening to partners, informing, and persuading their peers.

## Preparing the Religious Exhortation

One of the greatest resources that we have at our disposal, which we use in our communities, is the exhortation, bayaan or teaching. Our exhortations are opportunities to teach about sexually transmitted infections. As a starting point, avoid allowing your exhortation to be coloured by stereotypes and negative statements. Remember to remind people they have options, and include steps people can take to protect themselves with all warning messages.

### Preparation:

- See the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*, Chapter 8: Sexually Transmitted Infections and their Prevention (pages 38 – 42).
- Review the **Resource Materials** at the end of this unit.

### Points to consider when preparing a Religious Exhortation or Bayaan in different Settings

There are many texts that we read from our sacred writings that directly or indirectly speak about adolescents and youths/young people from which we can teach about the sacredness of our bodies.

- Adolescents and young people who show symptoms of a sexually transmitted infection (STI), or have had unprotected sex and may be at risk for STIs should visit a clinic for testing and treatment. Please note that there is need to emphasise the importance of 72 hours to access critical medical care, including accessing HIV testing services (HTS), post-exposure prophylaxis (PEP) and contraception.
- STIs can put young people at greater risk of HIV transmission and of infertility.
- HIV is transmitted through blood, semen, vaginal fluids, and breast milk.
- Some STIs can be transmitted through different types of sexual contact (involving the mouth, anus or genitals).
- Sexual transmission of STIs and HIV can be prevented by:
  - ▶ Abstaining from sex.
  - ▶ Being faithful to one partner.
  - ▶ Using a condom correctly and consistently.
  - ▶ Treatment as prevention: We now know that it is possible to avoid transmission if one partner has HIV. This means getting tested, starting treatment immediately, and monitoring viral load. With good adherence, a person living with HIV can be virally suppressed which prevents transmission and keeps the person healthy.

## Meeting with Parents (or Guardians)

### Exercise: Sexually Transmitted Infections

#### Objective:

By the end of this exercise, participants will be able to:

1. Describe transmission, prevention, symptoms, and treatment of some common Sexually Transmitted Infections (STIs), including Chlamydia, Gonorrhoea, Chancroid (Genital Sore), Syphilis, Herpes, Candidiasis and Genital Warts.

**Methods:** Small groups, Plenary (men and women jointly or separately).

#### Helpful Resources

- Chapter 7 of **Religious Leaders' Handbook**.
- **STI Resource Material** (found at the end of Unit 7).

**Materials:** Flip chart, markers, pens/pencils, copies of the STI resource material for group work.

**Time:** 1 hour and 30 minutes.

**NOTE TO FACILITATORS:**

If time is short or the religious leader does not feel comfortable with the full subject matter, it is most important that parents leave this discussion knowing the symptoms of STIs, how to prevent them, and what to do if someone has a symptom. It is less important that they know the names and details of every infection.

**Procedure**

1. Note that next we will be reviewing Sexually Transmitted Infections, including modes of transmission, symptoms, effects, and treatment.
2. Begin by leading participants in a discussion. Ask if someone could share a definition of STI — what is it? Be sure to articulate a correct definition if no one offers one — Sexually Transmitted Infections (STIs) are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses, and parasites (WHO definition).
3. STI is often used because medically, infections are only called diseases when they cause symptoms and many STIs don't have any symptoms. Therefore, the term STI is technically more accurate than the older, 'sexually transmitted diseases' (STDs).
4. Using the following question, lead participants in a brief discussion, noting answers on flip charts. Complement their answers with the ones below if not mentioned.
  - Why is it important for adolescents and young people to learn about STIs?
  - It helps them take care of their bodies.
  - Untreated STIs can jeopardize a person's health and future ability to have children.
  - It helps young people to be able to discuss STIs with their partners (partners must also be treated).
  - HIV is transmitted easily if untreated STIs are present and condoms are not used during sexual intercourse.
  - It helps recognize myths like "It's easy to tell if a person has an STI/HIV because he/she will look sick" that could prevent a person from using effective prevention methods or seeking needed treatments.
5. Ask the group what symptoms of STIs they know, and list them on a flip chart. For the list to be complete it should include: **males:** discharge from the penis, burning or pain when urinating, sores, bumps or ulcers on the genitals; **females:** unusual discharge, sores, bumps or ulcers on or around the genitals, pain in the lower belly.
6. Next, ask participants to brainstorm on STIs that they have heard of and list them on a flip chart. If helpful, refer to the facilitator's Resource on STI Regional Data to briefly reference STI prevalence rates for Africa or share country-level data if available.
7. Note that STIs can be viral, bacterial, or parasitic. Indicate that if a virus causes an STI, it is possible for it to remain asymptomatic for periods of time (meaning

there are no symptoms). It is possible to have the virus and not know it, and it is possible to pass it to another person without either person knowing it. Viral STIs can be treated with medications, but not cured. STIs that are viral include genital warts (HPV), HIV, hepatitis B, hepatitis C, and genital herpes. Indicate that if bacteria or a parasite causes an STI, it needs to be treated with antibiotic or antimicrobial medication. STIs that are bacterial/parasitic include gonorrhoea, chlamydia, syphilis, pubic lice, scabies, and vaginitis.

8. Next, divide participants into 2-3 small groups. This can be by gender, age or other way you choose. Depending on how many groups, assign each group up to three specific STIs and give each group the STI resource material found at the end of this unit. If all STIs have been assigned, assign duplicates as needed. Explain that each team is to become a group of “experts” on the STIs that they will be assigned. Explain that they will have 15 minutes to become “experts” by filling in the appropriate sections in the STI Chart. Let them know that after this they will be asked to educate other expert groups about their STIs multiple times and that they will also be seeking out information from the other expert groups on the STIs that they are not experts on.

Ask participants to take 10 minutes to complete the appropriate sections in the STI Chart using the information from the STI resource material.

9. Call time and ask groups to find a group with a different STI and present their findings to each other so that each group has a chance to fill in the chart for a blank STI. Note that they have 5 minutes per group to share their expertise with each other.

10. Repeat this as many times as it takes until all groups have filled in the entire chart.

11. When all groups have finished, distribute the STD and HIV resource material and ask participants:

- What was it like to fill in their chart and then share information with the other group?
- Were you surprised by any of the STI information?
- What were some of the most important things to remember about the different STIs?
- How could you use an exercise like this in your faith community?

12. Conclude by making the following points:

- STIs are common and adolescents and young people are especially vulnerable because they lack knowledge about them, skills to protect themselves, and access to services because of stigma and other factors.
- Learning about STIs is important for adolescents and young people, especially since many STIs do not show visible symptoms and yet can cause serious health consequences if left untreated.
- Understanding what STIs are and how they are transmitted is key to helping adolescents and young people protect themselves, seek treatment, and prevent possible further transmission should they acquire an STI.

- If you or someone you know thinks they have a symptom of an STI they should see a health worker as soon as possible.
- Only abstinence is 100% effective in preventing STIs. If you have sex, using condoms correctly every time is the best way to prevent STIs. If you have an STI, you must get treated and then practice safe sex or you are likely to get infected again. Both partners must be treated.



## Engaging Children (12 years and below) on Sexually Transmitted Infections

### Exercise: Sexually Transmitted Infections

#### Objectives:

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

1. Identify the signs and symptoms of STIs.
2. Describe ways to prevent STIs.
3. Explain the impact of STIs.

**Methods:** Group discussion, interactive quiz.

#### Helpful Resources

- STI Fact Sheet covering the various STIs (found at the end of this Unit).
- STI Quiz Questions (prepare a flip chart from Handbook page 40).
- STD and HIV Brochures (if available).
- STI Chart (page 38 Handbook).
- Facilitator's Resource on STI Regional Data.

**Materials:** Flip chart, Markers, Pens/pencils.

**Time: 30 minutes.**

#### Preparation:

#### Procedure

1. Ask participants if they know what a sexually transmitted infection is.
2. Share the following description of how these infections are transmitted:
  - Sexually transmitted infections happen when a person has unprotected sex with another person who has an infection. They cannot be transmitted by holding hands, hugging or drinking from the same glass.
3. Ask the groups to name a few STIs. [Facilitators note – this can be done with participants 9-12 years, but will not be suitable for younger children].
4. Pass out a sheet of paper to each group. Ask them to write the numbers 1 through 6 (vertically). Inform groups that they are going to take a short quiz on STIs, but let them know they will not be graded.

5. Read the following six questions from the prepared flip chart. After each statement, allow time for participants to write down their answers. This can also be done in teams to make it more interactive.

**Questions:**

1. True or False: STIs are not a problem for young people in Africa.
2. True or False: STIs can lead to serious health problems, especially if left untreated.
3. True or False: It is easy for young people to know if they have an STI, because they will experience uncomfortable symptoms.
4. True or False: Having an STI puts young people at greater risk for contracting HIV.
5. What is the best way for young people to protect themselves against STIs?
6. What should young people do if they think they may have an STI?
6. Conclude by going through each question, asking for volunteers to share their answers. Use the following information to further explain the correct answer.

**1. True or False: STIs are not a problem for young people in Africa.**

False. STIs are a serious health problem for young people in Africa. HIV infections are more frequent among those under 24 (who are in sexual relationships) than in any other age group.

**2. True or False: STIs can lead to serious health problems, especially if left untreated.**

True. Many STIs, if left untreated, can cause complications that make it harder for young men and women to have children later in life. Gonorrhoea or chlamydia may lead to sterility in males and infertility in females (*to avoid blame and stigma it should be noted that not all infertility is caused by STIs*). If not treated, syphilis or HIV could lead to death. This is why testing is very important.

**3. True or False. It is easy for people to know if they have an STI, because they will experience uncomfortable symptoms.**

False. Only some STIs show symptoms. There are often no symptoms or it may take years before symptoms appear.

7. Explain to participants that it is not necessary to know the name of every STI. Doctors and nurses with tests and expertise know this information. As young people, they should be familiar with general signs and symptoms so they can respond to their worries (if they have had any sexual contact) and seek services through consulting adults.



## Engaging Adolescents and Youths on Sexually Transmitted Infections

### Exercise: Sexually Transmitted Infections

#### Objectives:

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

1. Name the most common and most dangerous STIs.
2. Describe common symptoms of STIs and what to do if someone has one.
3. Describe at least 7 different types of STIs, their modes of transmission, effects, consequences and method of treatment.
4. Identify at least three factors contributing to increased STI rates.

**Methods:** Group activity, discussion, role play.

#### Helpful Resources

- Local fact sheets or health education materials on STIs and HIV (see a local health worker to find materials in local language and for the level of literacy for your audience).

#### Materials: Flip chart, Markers, Pens/pencils.

STI and HIV testing resource materials at the end of this unit.

**Time:** 1 hour and 30 minutes.

#### Procedure

1. The facilitator can introduce the activity by conducting a **“trusting Exercise”**. Break the group into two groups of females and males. The purpose of this exercise is to demonstrate who, what, when and why people trust. Each person in the group is asked to stand with two persons flanked on the outside of the person in the middle. Instruct the person in the middle to close his/her eyes and to fall backwards and forwards into the arms of the two other individuals in that group. Allow several minutes so that each person has a chance to be in the middle.
2. Ask each group what they experienced. Find out who kept their eyes closed and who opened them. Ask if the middle person knew the person in the front/back. Did knowing that person make a difference? Explain that trust is the firm reliance in the honesty, dependability, strength of character of someone or something. Ask participants if they believe themselves to be trustworthy and why. For those who are sexually active - avoiding STIs means being able to trust your partner will get tested for HIV and other STIs, share information and use condoms for all sexual activity. Your partner needs to be able to trust that in you as well.
3. The facilitator should tell participants that the activity will help them recognize the threat that sexually transmitted infections (STIs) have on personal health and to identify signs and symptoms of common STIs.

4. **Defining Terms/Discussion.** Ask participants to define sexually transmitted infections (STIs.)
  - **Begin this discussion by explaining that:** STIs are also referred to as STDs (sexually transmitted diseases). At one time, STIs were called venereal disease or VD. Today, it is understood that sexually transmitted infections (STIs) is a more accurate description since not all sexually transmitted infections cause disease symptoms. However, they must all be treated. Two reproductive tract infections in women can happen without sexual transmission (yeast infections (monilia/candida), bacterial vaginosis). However, the acronyms VD, STD and STI all used to mean the same thing – infections passed from one person to another through sex.
  - **STIs** are infections transmitted by any type of intimate genital, anal or oral contact with an infected person. While a few STIs are only unpleasant, most have serious consequences and require professional medical treatment. Some can cause sterility. Others can affect a developing foetus or newborn and may cause birth defects. Some increase the risk of getting certain cancers. Others such as hepatitis-B, syphilis and the human immunodeficiency virus (HIV) that causes AIDS can kill you.
  - Give all participants an index card along with a pen or pencil. Encourage them to write down any questions that may come up during the activity. Say that you will try to answer them at the end of the session.
5. Ask the participants to name all the types of STIs they can think of. List them on flipchart paper. Review the list, making sure to include other important STIs not mentioned.
6. **Ask participants:**
  - If they know how each of the listed STIs is transmitted?
  - What are some of the signs/symptoms?
  - How are STIs treated?
  - What should a person do if they think they have a symptom?
  - Why is it important for both partners to be treated?
  - Why do they think the rates of STIs are increasing?
  - You can assist by writing down responses while the discussion is going on.
  - The facilitator can present other information on STIs not covered in the brainstorming session and respond to unanswered questions.
7. Ask participants to **role-play** the following situations:
  - A partner has been diagnosed with an STI. How does the other partner respond to this information? Process the role-play and ask participants to give their reaction. Ask if healing can take place in this situation? If so, how?
8. **Conclude by asking participants to:**
  - Name at least four common STIs including how they are transmitted, symptoms and if they can be cured.
  - Identify at least three factors contributing to increase in STIs.
  - Ask participants how they would communicate information about STIs to others.

## HIV Testing and Counselling – Activities for parents and adolescents

The following activities may be used with adults and adolescents in separate or combined groups. You may want to talk with young people to determine what approach would work best in your setting.

### Objectives:

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

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

**Methods:** Group discussion in plenary, lecture, quiz.

### Helpful Resources

- *Religious Leaders' Handbook*, Chapter 8, pp. 41-42.
- Facilitator's Resource Quiz on HIV Counselling, Testing, and Treatment.
- Facilitator's Resource Answer Key on HIV Counselling, Testing and Treatment.

**Materials:** None.

**Time:** 60-70 minutes.

### Procedure

1. Explain that next we are going to talk about HIV testing and counselling.
2. Note that many adolescents, and other people living with HIV may not know their status because they have never been tested, whether they were born with HIV or acquired it over time. Getting tested for HIV, often combined as HIV testing and counselling, is the only way to really know if you are infected.
3. Ask participants what they understand about HIV testing and counselling. Once they have shared their thoughts, provide an overview of HIV testing, counselling, and treatment by sharing the following information:
  - Note that counselling can take place before and/or after an HIV test. Pre-test counselling includes counselling to explain the testing procedure and how the results will be given while providing a chance to ask questions about the test and share fears or concerns. Post-test counselling includes counselling to provide the test result and ensure understanding of the result as well as opportunity to talk it through and make immediate plans to access treatment, care, and support.
  - Explain that for the actual testing, there are different types of tests, including a rapid test using a blood sample as well as oral swabs. Tests are usually done in a testing facility, or by a health worker in community or household settings. Some tests can now be done at home by the person themselves (there is often an age requirement for this). Samples are tested for antibodies in the blood or saliva. Antibodies are produced by white blood cells to fight

specifically against HIV. To be sure of a negative result, the test should be taken again in three months after any unprotected sex, to give HIV antibodies time to appear in the bloodstream after the time of infection. This 2–3 month period is called the ‘window period’. For people who are sexually active, testing every year is now recommended.

- Be aware that adolescents and young people are less likely than adults to be tested for HIV and therefore, less likely to be linked to services, putting them at risk of late diagnosis and missed opportunities to initiate treatment, counselling, care, and other support services. Consent laws requiring a parent or caregiver’s consent to HIV testing can also complicate access to testing and treatment for adolescents in particular. It is important for the religious leader to know the laws in their country and to be able to clarify with parents as well as inform young people about whether or not they need parental or a caregiver’s consent to get tested, and where they can get tested.
  - Explain that antiretroviral therapy (ART) is now available in many settings and consists of the combination of at least three antiretroviral (ARV) drugs to suppress the virus and stop the progression of HIV-related disease. ART has resulted in tremendous reductions in rates of death and suffering. Evidence now shows that once a person reaches viral suppression from good adherence to their treatment, the virus cannot be spread to another person. Therefore, testing and treatment are as important to prevention as they are to staying healthy with HIV.
  - After testing, everyone should only have safe sex, regardless of their test result.
4. Divide participants into small groups and distribute the quiz at the end of this unit to each group. Ask participants to work together for a few minutes to respond to the questions.
  5. Once everyone has completed the quiz, review the answers with the whole group.
  6. Ask participants the following questions:
    - Was it helpful to review information about HIV counselling, testing, and treatment? How familiar were you with HIV testing, counselling, and ART?
    - Why do you think it is important for adolescents and young people to know their HIV status? [When working with parents and caregivers – have them consider their own needs for testing and protection if negative, and protecting their own health and protecting others if positive].
    - What information about services would you still need to seek out and be able to provide participants after discussing HIV testing, counselling, and ART? (Note: as a religious leader you could organize for testing services to come to your community, to increase access for members of all ages).

7. Ask people to form groups of 2-3 with their neighbours. Point out that although HIV testing and treatment are now available to everyone, some people are reluctant to get tested. Discuss these questions: Why are some people reluctant to be tested? What do they need to understand in order to be better motivated to get tested? What can we do to make it easier for young people to want to get tested? When they are done, discuss each question as a large group, asking people to share highlights from their discussions (15 minutes).
8. Discuss the role of referrals and actions that religious leaders can take to develop referral relationships with nearby health services.  
Begin by asking what referrals are and why are they important.  
[Referral is when a service provider sends a client to another service provider with the necessary expertise to provide a service or address a need that the person referring is not able to meet].  
Then ask: What are situations for which referrals might be necessary for young people? [Examples: someone is sexually active and would like to avoid pregnancy; someone has not had a recent HIV test; situations of suspected abuse; someone discloses they have been sexually assaulted/raped (they should seek help within 72 hours to prevent HIV, STIs and pregnancy)].
9. Note that it is critical for adolescents and young people to know why getting tested for HIV is important, actions they can take whether they test positive or negative, and where they can get tested and access services. If positive, treatment can be started immediately. With good adherence, newer medicines can result in suppression of the virus as early as 4 weeks, which means no sickness and no transmission to others (staying suppressed also requires good treatment adherence). Early knowledge of status is therefore, necessary to access treatment needed to fight HIV, stay healthy, and to protect others. Meanwhile, if negative, it is helpful to know this in order to be sure to take measures to stay negative such as, abstaining from sex; if sexually active, using a condom correctly every time one has sex; if sexually active with more than one person, reducing the number of sexual partners; if uncircumcised, considering voluntary medical male circumcision; and not sharing needles or cutting instruments. While these discussions focus on young people, adults (men in particular) also need information and access to HIV testing services).
10. Conclude by reflecting on the many reasons adults and religious leaders must make an effort to listen to young people without causing fear of judgement. Always let them know that you believe what they say; not believing them will make it harder for them to come forward for other things.

## HIV Testing and Counselling Quiz

### for small group work

1. Where can HIV tests be found?
2. If you have a negative test result, it *always* means you do not have the virus (true or false? And why/why not?).
3. If you have a positive test result, you have reasons to be hopeful (true or false? And why or why not?).
4. What is meant by viral suppression?
5. In what period of time can a person who learns they are HIV positive achieve viral suppression? What must they do to achieve that?
6. A person living with HIV can have healthy and safe intimate relations with another person? (True/False). What must they do for that to be true? What options does their partner have?
7. When is the best time to have an HIV test?
8. How often should a person have an HIV test?
9. Couples testing is easy – true or false? Discuss why or why not.

## HIV Testing and Counselling Quiz

### Answers and Explanations

1. **Where can HIV tests be found?** HIV tests can be found in health facilities, testing facilities, and through community testing programs. Home based testing is now available in many places. Some come with counselling done by an outreach worker. Self-testing is also available in some places. It is important to learn what testing is available in or near your community.
2. **If you have a negative test result, it always means you do not have the virus (true or false? And why/why not?).** False. If you are in the 2-3 month window period (the period after infection before results can be positive) you can still have HIV. Repeat testing is recommended for anyone who has had unprotected sex, or whose partner has had it with another person.

- 3. If you have a positive test result, you have reasons to be hopeful (true or false? And why or why not?).** True. It is now possible to become virally suppressed in a short period of time. With newer treatments now available, this can happen in as little as 4 weeks. But this means the person must start treatment right away, adhere well by taking medicine every day, and return for monitoring of their viral load.
- 4. What is meant by viral suppression?** Viral suppression means the virus can no longer be detected, even though it remains in one's body permanently. Being virally suppressed means the person will remain healthy, and not transmit to others. They must remain on treatment and monitoring to remain virally suppressed.
- 5. A person living with HIV can have healthy and safe intimate relations with another person? (True/False).** What must they do for that to be true? What options does their partner have? True. A person living with HIV can have a safe sexual relationship with another person. This requires several things: 1) good communication and disclosure of their results to the other person; 2) good treatment adherence and monitoring to be sure they are virally suppressed; 3) safe sex using condoms consistently and correctly (STIs are still possible); 4) The partner can use PrEP for extra protection. PrEP = Pre-Exposure Prophylaxis which must be taken each day while at risk, even if they do not have sex every day.
- 7. When is the best time to have an HIV test?** Right now and/or within 2-3 months after the last unprotected sex.
- 8. How often should a person have an HIV test?** Every year if sexually active. More often if the person has other partners, or their partner has other partners.
- 9. Couples testing is easy – true or false?** Discuss why or why not. There is no right or wrong answer. Help each other to think of ways couples can make it easier for each other to share test results.



## Resource Materials on STIs

### Basic Facts on Sexually Transmitted Infections (STIs)<sup>7</sup>

| Disease             | Transmission                                                                                                                                                   | Common Symptoms                                                                                                                                                                                                | Possible Complications                                                                                                                                              | Prevention and Treatment                                                                                                                                                                   |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chlamydia           | Semen, pre-ejaculate (pre-cum), vaginal fluid. Transmitted through Vaginal sex (vagina-penis), Anal sex (penis – anus) or Oral sex (mouth to penis or vagina). | Often has no symptoms. Possible discharge, itching or burning with urination or ejaculation.<br><br>Pain during sex, unusual bleeding between menstrual periods, pain in lower belly or back, nausea or fever. | If not treated, can cause pelvic inflammatory disease in women, infection of the testicles in men, infertility in either.<br><br>Transmission to baby during birth. | Preventable with correct condom use, every time.<br><br>Curable with antibiotics                                                                                                           |
| Genital Herpes      | Virus transmitted by contact during oral sex, anal sex, vaginal sex.                                                                                           | Sores, blisters, pimples, or bumps. May cause rash, burning or tingling around mouth, genitals, and anus. May have repeated outbreaks.                                                                         | May become a painful chronic condition, especially for people with a weakened immune system. Transmission to baby during birth.                                     | Preventable with correct condom use, every time.<br><br>Medication can reduce the symptoms, but cannot be cured.                                                                           |
| Genital Warts (HPV) | Virus transmitted by skin-to-skin contact (usually genital) during oral, vaginal, and anal sex.                                                                | Raised or flat bumps that are flesh coloured on and around the genitals or anus. May not have symptoms.                                                                                                        | Cervical cancer. Can also cause cancers of the vagina, vulva, penis, anus or throat.                                                                                | Correct condom use every time; avoid sexual contact with warts.<br><br>Health worker applies cream, freezing, or laser treatment. Cannot be cured. Some forms can be prevented by vaccine. |
| Gonorrhoea          | Bacteria transmitted through semen, pre-cum, vaginal fluid. During oral, vaginal, or anal sex.                                                                 | Unusual discharge, burning during urination or ejaculation, pain in the lower belly, bleeding between menstrual periods. Symptoms are often not noticeable in women.                                           | If untreated, can lead to pelvic inflammatory disease (a serious infection) in women, infection of the testicles in men, and infertility in both.                   | Correct condom use every time.<br><br>Curable with antibiotics.                                                                                                                            |

<sup>7</sup> Adapted from Advocates for Youth, UNESCO, UNFPA. On-line Teacher Training. Lesson Plan on STI Transmission

|                          |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Hepatitis A and B</p> | <p>Different forms found in faeces, blood, semen and pre-cum, vaginal fluid.</p> <p>Transmitted during oral sex, anal sex, vaginal sex.</p>                                                                                                                                                                                                                                                               | <p>Fever, tiredness, aches, lost appetite, nausea, pain in the abdomen, dark tea coloured urine, clay coloured faeces, yellow skin or eyes. May have no symptoms.</p>                                                                                            | <p>Liver infection, cirrhosis (scarring of liver tissue), liver cancer.</p> <p>Can be transmitted to newborn during birth.</p>                                        | <p>Resolves on its own. No use of drugs, alcohol and certain medicines to avoid liver damage. Vaccine exists for Hepatitis A and B.</p>                                                                                                                                                                                                                                                           |
| <p>HIV/AIDS</p>          | <p>Virus found in blood, semen, pre-cum, vaginal fluid, breast milk. Transmitted during oral, anal and vaginal sex (anal and vaginal sex riskiest).</p> <p>Most easily transmitted in cases of new infection, untreated infection, and advanced disease.</p> <p>If the partner with HIV takes ARV treatment and becomes virally suppressed (determined with a blood test) it will not be transmitted.</p> | <p>Often has no symptoms. Fever, chills and sweats, fatigue, appetite loss, weight loss, muscle and joint pain, long-lasting sore throat, swollen lymph nodes, diarrhoea, yeast infections, and skin sores may occur with new infection or advanced disease.</p> | <p>Over time HIV progresses to AIDS which leaves the body vulnerable to other infections and cancers.</p> <p>Can be transmitted to a newborn if not well treated.</p> | <p>Prevention: Correct condom use every time.</p> <p>PrEP (pre-exposure prophylaxis) can be used by people in risky relationships.</p> <p>PEP (post-exposure prophylaxis) can be used if someone has had a broken condom, unprotected sex, or in cases of rape.</p> <p>Should be treated immediately with ARVs. With good adherence and monitoring, a person can become 'virally suppressed'.</p> |
| <p>Syphilis</p>          | <p>Contact with a sore by skin in or around mouth, penis, vagina or anus. Oral, vaginal or anal sex.</p>                                                                                                                                                                                                                                                                                                  | <p>Painless sore on or around penis, female genitals, mouth or anus. Rash on the palms or soles of feet. Fever, aches and pains.</p>                                                                                                                             | <p>If untreated can damage heart, eyes, and other body systems. Transmission to foetus during pregnancy.</p>                                                          | <p>Curable with antibiotics.</p>                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Trichomonas</p>       | <p>Parasite that is sexually transmitted during vaginal sex.</p>                                                                                                                                                                                                                                                                                                                                          | <p>Unusual discharge, discomfort, burning with urination.</p>                                                                                                                                                                                                    | <p>Can cause pelvic infection.</p>                                                                                                                                    | <p>Curable with antibiotics.</p>                                                                                                                                                                                                                                                                                                                                                                  |

**There are two common infections in women which are not sexually transmitted but can increase a woman’s risk of HIV infection. They should be treated to reduce discomfort as well as risk of HIV and other infection.**

|                          |                                                                      |                                                                                                                           |
|--------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Candida (Thrush, Yeast)  | Signs include a pasty discharge, itching, and discomfort during sex. | Treated with a cream, tablet or other antifungal medicine applied to the vagina. It can be cured.                         |
| Bacterial Vaginosis (BV) | There may be no symptoms, or an unusual discharge or odor.           | Treated with antibiotics. Can be cured. If having unprotected sex, partner may need to be treated if it does not go away. |

## STI Quiz

Use this additional quiz to reinforce information, or if you are working with people who do not have strong reading skills. It is recommended for use with adults and older adolescents in your community.

| Question                                                                    | Correct Answer                                                                                                                                                                                                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the most effective way to prevent a sexually transmitted infection? | Abstinence / No Sex                                                                                                                                                                                                                                                    | All sexual contact has some risk. If a person has sex, condoms are an effective way to reduce that risk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| What actions can a person use to protect themselves and their partners?     | Using condoms correctly, every time.<br>Avoid dry sex and you can use lubricants to reduce the chance of a condom breaking.                                                                                                                                            | Lubricants help encourage condom use and reduce the chance of a condom breaking.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| What other options do people have to reduce their risk?                     | <ul style="list-style-type: none"> <li>■ Monogamy: sex with only one person <u>who only has sex with you.</u></li> <li>■ PrEP</li> <li>■ PEP</li> <li>■ HIV testing with your partner – know your partner’s status.</li> <li>■ HIV treatment as prevention.</li> </ul> | <ul style="list-style-type: none"> <li>■ Post-exposure prophylaxis is an HIV prevention option for people who do not have HIV but who are at high risk of getting infected with HIV, including adolescents and young people, sex workers and men who have sex with men.</li> <li>■ Post-Exposure Prophylaxis is a pill which is used after accidental exposure (broken condom, sex without a condom) or rape. To be effective, <u>take within 72 hours.</u></li> <li>■ It is important to know each other’s HIV status. Getting tested together is a sign of caring, and provides the most current information.</li> <li>■ Through healthy life styles and strict adherence to treatment.</li> </ul> |
| True or False: If a person has HIV, their treatment can work as prevention. | Yes, but only under the right circumstances.                                                                                                                                                                                                                           | The person with HIV must take their medicine every day as prescribed, and must have a blood test to monitor their ‘viral load’ (how much virus is in their blood). As long as the virus is ‘Undetectable’ it is ‘Untransmittable’.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Name 3 types of infections that can cause unusual discharge?                | Gonorrhoea, Chlamydia, Trichomoniasis.                                                                                                                                                                                                                                 | Refer to the chart above for questions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name 3 types of infection that cause bumps, lumps or ulcers?                | Herpes, Warts, Syphilis, Chancroid.                                                                                                                                                                                                                                    | Refer to the chart above for questions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Do all STIs have signs and symptoms?                                        | No.                                                                                                                                                                                                                                                                    | Many STIs do not have symptoms. You usually cannot tell that a person has an STI by looking at them. That is why all sex should be protected sex, unless there are no outside partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



## TEEN PREGNANCY

UNIT

9

# Teen Pregnancy

## Key Points for the Facilitator

Teen pregnancy refers to pregnancy of girls between the ages of 13 and 19 and is often referred to as Early and Unintended Pregnancy. It is a major health and developmental challenge. In many instances, teen pregnancy intensifies the cycle of poverty: girls from poor backgrounds are more prone to teen pregnancy, yet teen pregnancy worsens their chances in life. Also, boys and young men who become fathers too early in life are likely to miss out on opportunities to progress in life.

Religious leaders have a major role to play in addressing teen pregnancy. This is because religious leaders:

- Can use their influence/sacred texts to guide adolescents and young people to delay their sexual debut.
- Are well-placed to support comprehensive sexuality education, which has been shown to reduce teen pregnancy significantly.
- Can support parents to provide accompaniment to adolescents and young people to acquire knowledge about sex and sexuality.
- Preside over church-owned schools that can play a leading role in admitting pregnant girls back to school.
- Are strategically placed to stop the stigmatization of girls who would have fallen pregnant out of wedlock and give them all the support they need.
- Can contribute to struggle against child marriage by challenging the practice in their own communities of faith and in society.

## Preparing the Religious Exhortation or Bayaan

### Key Points for the Facilitator

The religious exhortation or bayaan remains a key resource that is available for religious leaders to utilise. However, one major challenge has been the tendency by some religious leaders to use the exhortation or bayaan to generate fear in their audiences. In some instances, some religious leaders have assumed that they can use fear to “scare adolescents out of sex.” Studies have shown that efforts to induce fear to initiate behaviour change usually do not work. What works is demonstrating knowledge, empathy, care and support for individuals and groups in situations of vulnerability. All messages

### Preparation:

See the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* chapter 9 (pages 43-47).

with warnings should include options people have to prevent the consequence being discussed. Thus, exhortations or bayaan addressing teen pregnancy should:

- Avoid demonising teenage girls who fall pregnant.
- Communicate compassion and support for those already affected.
- Encourage positive relationships, knowledge and critical thinking skills for deciding when to have sex or not to, and how best to protect oneself.
- Help young people and their families to reflect on their life goals, and how pregnancy might affect their ability to achieve them (without causing stigma or shame for those who may have been a teen parent).
- Include options when discussing consequences.

### **Points to consider when preparing a Religious Exhortation or Bayaan on Teen Pregnancy in different Settings**

There are many passages in the sacred texts that can be used to communicate specific and direct messages that address teen pregnancy. In particular, the messages should focus on strategies to address teen pregnancy and to support girls and young men who are affected by teen pregnancy. Since the platform, and events such as birthdays and graduations are strategic events that address mixed groups; we can use them to address this subject in a general but effective way. The following are key ideas to infuse in our exhortations from the platform and at other strategic events:

- Teen pregnancy has health and development implications for the individual(s), families, communities and the country.
- There is need for teen girls and boys, parents, religious leaders, teachers and other service providers to work collaboratively to address teen pregnancy.
- Young people need knowledge, life skills and other support to protect themselves.

## **Discussing Teen Pregnancy with Parents**

### **Exercise: Teen Pregnancy**

#### **Objective:**

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

1. Identify the role of parents in addressing teen pregnancy.
2. Identify strategies they can take to discuss teen pregnancy with their children.

**Method:** Group work, plenary discussion (fathers and mothers jointly or separately).

#### **Helpful Resources**

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (pp. 43-47).
- Fact sheet on Teen Pregnancy.

**Materials:** Flip chart, Markers, and Scissors

**Time: 1 hour**

**Procedure**

1. Explain that the purpose of this activity is to discuss the role of parents in addressing teen pregnancy.
2. Request participants to define teen pregnancy. Introduce the concept of parent involvement, which has been considered a major factor in preventing teen pregnancy. (5 minutes).
3. Invite the participants to form groups. The groups will discuss the role of parents in addressing teen pregnancy. Remind the groups to reflect on the challenges that parents face, as well as the strategies that they can use to address teen pregnancy. As many parents in your community will have been teen parents themselves, encourage them to share learning from their own experiences. (30 minutes).
4. When the groups report back to the plenary, reflect on the key factors that affect parents' ability to communicate with adolescents on sex and sexuality. These include religious, cultural, economic and social factors. Further, many parents often feel that they do not possess adequate knowledge and skills to interact with adolescents on sexuality. (15 minutes).
5. In conclusion, encourage parents to invest in gaining more knowledge about teen pregnancies, as well as to befriend teenagers in order to be able to influence them more effectively. (10 minutes).



## Engaging Adolescents and Youth on Teen Pregnancy

### Exercise: The Role of Adolescents and Youth in addressing Teen Pregnancy

**Objective:**

At the end of this session, participants will be able to:

1. Outline the role of adolescents and youth in addressing teen pregnancy.

**Method:** Small groups, Plenary (male and female separately or jointly).

**Helpful Resources**

- *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights* (pp. 43-47).

**Materials:** Flip chart, Markers, Pens/pencils.

**Time: 1 hour.**

**Procedure:**

1. Explain that now we are going to discuss the role of adolescents and youth in addressing teen pregnancy.

2. Invite participants to define teen pregnancy. They should proceed to discuss factors that increase adolescents' vulnerability to teen pregnancy. (10 minutes).
3. Request volunteers who can dramatize an incident where a teenage girl who experiences teen pregnancy is supported to continue with her education and passes her examinations with flying colours. This enables her to dream of a prosperous future. After the role play, discuss: Is this a familiar situation? It worked out well for this girl, but is this always the case? Let's now think about ways that we can better support young parents, and ways to prevent early pregnancy. (10 minutes).
4. Indicate that we will now work in groups. The groups will discuss the role of adolescents and young people in addressing teen pregnancy. Have them consider their life goals, the importance of positive relationships, what they will need to make decisions about sex and how to protect themselves. They should also consider how best to support their peers to do the same. (30 minutes).
5. When the groups report, add the ideas below if they have not been reported by any of the groups. (10 minutes).
  1. Gain more knowledge and information about teen pregnancy and its prevention.
  2. Set long and short term goals. This requires thinking about the self-discipline and focus they will need to achieve them.
  3. Avoid friends and relationships that make them feel pressure to have sex before they are ready.
  4. Establish effective partnerships with parents, religious leaders, service providers and other stakeholders.
  6. Conclude the session by discussing opportunities for adolescents and youth to be actively involved in addressing teen pregnancy (if time allows, have a longer discussion identifying steps they can take in their personal lives, with their peers, and in their community).



## CHILD MARRIAGE

**10**

# Child Marriage

## Note to Religious Leaders:

Before applying materials in this Unit in your community, take time to familiarise yourself with the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*, specifically Chapter 10 pages 49 – 51.

## Learning Objectives:

By the end of this Unit, Religious Leaders should be able to:

1. Define child marriage.
2. Articulate the dangers of child marriage.
3. Advocate zero-tolerance to child marriage in their communities.

## Key Points for the Facilitator

Many countries in Africa have provisions in their constitutions that prohibit under-18 marriages, for situations in which one or both partners are below the age of 18 years. Some have special considerations where one is 16 or older, but the practice is discouraged overall. Although child marriages are illegal in most countries, they are still present in some communities. Faith communities have been alleged to be among the communities that continue to allow child marriages against the laws of the countries in which they operate.

As religious leaders, it is important that we work together with our states to understand the reasons this practice persists and take steps to protect the health and well-being of our young daughters in order to safeguard the future of our communities. In doing this, it is important to avoid stigma and show understanding for those who may already be in this situation.

## Preparing the Religious Exhortation, Bayaan or Teaching

The exhortation or bayaan remains our greatest instrument for reaching out to our communities and we should use this instrument in various platforms to tackle the problem of child marriages in our communities and in our societies. As a starting point, it is important to always find time to learn the law in your country context, and where relevant, propagate the following key messages:

- Any marriage in which one or both partners are below the age of 18 is illegal (unless your country has specific provisions in its law).
- As a leader, you will not bless illegal marriages but report them to responsible authorities.
- Child marriages have serious health consequences, especially for young girls.

- Encourage parents to resist any offers to marry their children before they are grown up.
- Any efforts to end child marriage should not hurt those already in that situation.
- Whatever action taken must always be in the best interest of the child in such an illegal marriage.

### **Points to consider when preparing an Exhortation or Bayaan for different settings**

The platform, weddings, funerals and other community gatherings are powerful platforms for disseminating messages to the faith community. In the past, and sometimes in the present, these platforms have been used to build strong and inclusive communities, but they have also been used to build exclusive and discriminating communities, which can alienate those most in need of support. We can make a difference in our communities by using these platforms to disseminate correct information regarding child marriages. In our exhortations, let us consider the following points for infusion and reiteration:

- It is by God's design that everything that has life (plants and animals including human beings) goes through different stages of growth – every living thing must go through these stages.
- Will we celebrate a tree that bears fruit before it matures? Can we celebrate a calf that has given birth to another calf? We know when to go and check for yields in our fields, don't we?
- Every community must, therefore, safeguard the well-being of young people by allowing them to go through their stages of development because it is important for their future.
- Marriage has both biological and social consequences for young people. Girls may be biologically mature enough to get pregnant, but not physically ready for birth to be safe. Most young people are not yet socially mature enough to handle the responsibilities of being parents, carers and providers.
- When using stories of victims and survivors to illustrate the consequences of child marriage, be careful to avoid stigmatizing those already affected, as some may be among your community.
- Reiterate that faith communities are bound by the laws of the countries in which they operate, if child marriage is illegal in the country, it is illegal in the faith community as well.

## **Meetings with Parents (Fathers, Mothers and Guardians)**

### **Key Points for the Facilitator**

Research shows that parents and guardians are sometimes guilty of giving their young children into marriage against the laws of their states and sometimes even without the blessing of their faith communities, though in most cases, such

marriages are accepted by the faith community. If we are going to combat child marriage, we need to work together with parents, guardians and our communities to deal with the facts of child marriages. The following exercises can be done with parents and guardians.



**Exercise: What is Child Marriage?**

**Objectives:**

By the end of this exercise, participants will be able to:

1. Define Child Marriage in line with their countries’ constitutions.
2. Acknowledge that Child Marriages are caused by different factors, some of which may appear justifiable.
3. Reflect on the need to stand up against Child Marriages in their families and communities.

**Methods:** Small groups, plenary.

**Materials:** Flipcharts, markers.

**Resources:**

- Printout of the relevant Constitutional clause.
- Printout from the *Religious Leaders’ Handbook on Adolescent Sexual and Reproductive Health and Rights* page 50-51.

**Time:** 60 minutes.

**Procedure:**

1. Divide the participants into smaller groups of between 5 and 10 people depending on the size of the group.
2. Ask the groups to reflect on the two printouts and answer the following questions:
  - a. What is the age at which a person can consent to marriage?
  - b. What are the factors that lead to child marriages?
  - c. What are the consequences?
  - d. What can you do if you become aware of a child that is being pressured to marry or is already married in your family or community?

3. Ask the small groups to share their feedback in plenary.
4. Summarize the exercise by emphasizing and reiterating the following points

**Key Ideas to reiterate:**

1. Child Marriage refers to a marriage that is entered into where one or both partners are below the age of 18 (or the age specified in the country's constitution).
2. Child Marriages are caused by various factors including poverty, religious beliefs, and other forms of hardships. Teen pregnancy or fears of teen pregnancy sometimes puts pressure on young people.
3. For young people already affected by child marriage, it is important to ensure they complete school and are not pressured to have children too early. For young mothers, this may mean returning to school when their child is old enough, or alternative education. If the married child is very young, you may need to involve child protection authorities and services.
4. All people are obliged to report child marriages to responsible authorities like the police.



## Engaging Children (12 years and below)

**Key Points for the Facilitator:**

Some girls are married off as soon as they begin to menstruate because menstruation is taken as a sign of maturity in some communities. It is, therefore, important to engage children from as early as 5 years on the subject of child marriage. The following exercise can be done with children in different age groups. We propose that children be put into the following age groups, 5-9-year olds and 10-12-year olds.

**Exercise:** Understanding the marriage relationships

**Objectives:**

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

1. Explain the relationship called marriage.
2. Explain who can enter into marriage.
3. Explain why children cannot be married.

**Method:** small groups, role play, plenary

**Materials:** Flipcharts, markers, pictures showing families

**Time:** 30 minutes

**Procedure:**

1. Divide the children into small groups of between 5 and 10 participants depending on the size of the whole group.
2. Ask the groups to study the pictures and answer the following the questions:
  - a. Who are the people in the picture?
  - b. In the picture who is married and who is not married?
  - c. What do parents do for children?
  - d. Why can't children be married?
3. Ask the groups to do some role play showing what parents do for children or why children cannot be married.
4. Ask the groups to share their role plays with the larger group.
5. Summarize the exercise by reiterating the following points as take-away points for the children.

**Key Messages to be reiterated:**

1. Marriage is the relationship between older people that makes these older people to live together and sometimes to have children together.
2. People that are old enough to have children and to care for the children can be married.
3. Parents provide food, clothing, shelter, education and other things to their children.
4. Children cannot be married because they are not old enough to have children and to care for the children.
5. Children cannot be married because they must first reach 18 years of age and must preferably wait until they have finished their studies.



**Engaging Adolescents and Youths**

**Key Points for the Facilitator:**

When it comes to child marriage, adolescent girls and sometimes boys are the most at risk. This age group is most at risk for different reasons:

- They are considered mature enough to be married.
- They are pressured to marry (especially girls) to provide support for their parents and/or siblings.
- They may have fallen pregnant without planning for it.
- They may have impregnated a girl without planning for it.
- They may have dropped out of school.
- They may be unemployed after completing secondary education.
- They may see marriage as an escape from a bad situation at home
- Traditional practices may involve the promising of a daughter to pay a family debt or to compensate for loss or wrongdoing (this is now illegal).

The following exercise can be done with adolescents and youths in order to raise their awareness of the dangers of child marriages and the possible ways of resisting child marriages.

### **Exercise: Who is a Child? Am I a Child?**

#### **Objectives:**

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

1. Define a child according to International and Local standards.
2. Explain that “child” is a fluid concept depending on the situation.
3. Decipher what being a child entails and in what circumstances.

**Method:** small groups, debate, plenary.

**Aids:** Flipcharts, markers, passages from sacred texts.

Prepare some pictures (draw or cut images from newspapers) with two people each, in each drawing or picture, one of the persons is saying “you are my child!” (Father & young girl, mother and adolescent boy, mother & young woman, elderly man & middle-aged man, elderly woman & an old woman etc). You may be able to enlist the help of a young person with drawing talents to assist.

**Time: 30 minutes.**

#### **Procedure:**

1. Divide the participants into small groups of between 5 and 10 participants depending on the size of the whole group. Distribute the pictures.
2. Begin by reading passages from the sacred texts that also refer to someone as a child. It will be good if among the texts they refer to both adults and young children or adolescents.
3. Ask the groups to study the pictures and the texts from sacred scriptures and answer the following questions:
  - a. What is the definition of a child according to the constitution and international conventions on children’s rights?
  - b. What is a child according to our family traditions?
  - c. Write a few sentences describing a child. Begin the sentences with “I am a child because . . .”
4. The groups can also prepare for a short debate on “what/who is a child?” – the debate motion will be “everyone is a child!” Ask the groups to give their feedback on the questions above first and then choose six debaters to debate the motion in plenary.
5. Summarize the exercise by reiterating the following points as take-away for the adolescents and youths.

**Key Messages to Reiterate:**

1. According to most constitutions and international conventions, a child is anyone who has not yet attained the age of 18 years.
2. According to our traditions (this applies to most African traditions), everyone is a child, but only unmarried children, adolescents and youth are regarded as “child” and cannot make independent decisions without consulting the elders.
3. The Sacred texts share the same understanding with our traditions, everyone is a child, but some are children symbolically while others are children because they are young and still need parental guidance.
4. Children cannot care for themselves. In most cases, they live under the protection and provisions of their parents. Until one can live independently, they are considered to be still a “child,” hence not independent but dependent.
5. In most families, the older children help with family chores and caring for younger siblings. Although they have these responsibilities, they are still considered to be children and require protection to ensure that they develop to their full potential and fulfil their rights.



# GENDER-BASED VIOLENCE AGAINST ADOLESCENTS AND YOUTHS

**11**

# Gender-Based Violence against Adolescents and Youths

## Preparation:

See the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*, Chapter 11 pages 52 – 56. Become familiar with the resource material at the end of this unit: What to do if someone discloses sexual abuse or rape.

## Learning Objectives:

By the end of this Unit, Religious Leaders will be able to:

1. Define Gender-based violence.
2. Articulate factors leading to Gender-based violence.
3. Identify potential perpetrators and victims of Gender-based violence.
4. Advocate against gender-based violence in their communities.

## Key Points for the Facilitator

Gender-based violence is a scourge in most communities. We need to take a stand as Religious Leaders to do whatever it takes to fight it. Gender-based violence affects women and girls much more than it affects men and boys in most communities; however, bullying of boys is common and plays a role in perpetuating all forms of violence.

Gender-based violence refers to physical, emotional, economic, sexual and psychological violation of a person because of their gender and it is mostly inflicted by a person or persons of the other gender (men on women or women on men though there are times when women also perpetuate gender-based violence on other women and men on other men). Although less common, boys and young men can also be raped (which is an act of violence) and sexually abused.

The key messages that should punctuate our engagements with members of our communities must include:

- Gender-based violence is real in homes, families, faith communities, work places and our nations.
- Gender-based violence is an evil and is never justifiable under any circumstances.
- Gender-based violence is violence against the image of God in every human being.
- Gender-based violence affects not only the victims and survivors but many other people, especially children but also perpetrators themselves.
- Everyone must stand up against gender-based violence and must report it whenever it happens.

## Preparing the Religious Exhortation, Bayaan or Teaching

Due to the widespread nature of gender-based violence in our communities, faith leaders must utilise every opportunity to speak out against it. The exhortation or bayaan is a far-reaching instrument in our communities and each time we sit down to prepare an exhortation for the different platforms we have, we must consciously infuse messages on this challenge.

Points to consider when preparing an exhortation, bayaan or teaching

Every week, we have at least one opportunity to go on the sacred platform to speak to, encourage and teach our followers and this opportunity must be used widely to advocate for a community that has zero-tolerance of gender-based violence. We should, therefore, focus on how to make use of sacred texts in this fight against gender-based violence. The following messages can be infused into our exhortations, bayaan and teachings from the platform:

- There are many sacred texts that focus on love and such texts present us with an opportunity to infuse messages against gender-based violence and for gender equality and equity. When we treat persons of the other gender with love and respect, it leaves no room for gender-based violence and it promotes gender equality and equity.
- There are also many sacred texts that speak about the equality of all human beings in the eyes of the Almighty. Such texts are also key in advocating against gender-based violence because the Almighty recognizes no hierarchy among human beings (a reason often cited as justification for gender-based violence is the superiority of one over the other).
- Then, there are also those texts that clearly and literally highlight cases of gender-based violence in the sacred texts, such texts need to be read from the perspective of the victims and survivors.
- Make the sacred platform an advocacy resource for zero-tolerance to gender-based violence and use it to challenge harmful cultural and religious norms and values that perpetuate gender-based violence.

### Meetings with Parents/Caregivers/Guardians (Fathers, Mothers and Guardians)

As religious leaders, we should plan to take the advocacy against gender-based violence to all groups in our communities. Parents need to be engaged on this scourge because some of them are perpetrators, victims, survivors, allies as well as protectors. In engaging parents, the following exercises can be utilised.

#### Exercise 1: Understanding Gender-based Violence

##### Objectives:

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

1. Define gender-based violence.
2. Identify gender-based violence in its various manifestations.
3. Acknowledge the presence of gender-based violence in their communities.

**Methods:** small groups, debate, plenary.

**Materials:** Flipcharts, markers.

**Resources:**

- Printouts from the *Religious Leaders' Handbook*, pages 53-54.

**Time:** 60 minutes.

**Procedure:**

1. Divide participants into small groups of between 5 and 10 participants depending on the size of the whole group.
2. Share the printouts to the groups and ask them to read and study this and any other material you may have on gender-based violence.
3. Ask the groups to discuss and share on the following questions and tasks:
  - a. What is gender-based violence?
  - b. What actions between men and women do you think constitute gender-based violence? (personal reflections and sharing from experience and observations).
  - c. How does gender-based violence show itself in our homes, families, faith communities, workplaces and society in general?
  - d. Are there instances when a man is justified to beat his wife?
  - e. Are there instances when a woman is justified to beat up or insult her husband?
  - f. Do you think gender-based violence is present in our communities? Explain.
4. Ask the groups to share their feedback in the plenary, allowing time for some discussion to happen.
5. Divide the group into two (male and female groups) and ask them to choose three debaters each and discuss the following motion and then debate it. The motion reads; "Men are the only perpetrators of gender-based violence."
6. Summarize the exercise by reiterating the following points:

**Key Messages to Reiterate:**

1. Gender-based violence refers to harmful actions targeted at a person simply because of their gender.
2. Gender-based violence comes in different forms including sexual abuse, physical violence, emotional and psychological violence, verbal abuse, economic abuse, social violence. All these forms are equally evil even though some are less visible than others.

3. Gender-based violence is present in our communities, including faith communities.
4. There are no circumstances that justify/support gender-based violence.

**Exercise 2: Factors that lead to Gender-based Violence in our Communities**

**Objectives:**

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

1. Identify factors that are cited as reasons for gender-based violence.
2. Reflect on possible ways of responding to situations of gender-based violence.

**Methods:** small groups, plenary.

**Materials:** Flipcharts, markers.

**Time:** 60 minutes.

**Procedure:**

1. Divide participants into small groups of between 5 and 10 participants depending on the size of whole group. Preferably, the groups must be same-sex groups (females or males only groups).
2. Ask the groups to reflect on the causes of and possible ways of responding in mitigation to gender-based violence. The following statements and questions can help in this exercise:
  - a. List the situations for which men or women have been abused by their wives or husbands.
  - b. What are the factors (social, economic, religious, and cultural) that lead to gender-based violence?
  - c. How is our socialization of children contributing to the prevalence of gender-based violence?
  - d. What advocacy messages can we use to challenge these factors that lead to gender-based violence?
  - e. What actions can we take to reduce instances of gender-based violence?
3. Ask the groups to share their feedback in the plenary and allow for discussion to happen between the men and women.
4. Summarize the exercise by emphasizing the following points

**Key Messages to Reiterate:**

1. There are many situations that have led to one partner being abused by the other, e.g. a woman has burnt a pot of meat, a man forgot to buy some grocery items, a woman answered back to the husband, a woman came home late from work, a woman was seen talking to the neighbour etc.
2. There are various factors that research has highlighted as causes of gender-based violence. Among them are: poverty, wealth, gender imbalance, education discrepancies between spouses, cultural norms regarding gender

relations – “men are superior, men have a right to have sex whenever they want;” socialization of children etc.

3. The way we raise our children is mostly responsible for the problems that they will have later in their adult life. Boys are socialized to be brave, competitive, dominant and demanding, while girls are socialized to become enduring, submissive, patient and forgiving. These teachings will lead to men on women gender-based violence. IT IS EASIER TO TRAIN BOYS THAN TO REPAIR MEN!
4. We must commit ourselves to challenge social, cultural and religious practices that are behind the prevalence of gender-based violence in our community. We must also change the way we socialize our children.

**Note: If time allows,** you can do the statements exercise prepared for adolescents with parents as well.



## Engaging Children (12 years and below)

### Note to the Facilitator:

Gender-based violence knows no age, it knows no boundary and there is never a time when it is too early for it to affect people. Children need to be equipped to cope with the realities of gender-based violence and think critically so that they do not grow up to perpetuate it. The children can be put into different age groups (5-9-year olds and 10-12-year olds). The following exercise can be done with children.

### Exercise: Understanding gender-based violence, potential victims and perpetrators.

#### Objectives:

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

1. Recognize situations of gender-based violence.
2. Know what to do if they encounter situations of gender-based violence.

**Methods:** Group discussion.

**Materials:** Pictures, flipcharts, markers.

**Time:** 30 minutes.

#### Procedure:

1. Sit the children in a circle and be part of that sitting arrangement.
2. Have pictures showing violent situations – boy on girl, girl on boy, man on woman and woman on man. It would be good if these pictures are big enough to be put up on the wall for all to see.
3. Ask the children to look at the pictures and explain what they think is happening in these pictures. While sitting down, after studying the pictures, ask the children to share their observations. Once you think enough children have shared, you can ask the children again to answer the following questions:
  - a. Do you think what is happening in the pictures is right or wrong? Why?

- b. Is it good for a boy or girl to beat up another person?
  - c. Is it good for men or women to beat up another person?
  - d. Who can be abused and who can abuse? Does anyone ever have the right to do this?
  - e. What can I do if someone wants to abuse me or has abused me?
4. To conclude this session with the children, share the following key messages with the children.

**Note:** *the discussion and images will likely be upsetting to a child who is in a home with domestic violence. It is important for the religious leader to be alert for children who seem withdrawn or upset, and to be prepared with words of support for that child and family (to be provided in a private way). If the child is in a dangerous situation, it may be necessary to organize a supportive intervention or seek protection services for the family.*

**Key Messages to Reiterate:**

1. When a boy beats up a girl simply because he thinks he is stronger, that is wrong. Girls must also not beat boys simply because they are boys.
2. Always treat others the way you would like to be treated.
3. It is wrong for fathers to beat mothers or for mothers to beat fathers.
4. Anyone can be abused.
5. Anyone can abuse us. We must always be careful of people that touch us in our private parts except when they are our carers only when they are bathing us.
6. There are other forms of disciplining children that do not include beating them.
7. Do not accept gifts from strangers.
8. Report people that make you uncomfortable to people that you trust, such as parents, teachers, pastors or the police.

**Engaging Adolescents and Youths**



Note to the Facilitator: Gender-based violence affects many people, but adolescents and youth constitute a special group that demands special attention because of various generational challenges they face. Religious Leaders, therefore, must invest more time and resources to raise awareness of this major problem to prevent gender-based violence from becoming entrenched in their lives. Attention must be paid to young men who can easily become perpetrators and young women who can easily become victims of violence, exploitation and harassment. Platforms need to be created and existing ones be fully utilised to raise awareness, change attitudes, and to advocate and challenge the prevalence of gender-based violence. The following exercises can be done with adolescents and youth:

**Exercise: “I am smart! I am Streetwise! I fear God! Can I be a victim or perpetrator of Gender-based Violence?”****Objectives:**

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

1. Define gender-based violence.
2. Acknowledge that gender-based violence does not only affect the poor or people who are not smart or those that do not fear God but that everyone can be a victim or survivor.
3. Recognize different forms of gender-based violence.

**Method:** plenary, small groups, role play.

**Resources:**

- A printout on Gender-based violence from the *Religious Leaders' Handbook*, pages 53-54.
- A printout of a table with statements on gender-based violence.

**Aids:** Flipcharts, markers.

**Time:** 45 minutes.

**Procedure:**

1. In a plenary, ask the group to try to define gender-based violence. After you have given the group some time (maybe 10 minutes to define) help the group to polish the definition using materials from the printout.
2. Divide the participants into small groups of 5-10 participants depending on the size of the whole group, and ask the groups to reflect on and discuss the following questions:
  - a. Can gender-based violence affect smart and tech savvy adolescents and youths? Explain.
  - b. Can gender-based violence happen in our homes/schools/faith community/work places? How?
  - c. Is every man/woman or boy/girl a potential perpetrator of gender-based violence?
  - d. Is every man/woman or boy/girl a potential victim or survivor of gender-based violence?
  - e. What are the ways in which gender-based violence manifests itself in our communities?
3. Have a printout of the table below and ask the groups to fill in the table (be sure to print enough for each group):

| #   | Statement on Gender-Based Violence                                                | True | False |
|-----|-----------------------------------------------------------------------------------|------|-------|
| 1.  | Gender-based violence is violence targeted only at women.                         |      |       |
| 2.  | Women and girls are the major victims and survivors of gender-based violence.     |      |       |
| 3.  | Beating up your girlfriend or wife is not gender-based violence.                  |      |       |
| 4.  | Men and boys are not at risk of gender-based violence.                            |      |       |
| 5.  | Verbal abuse is a form of gender-based violence.                                  |      |       |
| 6.  | Only poor and foolish people can become victims of gender-based violence.         |      |       |
| 7.  | Gender-based violence can happen in our homes                                     |      |       |
| 8.  | Bullying targeted at a person of a different gender is not gender-based violence. |      |       |
| 9.  | Gender-based violence does not happen in our faith community.                     |      |       |
| 10. | Having sex by force (rape) or without consent (rape) is gender-based violence.    |      |       |
| 11. | When a girl says "No" they can mean "Yes".                                        |      |       |
| 12. | "Blessers" (male or female) are gender-based violators.                           |      |       |

4. Ask the groups to prepare a short role-play that shows how gender-based violence occurs in different settings (home, school, workplace, faith community). Assign one setting to each group.
5. Ask the groups to share their feedback in the plenary allowing for discussion on contentious issues.
6. Summarize the exercise by emphasizing the following points:

**Key Messages to Reiterate:**

1. No one is immune to gender-based violence. Everyone can become a victim!
2. Gender-based violence manifests itself in different ways, including physical violence, sexual violence, verbal violence, emotional and psychological violence, economic violence and social violence.
3. Gender-based violence can occur in our homes, schools, faith communities, work places and sometimes even in public places. No place or space is totally safe and secure, always be alert!
4. We must resist becoming perpetrators of gender-based violence and we must stand up for victims and survivors of gender-based violence including reporting cases of gender-based violence to responsible authorities and alerting people that we trust.
5. We must love and respect all persons because they are all images of God.  
#lovedoesnoharm #notogbv #don'trape #realmencare



## Resource Material for Religious Leaders:

### What to do if someone discloses sexual abuse or rape

*Many young people will not feel comfortable to openly disclose an abusive or violent situation. If a young person looks particularly uncomfortable while talking about unhealthy relationships or sexual violence, offer them the chance to talk privately. Remember that sexual violence can happen to boys as well as girls.*

#### **Body language is important to observe. Signs that a young person might have experienced sexual violence or abuse:**

- Appears anxious or fearful.
- Sadness / depression.
- Low self-confidence.
- Withdrawn or submissive.
- Changes in appearance – dresses differently, lost weight or appetite.

#### **What to do if you suspect sexual violence or abuse:**

- Offer the young person the chance to speak privately. Avoid suggesting this in front of others.
- If you are male, consider having a female present that the young person trusts, especially if the young person is female.
- Be respectful and polite - acknowledge that you understand it might be hard to discuss.
- Explain that they can trust you, that you are here to listen, and that you will keep what they share confidential unless you need to share it with someone else to help them. Assure them that you will discuss that with them before you do.
- If the young person has been abused by someone with power over her/him or a family member, it may especially be hard to disclose, particularly if they are financially dependent on the abuser. Some find their parents reluctant to believe them if the person has power over their household, and it is especially important for you to be there for that young person to help them tell their story. Family members, boyfriends of a parent or older sibling, teachers and even religious leaders can be abusers.

#### **If they disclose that they have experienced sexual abuse or violence:**

- Assure them that you believe what they are telling you (when an adult does not believe the young person it makes it much more traumatic).
- Assure them that they did nothing to deserve what happened. No one EVER deserves to be raped or abused. Rape is violence and not sex; it is always wrong.
- Find out if they are at risk of it happening again. This will inform the steps you should take.
- Help them to identify an adult close to them that they can trust and offer to help them tell that adult what happened.

#### **Help them to get help.**

Learn where the nearest resources are for survivors of sexual and gender-based violence. This should include health services, police (find out if there are any special programs or counsellors there), counselling and other mental health support, shelters. Through your role and community, you may need to help financially as there are often costs to getting help, or leaving a harmful situation.

## Important things to understand

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Physical care</b></p>                    | <p>A person should be seen within the first 3 days (72 hours) of being raped. It is possible to prevent HIV and other sexually transmitted infections as well as pregnancy. Post-Exposure Prophylaxis (PEP) and Emergency Contraception are highly effective against HIV and pregnancy if begun within 72 hours of rape.</p> <p><u>What to expect:</u> a person should be given an examination by a trained provider. This will include collection of evidence, and examination for tears and other damage. Medicines to prevent STIs and HIV will be given, whether or not they have symptoms. Emergency contraception should be given if the person wishes to avoid pregnancy.</p> <p>Health services sometimes have special training to support children who have been abused or raped and can help link them to other services.</p> |
| <p><b>Emotional Care and mental health</b></p> | <p>A person who has been raped is likely to experience emotional trauma. This may happen soon after rape or abuse, or it can surface days, weeks or even years later. Anyone who has experienced sexual violence should receive supportive counselling, whether or not they believe they are experiencing trauma.</p> <p>As a religious leader, you can provide Psychological First Aid, but should recognize that this will not be enough for people who need more advanced support. (See the Unit 13: Counselling for further information).</p>                                                                                                                                                                                                                                                                                       |
| <p><b>Legal Assistance</b></p>                 | <p>In many places, police departments have people who are specially trained to support persons who have experienced rape and sexual abuse. Where police do not offer these services, there may be 'hotlines' (telephone numbers that can guide you to help) or local organizations with training to help a person with legal issues.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Shelter</b></p>                          | <p>If a young person is in a situation where they are in danger of being abused or raped again, you may have to help them to find a safe place to stay until they have a safe living situation. Sometimes local organizations can provide shelters. In other situations, it happens more informally.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Child Protection Services</b></p>        | <p>Sexual abuse and rape are harmful to young people in many ways. Most countries have child protection laws and some form of services to enforce them. Become familiar with the laws and services for child protection in your country.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**If sexual violence is common in your community,** there are important actions you can take to work for positive change. Some ideas to get started:

- Use the power of your exhortation to raise awareness of the different forms of sexual and gender-based violence, abuse and harassment can take.
- Hold community dialogue sessions to allow people to share experiences, set priorities and work together to find community actions you can take collectively.



## ALCOHOL AND SUBSTANCE ABUSE

U N I T

**12**

# Alcohol and Substance Abuse

## NOTE TO FACILITATOR:

Drug and substance abuse (including alcohol abuse) have emerged as major challenges for adolescents in contemporary families and societies. Use of alcohol and drugs affects judgement and often leads to sexual risk taking. Therefore, this Unit is devoted to the theme of drugs and drug use and the role of religious leaders in responding to these challenges through sermons at the pulpit, weddings, funerals and birthdays.

Understanding the reasons adolescents/youth start using drugs or alcohol, as well as their reasons for continuing or discontinuing use, is crucial to developing effective substance abuse interventions. Most teens cite that they use or abuse drugs due to social pressure and experimentation. Alcohol use is common in many social settings; as adults and role models it is important to think critically about the influence this has on young people. The use and abuse of drugs is increasing among adolescents/young people around the world. Drug abuse is a maladaptive pattern of use of any substance that persists despite adverse social, psychological, or medical consequences. Three quarters of all countries report heroin abuse and two-thirds report cocaine abuse. Excessive use of cannabis and misuse of prescription drugs are increasing globally. Drug abuse can develop into drug dependence, also known as addiction.

### Preparation:

- See the *Religious Leaders' Handbook on Adolescent Sexual and Reproductive Health and Rights*, Chapter 12, pages 57 – 59.
- Review the resource material at the end of this unit.

## Preparing the Religious Exhortation or Bayaan

The exhortation, bayaan or teaching at group events remains a key instrument in our ministry and we must never deviate from it. However, let us make our exhortations opportunities to infuse and propagate “positive behaviours” not only for adolescents and youths but for all members of the community. As a starting point,

- Let us begin by removing condemnatory and discriminatory tendencies in our exhortations that alienate or dehumanise adolescents and youths that have (for whatever reason) failed or stopped abstaining from drug abuse (including alcohol abuse).
- Prevention can be more effective with young people (as well as adults) when they are helped to identify activities, friends and situations that will not lead to alcohol or drug use.

### Points to consider when preparing an Exhortation or Bayaan on different Settings

There are many passages in our sacred texts that speak to drug and alcohol abuse from which we can derive ideas that are critical when teaching about positive behaviours. Since the platform, and celebrations such as weddings, funerals and birthdays are strategic events that are used to address mixed groups, we can use them to address this subject in a general but effective way. Celebrations are particularly important opportunities to help people to be mindful about excess use of alcohol. The following is a key idea to infuse in our exhortations, bayaan and teachings from the platform and at other aforesaid strategic events:

- Drug and alcohol abuse by adolescents and youths as well as all members of the community is dangerous for them; therefore, let us protect ourselves and others.
- When you are addicted to drugs and alcohol, you are prone to wrong decision-making and judgments in life. Addiction often leads to spending of resources that could be saved or used for other things that are important.

### Parents/Guardians/Caregivers (Fathers, Mothers jointly or separately)

#### Exercise: Drug and Substance use

##### Objectives:

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

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

**Methods:** Groups, Plenary.

**Materials:** A container, Flip chart, Markers, and Scissors.

**Resource materials:** Myths and Facts about Substance Use (found at the end of this unit).

**Preparation:** Copy and cut the fact sheet: **Myths and Facts about Substance Use** into individual statements for the activity in step 6. Have the Myth and Fact answer sheet on hand for discussion.

**Time:** 1 hour.

##### Procedure

1. Explain that the purpose of this activity is to increase awareness about drug use, its harmful effects, and its effects on sexual health.
2. Ask participants what substances people put in their bodies and jot these down on flip chart paper. Responses should include drugs, alcohol, tobacco, medicines, and so on.

3. Point out that some substances, such as vitamins and medications, have positive effects on health when used as prescribed, but can be harmful if abused.
4. Drug use can be problematic for adolescents and young people's sexual and reproductive health as substances can cloud decision-making and enhance feelings of invincibility, which can lead to risky sexual behaviours. Sharing needles to consume drugs also puts adolescents and young people at risk of HIV and other serious infections and disease.
5. Split participants into two groups and explain that we will be playing a game to test knowledge about drugs. Ask each team to come together at opposite sides of the room and to pick a team name.
6. Explain that each team will take turns drawing a statement about drugs from a container (you may want to pick the statements most relevant to the local context and/or add others to address prevalent myths and commonly used drugs in your country). Some of the statements are true and others are false. After reading the statement, the team member should consult with the entire group on the best answer and provide their answer. Teams get a point for each correct answer and an extra point for sharing accurate supporting information.
7. After teams are named, have a member from one group draw a statement, read it out loud and then confer with group members for an answer. If the answer is correct, give the group a point. Additional information about why the statement is a myth or a fact gets an additional point.
8. When groups do not know the correct answer, provide additional information from the facilitator's Resource on Myths and Facts about Substance Use – Answer Sheet.
9. Ask members of the other team to draw a statement and repeat the process. Alternate statements until there are no more.
10. Keep the activity moving — do not allow too much time for answers but encourage some discussion of the statements.
11. Ask participants:
  - What was it like to test your knowledge about drugs in this way?
  - What did you notice about the facts and myths — which statements were more difficult to identify as a fact or myth?
  - Which myths or facts can impact the health of participants? How can these impact sexual decision-making?
  - Why do you think it is important for participants to know about drugs? How might you use this activity with participants?
  - Reflect to yourselves – does heavy drinking or drug use impact you in any way, for example, as a spouse, at work, as a parent/caregiver or role model to others?
  - Discuss - how do our own behaviours influence those of our young people? What can we do about this?
12. Conclude by noting that it is important for participants to know about drugs

so that they can better understand how drug and alcohol use can cause harm and affect decision-making abilities that can put them, their peers and their families at greater risk of violence, unintended pregnancy, and STIs.

## Children (12 Years and below) on Drug and Substance Abuse

### Exercise: Alcohol and Drug Abuse

#### Objectives:

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

1. Describe what happens when young people use drugs and alcohol.
2. Identify situations that can lead to alcohol or drug use.
3. Practice providing practical ways for children to keep safe.

**Methods:** Plenary discussion, group work, role play.

#### Helpful Resources

- Facilitator's Handbook.
- Religious Leaders' Handbook.

**Materials:** Drugs and Alcohol Questions" flip chart, Flip chart paper, Markers.

**Time:** 1 hour and 30 minutes.

#### Procedure

1. Begin by asking the group to call out different kinds of alcohol and drugs found in their community. Write responses on flip chart paper. Thank participants for their responses and let them know that they will return to this list later.
2. List each of the five following questions at the top of a piece of flip chart. Post them so that participants can write answers. When finished, discuss the answers as a group and ask participants:
  - Does everyone agree with these reasons?
  - Are these reasons different for adults?

#### 3. Drugs and Alcohol Questions:

- a. Why do young people use alcohol and drugs?

Responses could include:

- Peer pressure, to fit in with friends.
- To feel like an adult, grown up.
- Because they are bored, lonely, or angry.
- Because they want to experiment.
- Because they do not know another way to deal with social situations or stresses.

- Because their families use them, and they are copying this behaviour.

b. When is it acceptable to drink alcohol?

Responses could include:

- After reaching the legal age of consumption, in moderation.
- To celebrate an event, in moderation.
- In a social setting, always in moderation.
- Never, our religion does not allow it.

c. How do drugs and alcohol affect decision-making?

Responses could include:

- Make decision-making difficult.
- Make it hard to protect yourself.
- Make it hard to take responsibility for your actions.
- Make it hard to remember things.

d. How do drugs and alcohol influence sexual behaviour?

Responses could include:

- Can cause young people to engage in sex earlier and more freely.
- Can cause young people to be forced to have sex against their will.

e. Why should young people not use drugs?

Responses could include:

- Because they are illegal.
- Because they are unhealthy and can cause severe illness or death.
- Because they are often addictive.
- Because they make people act in ways they would not when sober.

f. What are some common situations to avoid which might lead to drug or alcohol use?

- Spending time with older friends or family members who drink or use drugs.
- Peer pressure to try something new for us.
- Parties or events with heavy drinking.

g. What are some actions young people can take to prevent drug or alcohol use?

- Spend time with friends who also want to avoid it.
- Participate in activities that are enjoyable without alcohol or drugs.

4. Thank participants for their responses. Let them know that they will spend the rest of the activity finding out more information on specific drugs.

5. Return to the original brainstormed list of alcohol and drugs used in their community. If the group is old enough, ask: What alcohol and drugs from this list are most commonly used by youth?

6. Divide participants into four small groups. Give each group one substance: alcohol, tobacco, marijuana, or stimulants. Tell participants that they have 10

minutes to prepare a short role-play, demonstrating ways a young person can experience and resist peer pressure to use alcohol or drugs. They should use the **Religious Leaders' Handbook** to learn more about the different topics they are assigned.

7. Ask each group to perform their role-play, highlighting strategies a young person can use to resist peer pressure in order to stop using or stay away from alcohol and drugs. Let participants know that they can learn more about each of the drugs by consulting their handbooks.
8. Conclude by summarizing the following ways that children can be counselled by an adult not to use alcohol or drugs:
  - Refuse, say no.
  - Walk away.
  - Avoid the situation.
  - Ignore the offer.
  - Make friends with people who do not drink or use drugs.
  - Get involved in drug and alcohol-free activities, such as sports.
  - Provide a good role model.
  - If addiction has begun, get professional or specialized help.

## Adolescents and Youths on Drug and Substance Abuse

### Exercise: Drug and Substance Abuse

#### Objectives:

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

1. Identify categories of drugs.
2. Understand the effects of drug and alcohol abuse.
3. Talk about the dangers of drugs and alcohol.
4. Identify actions young people can take to resist pressure to use alcohol and drugs.

**Methods:** Group work, plenary discussion, video and discussion

#### Materials:

- Flip chart paper, markers, pens.
- Copies of "Actions to Avoid Drug and Alcohol Use" (chart in Handbook, page 59).
- Resource materials: Myths and Facts about Substance (found at the end of this unit).

**Preparation:** If time allows an additional activity, use the materials and process explained in the parent section on **Myths and Facts about Substance Use**. Copy and cut the work sheet provided into individual statements for the activity. Have the Myth and Fact answer sheet on hand for discussion.

**Time:** 1 hour and 30 minutes – 2 hours.

### Procedure

1. Write on flipchart paper, “What drugs are commonly misused?” “Why do people misuse drugs?” “Physical and psychological effects of alcohol and drugs”, “What are the economic effects of drug and alcohol abuse on: the individual, the family and the nation?”
2. **Drugs and alcohol/group exercise.** Break participants into two groups. Give each group markers and the chart paper you prepared with the questions (aforesaid) on drugs. Have group select a reporter. Allow 30 minutes (if time is short you can divide the questions among the groups).
3. Give each group reporter approximately five minutes to report findings. Fill in any important information that may be missing after each group reports.
4. Ask participants to brainstorm ways to prevent drug and alcohol abuse. List responses and discuss. After discussion, be sure to hand out copies on the “Actions to Avoid Drug and Alcohol Use” (**Handbook Chapter 12**).
  - What are some common situations where young people find alcohol? List responses and discuss.
  - Ask participants to list ways adolescents and young people can readily obtain drugs.
  - Ask which drugs are common. List and discuss.
  - Ask participants to mention some of the factors influencing drug availability: e.g., a geographical location that is a port, tourism, media influence, local growing and use of marijuana, etc. List responses and discuss.
5. Explain that it is very important that adolescents and youth talk about these issues in order to understand what they mean. Young people learn a lot about drugs and alcohol largely from their peers or older friends and family members. Much of the information is incorrect and is sometimes presented in a manner that entices them to experiment. It is important to always keep your life goals in mind and think critically about how certain relationships and activities can hurt one’s chances of achieving them.
6. One of the many advantages in talking about sex, drugs and alcohol when children are young is that when they are older, they will be well armed with the facts and be able to avoid dangerous experimentation.
7. Use this quote from A. Ernest Wilder-Smith’s book, and ask what people think it is saying. *The Causes and Cure of the Drug Epidemic*: “Drug availability then, is only a relatively minor cause behind the present epidemic. It may cause aggravation of the epidemic once the epidemic is established. A much more important cause of the drug epidemic is not the physical availability of drugs to people but rather the physical availability of people to the drug.”
8. **Myths and Facts about Substance Use.** Use the materials provided at the end of this unit as an activity to reinforce the discussions. This can be done in teams, as a quiz, or as a large group activity.

9. **Video/Discussion:** If you have access to one, show a relevant video on drug or alcohol abuse and discuss. Ask participants if it is important to talk to adolescents and youths about drugs and alcohol abuse. If so, why? If not, why?

- Ask participants at what age adolescents and youths should be engaged in discussions about issues related to drugs, sex and alcohol. List responses on flipchart and discuss.

**Alternative activity:** Ask for volunteers to role play common situations where alcohol or drugs are present, and ways to avoid them. Then continue the discussion by asking participants to identify other options they have for resisting pressure to use alcohol and drugs. After they brainstorm, be sure their points include:

- Spending time on rewarding activities.
- Forming friendships with other young people who share your values and goals in life.

10. Conclude by reviewing the activity. Ask participants if they have any additional comments or any unanswered questions.

- Ask participants to name categories of drugs and their adverse effects on the body and mind.
- Ask participants to give three reasons why people do drugs.
- Ask participants what advice they will give other adolescents and youths/ young people about drugs and alcohol.
- Thank participants for attending and encourage them to stay away from drug and alcohol abuse to protect themselves from risk and poor decisions.



## Resource Materials on Substance Use

### Activity Sheet: Myths and Facts about Substance Use

*(Copy this page and cut each of these True or False statements for the exercise above)*

**1 in 11 people who inject drugs are infected with HIV.**

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**Misuse of prescription drugs is on the decline.**

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**It is easy to break an addiction.**

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**Cannabis (Dagga, Marijuana, pot, weed) is safer than other drugs.**

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**Drug use and associated harm are greatest among older people.**

---

**Being around friends who drink heavily or use drugs increases your risk of using drugs.**

---

**Alcohol use is the leading cause of disability and death among young people.**

---

**If someone invites you to try something, they are doing it because they like you and want you to share the fun.**

---

## Myths and Facts about Substance Use: Answer Sheet<sup>8</sup>

### True or False:

**1 in 11 people who inject drugs are infected with HIV.** Worldwide this is true. But in places where it is hard to access clean needles and injecting equipment, rates are often higher. Any sharing of needles is risky for HIV as well as Hepatitis.

**Misuse of prescription drugs is on the decline.** False. Non-medical use of prescription drugs is becoming an increasing threat. Opioids are of greatest concern. These pain medications are highly addictive, especially if used daily for more than a few weeks.

**It is easy to break an addiction.** False. Many countries do not have the health services to treat people who are addicted to drugs. When a person is able to quit on their own, they are often more vulnerable to repeat addiction, or addiction to other things.

**Cannabis (Dagga, Marijuana, pot, weed) is safer than other drugs.** Evidence indicates that this may be false. Although it is becoming legal in more places, there has been an increase in hospital admissions and traffic deaths from accidents happening to people while under the influence of dagga (for example in the US).

**Drug use and associated harm are greatest among older people.** False. Surveys show that most drug use is more common among young people, with the highest use between 18-25 years of age. Khat is more often used by older people. When binge drinking or drug use starts in the teen years, it increases likelihood of problems in young adult years.

**Being around friends who drink heavily or use drugs increases your risk of using drugs.** True. Young people often feel a need to be socially accepted by others and are more easily influenced to make decisions that are harmful for them.

**Alcohol use is the leading cause of disability and death among young people.** True. The most recent Global Burden of Disease Study showed that alcohol use is the leading risk for lost years of healthy life for young people 15-19 and 20-24. (Unsafe sex was the second leading cause for males and females ages 15-19).

**If someone invites you to try something, they are doing it because they like you and want you to share the fun.** False. They may be inviting you to make themselves feel better about doing it ("if more people do it, how can it be bad or wrong?"). Or if someone is selling drugs, they may be motivated by the chance to make money.

<sup>8</sup> Sources: United Nations Office on Drugs and Crime. *Drugs and Age: Drugs and associated issues among young people and older people. In World Drug Report 2018.*  
The Lancet. *Global burden of diseases, injuries, and risk factors for young people's health during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013.* In *Our future: a Lancet Commission on adolescent health and wellbeing.* 2016.

# Drug and Alcohol Facts<sup>9</sup>

## Substance Use and Addiction

Using drugs and alcohol for fun comes with risks. It affects people's abilities to make good decisions. For young people this can mean getting more easily pushed into things you don't want to do. Making decisions about relationships, sex, and protecting yourself during sex are usually harder.

Dependence and addiction do not happen all at once but can happen quickly. When a person depends on alcohol or drugs to help them cope, it limits their own ability to build their strength and skills needed to cope with life's challenges. With addiction, a person will often take bad risks and can hurt themselves and others in order to get the substance they are addicted to.

### Signs of a Problem

When you first start taking a substance, you may think you can control how much you use. But over time, you may need more of the drug to get the same feeling or effect. For some people, that can lead beyond abuse to addiction. You may have a problem with substance abuse if you:

- Lack interest in things you used to love.
- Change your friends a lot.
- Stop taking care of yourself.
- Spend more time alone than you used to.
- Eat more or less than normal.
- Sleep at odd hours.
- Have problems at work or with family.
- Switch quickly from feeling good and bad.

### How to Get Help

Substance abuse affects every part of your life. It can hurt you and the people around you. It can ruin relationships and your financial health. Abusing drugs can also lead to addiction and cause serious health problems and even death. To stop, you may be able to find counselling, treatment, or both. If you have a substance abuse problem and want to quit, look around for services, 'hotline' (phone service) or on-line resources for alcohol and drug use.

## Alcohol

Alcohol use is common in many cultures, and forbidden in others. Alcohol affects everyone differently, men and women especially. If you drink too much and too often, your chance of an injury or accident goes up. Heavy drinking can also cause liver and other health problems or lead to a more serious alcohol disorder. Heavy alcohol use can affect your brain, your ability to make decisions, and your ability to protect yourself. If pregnant, it can harm the developing fetus. Drinking "in moderation" means having no more than one drink a day if you're a woman, and no more than two if you're a man. A man is drinking too much if he drinks more than 14 drinks in a week, and for a woman it means more than seven drinks a week. Use the tool below to see if you or someone you know may be drinking too much.

<sup>9</sup>Web MD: accessed 17 March, 2020

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cannabis, Dagga, pot, marijuana</b> | <p>Cannabis is an herbal drug used for medicinal as well as recreational use. It can make you feel silly and laugh for no reason, or sleepy and forgetful of things that just happened.</p> <p>Driving while high on pot is just as dangerous as drunk driving. Heavy use can leave some people “burned out” and not think or care about much.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Cocaine</b>                         | <p>Cocaine is a costly and highly addictive drug that is sometimes used for recreation. It is a stimulant. The more you use it, the more your brain wants it. It can make sensations much more intense, with extreme sensitivity to touch, sound and sight, intense emotions, anger and irritability, paranoia (thinking people and things are against you), and loss of desire to eat. People who use cocaine often may also have more serious side effects and health problems like headaches, seizures, heart and lung disease, mood problems and sexual problems among other effects. Stronger, more frequent doses can also cause long-term changes in your brain’s chemistry. Your body and mind begin to rely on the drug. This can make it harder for you to think, sleep, and recall things from memory. Your reaction time may be slower. And you’re at risk for more heart, stomach, and lung problems. Other forms such as crack cocaine are even more dangerous.</p> |
| <b>Ecstasy</b>                         | <p>Ecstasy is sometimes called a ‘club drug.’ It is in the amphetamine (stimulant) family of drugs, and is known to affect memory. It is not known whether the memory loss is permanent, but it is known to get worse over time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Khat</b>                            | <p>Khat is a plant used as a recreational drug and as medicine. It is chewed by people in East Africa and the Arabian countries to stimulate or elevate mood. The World Health Organization (WHO) lists khat as a drug that creates “dependence” in people, meaning that it produces a continuing desire to keep using it. It is banned in some countries but legal in others. Khat is used by many immigrants to these countries from East Africa and Yemen. Khat can cause many side effects including mood changes, increased alertness, excessive talkativeness, hyperactivity, excitement, aggressiveness, anxiety, elevated blood pressure, manic behaviour, paranoia, and psychoses. Trouble sleeping (insomnia), loss of energy (malaise), and lack of concentration usually follow.</p>                                                                                                                                                                                  |
| <b>Heroin</b>                          | <p>This illegal drug is the natural version of manmade prescription opioid narcotics. Heroin gives you a rush of good feelings at first. But when it wears off, everything slows down. You’ll move and think more slowly, and you may have chills, nausea, and nervousness. You may feel a strong need to take more heroin to feel better.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Prescription drugs</b>              | <p>These can be just as dangerous and addictive as illegal drugs. You can abuse medicine if you:</p> <ul style="list-style-type: none"> <li>■ Take medicine prescribed for someone else.</li> <li>■ Take extra doses or use a drug other than the way it’s supposed to be taken.</li> <li>■ Take the drug for a non-medical reason.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## Signs of a Problem

| Signs a person is drinking too much (many are true for drug use as well)                                                                                                                                                                                                                                            | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <ul style="list-style-type: none"> <li>To be social, you have to drink.</li> </ul>                                                                                                                                                                                                                                  |     |    |
| <ul style="list-style-type: none"> <li>You can't relax or fall asleep without drinking.</li> </ul>                                                                                                                                                                                                                  |     |    |
| <ul style="list-style-type: none"> <li>You need a drink in the morning to get going.</li> </ul>                                                                                                                                                                                                                     |     |    |
| <ul style="list-style-type: none"> <li>Alcohol helps you escape from feelings.</li> </ul>                                                                                                                                                                                                                           |     |    |
| <ul style="list-style-type: none"> <li>After drinking, you drive.</li> </ul>                                                                                                                                                                                                                                        |     |    |
| <ul style="list-style-type: none"> <li>You mix alcohol and medications.</li> </ul>                                                                                                                                                                                                                                  |     |    |
| <ul style="list-style-type: none"> <li>You drink when you're pregnant or caring for small children.</li> </ul>                                                                                                                                                                                                      |     |    |
| <ul style="list-style-type: none"> <li>When loved ones ask how much you drink, you don't tell the truth.</li> </ul>                                                                                                                                                                                                 |     |    |
| <ul style="list-style-type: none"> <li>You hurt people or become angry when you drink.</li> </ul>                                                                                                                                                                                                                   |     |    |
| <ul style="list-style-type: none"> <li>It's tough for you to remember what you did when you were drinking.</li> </ul>                                                                                                                                                                                               |     |    |
| <ul style="list-style-type: none"> <li>Your responsibilities suffer because of your drinking.</li> </ul>                                                                                                                                                                                                            |     |    |
| <ul style="list-style-type: none"> <li>Drinking has caused you legal problems.</li> </ul>                                                                                                                                                                                                                           |     |    |
| <ul style="list-style-type: none"> <li>You tried to stop drinking but failed.</li> </ul>                                                                                                                                                                                                                            |     |    |
| <ul style="list-style-type: none"> <li>You can't stop thinking about drinking.</li> </ul>                                                                                                                                                                                                                           |     |    |
| <ul style="list-style-type: none"> <li>To feel the effects of alcohol, you have to drink more and more.</li> </ul>                                                                                                                                                                                                  |     |    |
| <p>If you have any of these you have a serious problem and need help:</p> <ul style="list-style-type: none"> <li>You have withdrawal symptoms after you stop drinking for too long, like shakiness, nausea, trouble sleeping, or seizures.</li> <li>You experience blackouts, hangovers, or memory loss.</li> </ul> |     |    |



## COUNSELLING

# U N I T

**13**

# Counselling

## Objectives:

From the use of the training activities tools in this unit, religious leaders should feel better prepared to:

- Distinguish between counselling and advising.
- Describe their aims for counselling for different age groups related to sexual and reproductive health.
- Demonstrate supportive communication.
- Identify specific communication needs from a developmental point of view.
- Support adults/parents to be more supportive of young people experiencing relationship and SRH issues.
- Explain advantages and limitations of individual and group support, and options for group support.
- Take steps to plan a support group within their community.
- Initiate positive norms for support group function.

## Methods:

Discussion

Brainstorm

Role plays to practice with communication skills

## Materials and Resources:

Religious Leaders Handbook

Additional resource materials in the Annex:

Developmental stages of adolescence

Communication resources for parents

International Technical Guidance on Sexuality Education: information needs and life skills related to sexual and reproductive health, explained by developmental stage

<https://www.who.int/reproductivehealth/publications/technical-guidance-sexuality-education/en/>



# ACTIVITIES



## Activity 1. What is counselling?

- a. Begin by introducing the topic of counselling. Divide the group in two and assign one group the task of developing an informal role play of ‘counselling’, and the other a role play of ‘advising’. Give them both the following scenario and allow five minutes to prepare. Emphasize that the point of this is the activity of communication, rather than the actual situation:

A woman comes to you because she suspects her husband is unfaithful and has an outside relationship with another woman. She would like your help.

Have each group demonstrate the role play from where they are seated (to keep it informal).

After each group demonstrates, make two lists on flip chart or white board. First ask: What are some of the differences that you noticed? What was similar in the approach?

| Counselling | Advising |
|-------------|----------|
|             |          |

- b. Ask the group to define counselling. Allow the group to brainstorm, noting key words on a flip chart. When done, ask a volunteer to read the definition on page 61 of the Religious Leaders’ Handbook. Then compare it with their suggestions. Note the importance of helping the person consider options and make their own decision about what will work for them.
- c. Next, ask the group to describe communication that they feel would be more effective for counselling young people and their caregivers on relationships and issues related to sexual and reproductive health. As a group, brainstorm some dos and don’ts for effective and supportive communication in counselling, and why each is important. Use the examples in this box to supplement the discussion as needed.

| Do's and Don'ts                           | Explanation or Example                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Listen Actively                           | <ul style="list-style-type: none"> <li>■ Listen with your body as well as your mind (make eye contact, show interest, nod your head, avoid looking at a phone or other distraction).</li> <li>■ Ask questions.</li> <li>■ Clarify when you are not sure you understand something.</li> <li>■ Probe gently for more information when appropriate.</li> </ul>                                                                                             |
| Use open questions                        | <p>You will get more useful information in order to help them.</p> <ul style="list-style-type: none"> <li>■ Can you tell me more about . . . ?</li> <li>■ Can you help me to better understand . . . ?</li> <li>■ How did that feel?</li> <li>■ What have you tried already?</li> <li>■ How could you be safer in this situation?</li> </ul>                                                                                                            |
| Ask in a way that communicates acceptance | <p>Sometimes people get caught in this situation . . . has that happened to you?</p>                                                                                                                                                                                                                                                                                                                                                                    |
| Validate their feelings                   | <p>Everyone has a right to their feelings, even if you don't agree with them. Validation communicates acceptance without having to agree or approve. When you validate someone's feelings, you communicate that you recognize and accept their thoughts, feelings, opinions and actions as understandable. This takes practice. An example:</p> <ul style="list-style-type: none"> <li>■ Sounds like you are mad at yourself for not . . . .</li> </ul> |
| Use empathy                               | <p>Show that you care and want to understand their situation.</p> <ul style="list-style-type: none"> <li>■ That must be difficult for you.</li> <li>■ I can see why this would worry you.</li> </ul>                                                                                                                                                                                                                                                    |
| Avoid judgmental communication            | <p>Focus on behaviours, and not on labels.</p>                                                                                                                                                                                                                                                                                                                                                                                                          |
| Don't make assumptions                    | <p>Everyone is different in how they deal with life's challenges, and what works for one person may not work for another.</p>                                                                                                                                                                                                                                                                                                                           |
| Help them to feel they are in control     | <p>After listening and validating what they are saying and you are hearing, help them to identify options:w</p> <p>Sounds like you are mad at yourself for not . . . (by doing this, it also opens the door to help them identify what they think they could do differently next time).</p>                                                                                                                                                             |
| Be patient and understanding              | <p>Allow the person time to talk and space to think. Some people take longer than others to heal or take action. Resist the temptation to tell the person it is time to make a change.</p>                                                                                                                                                                                                                                                              |
| Provide perspective                       | <p>Help them to recognize underlying issues if it will help them to think differently about their issue. Try to remain objective and fact based, rather than giving your own opinions unless asked.</p>                                                                                                                                                                                                                                                 |
| Be honest when you don't know something   | <p>If appropriate, you can commit to finding out more and sharing what you learn with them in the next discussion.</p>                                                                                                                                                                                                                                                                                                                                  |

d. Next, ask the following:

- What should the goals of counselling related to adolescent health be?
- What would you like to be able to specifically do with parents?
- What would you like to be able to do with younger adolescents and older youth?

Discuss their responses together as a group, and then review together to identify things that can be handled well in groups, and those that should be handled more privately.

For the remainder of the unit you will be focusing on two forms of supportive communication:

1. Counselling of individuals or pairs.
2. Support groups.



### Activity 2. The counselling process

1. Explain that “the counselling process is a continuous, cyclical series of interactions in which the counsellor and client collaboratively set goals, formulate and implement action plans, and assess progress toward the goal(s). Throughout the process, new information is integrated, the counsellor-client relationship is developed, and progress toward counselling goals is reassessed.”<sup>10</sup> Counselling should be voluntary; the person being counselled has the right to determine whether the counselling is working for them.
2. Ask how counselling on sexual and reproductive health might be different from spiritual counselling, and what might be similar. Allow 5 minutes for discussion.
3. To review the counselling process, provide them with cards that have the following words on each (shuffle them first). Ask them to work as a group to put the tasks in what they view as the correct order. Have the group stand or sit in that order, and then in pairs or small groups, discuss what they view as important for each step. Have them share ‘pearls of wisdom’ for each step with the full group. After each, review highlights from the points below, asking questions to gain additional perspectives as needed.

|                   |
|-------------------|
| Establish rapport |
| Assess needs      |
| Diagnose          |
| Explore options   |
| Set a goal        |
| Plan actions      |
| Follow up         |

<sup>10</sup> [https://counseling.umn.edu/sites/counseling.umn.edu/files/the\\_counseling\\_process\\_0.pdf](https://counseling.umn.edu/sites/counseling.umn.edu/files/the_counseling_process_0.pdf)



## Resource Material: The Counselling Process

The counselling process usually takes place over a series of sessions, with a basic structure to the discussion offered by the counsellor, but agreed to by the person receiving the counselling (*the term client is used here for explanation, and does not suggest a financial relationship*). Deciding on how many sessions are needed should be determined by the person counselling and the person in need of support.

- **Establish rapport.** The counsellor aims to develop a trusting, collaborative relationship with the client, focused on identifying problems, exploring solutions, and then supporting the person to make their own decision on actions they can take.
- **Assess needs:**
  - ▶ **Ask questions and listen actively:** The process should always begin by asking questions and actively listening to the person's responses. Use probing questions - What is the problem? For how long has it been happening? Are they in a relationship that they feel they can manage? Who do they have at home that they can trust? How do they feel spiritual beliefs affect the issue you are discussing?
  - ▶ **Reflect:** Your words and your actions should communicate that you believe what they are sharing with you and that you respect what they have to say. Even if you feel they are in error, strive to communicate that their point of view is valid (if this is how the person is experiencing things, it is true for them).
- **Diagnose.** After listening, summarize what you understand the problem to be, and then review this with them to validate that your impressions are correct.
- **Explore options:** Based on what is agreed as the problem or need to be addressed, the counsellor and client begin to explore the options that the person has. This may include a behaviour they want to start or change, a new approach to a relationship or to communication, or a protective action they want to take such as seeking health services. One of your roles is to act as a resource to make them aware of support(s) and services that exist. It is possible that you may think one option is right, while the person feels more comfortable with another. This often happens when adults discuss sexual relations with young people. It is very important to let the person make their own decision. If s/he asks what your opinion would be, it is okay to be honest with them, but in the end, they must own the decision.
- **Set a goal:** Based on what is discussed, help the person to set a goal. It is always best to start with something that feels feasible, even if it is not the perfect solution yet. Young people need to feel that their actions can

be successful in order to build confidence that they can take protective actions for themselves and others. Start with something short term, and then discuss longer term things they might want to work toward over time.

- Agree on a plan of action: This should include:
  - ▶ Actions the person will take.
  - ▶ Actions that you will take (including referrals, helping them with a difficult conversation, or other assistance you might have agreed to).
  - ▶ What to do if a problem gets worse (if the person is in any danger, you may need to help them to seek protection, with their permission if not a minor).
  - ▶ When to have the next conversation.

*All sessions should end with at least one positive option the person has to help him/herself.*

- **Follow up sessions:** Begin by asking for an update since last session. Give positive feedback and encouragement for steps they were able to take. Ask how they are feeling about things now. Listen actively and ask questions as needed. Help them to consider additional actions they might take. If relevant, you can offer to meet together with a parent, partner or other person involved, but let the person you are counselling decide.



### Activity 3. Applying our counselling skills

The best way to build our counselling skills for addressing sensitive issues related to sexual and reproductive health is to practice. In groups of two-three, brainstorm some common scenarios you expect might arise in your work, and take turns practicing. One person should assume the role of counsellor, one of 'client' and one of observer. Each person should have the chance to counsel and be counselled. If you are in a group of three or more, the third person should be the observer.

#### Examples of scenarios:

- ▶ You notice that a young person in your group becomes very quiet when you are talking with a group about relationships and abstinence. You offer to talk with her/him and s/he is willing.
- ▶ A mother shares that she believes that her daughter may be in a relationship that could become sexual and asks you to speak with her.
- ▶ A young woman in your faith community is in a relationship with someone who is known to have other partners. You are concerned and would like to offer your support.
- ▶ A couple of young men in your community are known to be spending a lot of time around a shebeen or bar. A young woman in your group suggests that you speak with them.

- ▶ A young person discloses to you that she/he has been pressured for sexual favours with a teacher or other person who has control over them in some way.
- ▶ You can also practice examples where you are counselling two people together.

After each practice, discuss the session from each of your perspectives:

‘Client’ – How did it feel to be counselled? What did you appreciate about this encounter? Did you feel your ‘counsellor’ heard the issues that were concerning you the most? Do you wish they had done something different?

‘Observer’ – What seemed natural and comfortable? What seemed challenging?

‘Counsellor’ – What would you do more of? Less of? Differently?

As a large group, discuss these questions:

What felt easy and natural to do?

What was challenging?

What should we all try to do differently?

What should we do if someone discloses an event that was likely to be a source of trauma? Refer to the information below on psychological first aid, discuss the Do’s and Don’ts in the text box.



### Activity 4. Dealing with Difficult Situations

#### Providing Psychological First Aid

The aims of psychological first aid are to help a person who has experienced a traumatic event or crisis to regain their feeling of control, focusing on their safety, dignity and their rights. How others respond will influence the person’s recovery from the experience. Below are some Do’s and Don’ts for psychological first aid, to avoid causing more harm<sup>11</sup>:

| <b>DO'S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DON'TS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>■ Be honest and trustworthy</li> <li>■ Respect people’s right to make their own decisions.</li> <li>■ Be aware of and set aside your own biases and prejudices.</li> <li>■ Make it clear to people that even if they can still access help in the future.</li> <li>■ Respect privacy and keep the person’s story confidential, if this is appropriate.</li> <li>■ Behave appropriately by considering the person’s culture, age and gender.</li> </ul> | <ul style="list-style-type: none"> <li>■ Don't exploit your relationship as a helper.</li> <li>■ Don't ask the person for any money or favour for helping them.</li> <li>■ Don't make false promises or give false information.</li> <li>■ Don't exaggerate your skills.</li> <li>■ Don't force help on people, and don't be intrusive or pushy.</li> <li>■ Don't pressure people to tell you their story.</li> <li>■ Don't share the person's story with others.</li> <li>■ Don't judge the person for their actions or feelings.</li> </ul> |

<sup>11</sup> Source: WHO (2011). *Psychological first aid: Guide for field workers.*

**Warning Signs of Poor Coping**

Often with counselling, it is common to come across situations where a person is not coping well with a problem or situation. As a group, brainstorm: What are signs that a person is not coping well? For each response, discuss what to do. Here are some examples to consider:

- Self-harm – the person has thoughts of suicide or is doing something that hurts themselves.
- Quick to anger or get violent.
- Drinking or taking drugs to feel better about a problem or situation.
- Not taking medicines – this is common among young people living with HIV and is a sign of poor coping or even self-harm.



**Activity 5. Knowing My Purpose and My Limits**

Counselling of young people often requires discussion of specific needs related to relationships, as well as steps a person needs to take to protect themselves. The following tool is meant for you to plan ahead for what you feel able to discuss with young people in your community and what you do not feel ready or able to discuss. There is no right or wrong other than to know yourself, in order to be an effective counsellor. This tool can be done on your own, or together with others to help each other to decide what you should/shouldn't do in your counselling.

| Theme and Purpose                                                                                                                                                                                                                                         | Am I Comfortable? |    | What would I do if this arises? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|---------------------------------|
|                                                                                                                                                                                                                                                           | Yes               | No |                                 |
| <p><b>Relationships:</b></p> <ul style="list-style-type: none"> <li>■ Making decisions about relationships</li> <li>■ Making decisions about sex</li> </ul>                                                                                               |                   |    |                                 |
| <p><b>Discussions of risk:</b></p> <ul style="list-style-type: none"> <li>■ Risky sex</li> <li>■ Risky partner</li> <li>■ Risky lifestyle issues (substance use, other)</li> <li>■ Risky situations (at work, at home, in school or community)</li> </ul> |                   |    |                                 |

|                                                                                                                                                                                                                                                                                                                               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <p><b>Preventing pregnancy</b></p> <ul style="list-style-type: none"> <li>■ Promoting use of contraception</li> <li>■ Advising on where to find it</li> <li>■ Supporting to decide on a method</li> <li>■ What to do if a person thinks they or their partner is pregnant</li> </ul>                                          |  |  |  |
| <p><b>STIs and HIV</b></p> <ul style="list-style-type: none"> <li>■ How to prevent them:</li> </ul> <p>Condom use<br/>Other methods: PrEP, PEP, treatment as prevention (viral suppression)</p>                                                                                                                               |  |  |  |
| <p><b>HIV testing</b></p> <ul style="list-style-type: none"> <li>■ Reasons for testing</li> <li>■ Where to get tested</li> <li>■ What to do if positive</li> <li>■ Couples testing</li> <li>■ What to do if partner will not test or share results</li> </ul>                                                                 |  |  |  |
| <p><b>Violence and abuse</b></p> <ul style="list-style-type: none"> <li>■ if a person tells you they have been abused by someone</li> <li>■ if person has been raped or sexually assaulted in another way</li> <li>■ if someone is being pressured by someone who has power or authority over them or their family</li> </ul> |  |  |  |
| <p><b>Other needs or situations to consider</b></p>                                                                                                                                                                                                                                                                           |  |  |  |



### Activity 6. Personal Readiness

After practicing and thinking through common situations you might encounter in addressing sexual and reproductive health needs in your community, use the tool here to assess your readiness, and identify any additional steps you would like to take to feel better prepared.

| Things to consider                                                                                                                                                                                                  | Yes | No | N/A | Steps I should take |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|---------------------|
| <p>Are you aware of your own attitudes, beliefs, and values?</p> <p>Are you ready to address your personal biases on issues related to sexuality and sexual health?</p>                                             |     |    |     |                     |
| <p>Are you aware of your limitations and what you can comfortably address?</p> <p>Are you aware of resource persons and organizations who can assist? (see referral table in Activity 10 below).</p>                |     |    |     |                     |
| <p>Have you yourself experienced problems related to sexual health and/or intimate relationships, and do you need support for this? It is important to address your own issues before trying to counsel others.</p> |     |    |     |                     |
| <p>If you have been in a violent or abusive relationship, have you gotten support to address your own needs?</p>                                                                                                    |     |    |     |                     |
| <p>Do you know the warning signs for sexual attraction to a congregant?</p>                                                                                                                                         |     |    |     |                     |
| <p>Do you have a relationship with another spiritual leader or expert with experience in dealing with sexuality issues as they arise?</p>                                                                           |     |    |     |                     |

\* Adapted from D Haffner (2012). Assessing Sexual Health: An online guide for UUA congregations.



## Activity 7. Understanding the needs and developmental stages of adolescence

Adolescence is a time of continual transition, made up of developmental stages. Each comes with changes in responsibilities, roles, relationships and the expectations that they have of themselves, and that others have of them. It also comes with physical, cognitive, social and emotional changes.

Refer to the resource materials on Adolescent Development at the end of this Unit. Divide into 3 groups. Each group will take a developmental stage – early, middle or later adolescence. If your overall group is large, you can divide by gender and developmental stage for a total of 6 groups.

Each group will spend time discussing the following questions, referring to the resource material provided. Based on their discussion, they will ‘teach’ what they have learned to the overall group. Decide in advance how much time each group will have for their lesson.

- What are the transitional challenges of this developmental stage?
- What differences are typical between girls and boys?
- What is happening in terms of the expectations that young people typically have for themselves at this stage? What expectations do others (adults and peers) have of them?
- What counselling needs are faith leaders likely to encounter with this age group?
- What issues could be addressed effectively through support groups?

**Note: the International Technical Guidance on Sexuality Education** has age specific descriptions of the information and life skill needs of young people and is highly recommended as a resource.

<https://www.who.int/reproductivehealth/publications/technical-guidance-sexuality-education/en/>

### Some helpful notes

Adolescence is a difficult period. It is characterized by paradoxes. Adolescents and youths strive for closeness, and yet often fear intimacy and often avoid it. They rebel against control, and yet want direction and structure. While they push and test the limits imposed on them, they sometimes see limits as a sign of caring, but may also rebel against them. They are not treated as mature adults, and yet are expected to take on adult responsibilities and behaviours. Adolescents are typically self-centred and pre-occupied with their own worlds, and yet are expected to deal with social demands and expand their horizons. This changes as they enter young adulthood. They are asked to face and accept reality and, at the same time, many avenues of escape are available in the form of drugs and alcohol. Development of positive

coping strategies is critical for adolescents and youth. Poor coping can lead them to self-harm, substance use, and greater vulnerability to peer pressure and harmful relationships.

Adolescence often comes with some of these conflicts:

- Dependence or independence struggles.
- Acceptance/rejection conflicts.
- Identity crises.
- The search for security.
- Pressure to conform.
- The need for approval because of the stresses of the adolescent period, these years can be lonely, and it is not unusual for an adolescent or young person to feel isolated and that there is no-one who can help.

**Support groups** can be useful in dealing with feelings of isolation because it gives adolescents and youths the means to express conflicting feelings, explore self-doubts, and realize that they share these concerns with their peers. It offers an opportunity for them to share problems as well as what works, and empowers them to become positive social influences as they help each other to solve problems and face challenges.



### Activity 8. Planning for Support Groups

Begin by discussing:

- What is a support group?
- What are some examples?
- What are common characteristics of the support groups you are aware of?

#### Introductory note on support groups

A support group is any group of people who come together to support one another with a problem or issue that they have in common. It may be a small informal gathering (around someone's table) or a formal meeting held in a planned location such as a community or religious organization.

Support groups are formed for many reasons – to share experience with parenting (e.g. a mothers' support group), to cope with a health problem (HIV or cancer) or a habit they want to change (e.g. alcohol or drug use), for coping with grief when someone has died, or for those who have been through a violent relationship, rape or other traumatizing event.

Support groups can take many forms. They can be open (anyone can join or 'drop in') or closed (require a joining process and commitment to attend regularly). They can be facilitated by a professional, a peer or a 'near-peer' (someone a few years older and more experienced, usually has training). They can also be conducted as 'self-help' groups which do not have a formal facilitator. They can be single sex or mixed sex. They are often designated by specific age groups.

Next, discuss different approaches to facilitation:

- What approaches to group facilitation are you aware of?
- What are some advantages and limitations to peer support?
- Are you aware of any 'good practice' with support groups led by young people?

Brainstorm these questions as a group, and then supplement your discussion with the notes below for any points that did not arise.

| Advantages                                                                                                                        | Limitations                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Trust of people closer to their age.                                                                                              | May lack life experience.                                  |
| Empathy – peers are often facing similar needs and problems.                                                                      | Harder to be an 'authority' on a subject.                  |
| Relatable – talk easily and openly with others closer to their age.                                                               | Turnover – peer counsellors often move on to other things. |
| Good practice for peer-led groups                                                                                                 |                                                            |
| Use of 'near peers' – someone a little older who has more perspective and life experience, but still closer in age than an adult. |                                                            |
| Training of peer counsellors and peer educators.                                                                                  |                                                            |
| Structured commitments as part of community service.                                                                              |                                                            |

**Planning your support group.** While support groups have a way of naturally evolving over time, it helps to plan ahead to avoid feeling unprepared. To build your skills in planning support groups, identify a need for a support group, and then develop a plan for one. Work in pairs or small groups. If you do not work together routinely, you can help each other but develop your own plans. If you work together, start with one plan.

| Planning tool for support groups <sup>12</sup>                                                                                                                                                                                                                                     | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>Purpose:</b> What problems are you trying to address, or needs are you trying to meet with the group? Will it be for social support? Educational purposes? To help people to cope with a particular problem?                                                                    |       |
| <b>Participation:</b> Who can participate in the group? People with a particular need? What age group?<br><br>Single or mixed gender?<br><br>Will it be an open or closed group?<br><br>Rules for participation?<br><br>Will parents or caregivers participate in some activities? |       |
| <b>Facilitation:</b><br><br>Who will facilitate? Will any special skills or knowledge be needed? Do you need to partner with an organization to support the group?                                                                                                                 |       |

<sup>12</sup> Adapted from: <https://www.thewellproject.org/hiv-information/starting-support-group>

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>Meeting Structure:</b></p> <p>How often will the group meet, and for how long?</p> <p>Will sessions have agendas or just be free flowing? Will people be asked to commit to a series of sessions? Will the sessions have themes?</p> <p>Will participants have the chance to input or decide on the structure and/or rules for the meeting?</p> <p>Will there be costs (e.g. for snacks or materials) and how will they be covered?</p> <p>Other support needs?</p> |  |
| <p><b>Partnering:</b> Are there organizations nearby who can work with you on the support groups, or act as a resource in some way, e.g. service providers, health educators, mental health workers?</p>                                                                                                                                                                                                                                                                  |  |
| <p><b>Location:</b> Where will the group meet, and will it be a fixed location?</p>                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <p><b>Outreach:</b> How will you recruit participants?</p>                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <p><b>Communication:</b> How will people know about plans and changes in plans?</p>                                                                                                                                                                                                                                                                                                                                                                                       |  |



### Activity 9: Establishing Ground Rules

It is important to set norms for support groups. This should include rules for confidentiality (no one shares information about group members outside of the group), and for communication. The atmosphere should be open, respectful, non-judgmental, and all sharing should be voluntary. The group should be a 'safe space' and people should be able to openly share if something makes them uncomfortable.

It is important that group members agree to group 'norms' or rules from the beginning. Begin by asking group members what they would like as 'ground rules.' The rules they set can become part of a "group agreement", meaning that those who participate should abide by the rules.

**Some examples of common ground rules:**

- Open communication, respect.
- Confidential – what you say in this room, stays in this room.
- Avoid offensive language.
- Feedback and comments should be as positive as possible.
- Promptness – begin and end on time.



## Activity 10. Planning Ahead for Referrals

The religious leader conducting counselling or group support sessions should be prepared to refer people who have needs they are not prepared to address. Getting ready for making referrals is something that you can do together as a group with your peers, or on your own when in your community environment. The aims of preparation include:

- 1. Having a system of referrals for outside counsellors.**
- 2. Getting to know other professional counsellors and service providers in your area.**

As you talk about issues related to the health of young people and sexuality education, you will likely encounter people who need services, or additional counselling support. To be prepared, find out who would be the best sources of information for each of these. As an activity, you may want to visit local health services to get recommendations for each of these and learn who good resources near your community are.

|                                              | <b>Resource Organizations</b> | <b>Hotlines (phone) and Internet Resources</b> | <b>Youth Friendly?</b> |
|----------------------------------------------|-------------------------------|------------------------------------------------|------------------------|
| Abuse survivors and child protection*        |                               |                                                |                        |
| HIV/AIDS support groups                      |                               |                                                |                        |
| Cancer support groups                        |                               |                                                |                        |
| Services for LGBTI youth                     |                               |                                                |                        |
| Family planning                              |                               |                                                |                        |
| Pregnancy testing and counselling            |                               |                                                |                        |
| Treatment of Sexually Transmitted Infections |                               |                                                |                        |
| HIV testing services                         |                               |                                                |                        |
| Infertility                                  |                               |                                                |                        |
| LGBTi issues                                 |                               |                                                |                        |
| Rape survivors                               |                               |                                                |                        |
| FGM                                          |                               |                                                |                        |

# ANNEX A:

## Additional Resources for Religious Leaders

### 1. Stages of Adolescent Development<sup>13</sup>

| <b>Early Adolescence</b><br><b>Females ages 9-13</b><br><b>Males ages 11-15</b>                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Middle Adolescence</b><br><b>Females ages 13-16</b><br><b>Males ages 14-17</b>                                                                                                            | <b>Late Adolescence</b><br><b>Females ages 16+</b><br><b>Males 17+</b>                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Puberty is the main event during this stage</p> <p>Adjustment to pubertal changes, such as secondary sexual characteristics</p> <p>Beginning of separation from family</p> <p>Beginning of increased parent-child conflict</p> <p>Start of presence of social group cliques</p> <p>Beginning to identify in reputation based groups</p> <p>Beginning of concentration on relationships with peers</p> <p>Concrete thinking primarily and preliminary ability of abstract thinking</p> | <p>Increasing independence from family</p> <p>Increasing importance of peer group</p> <p>Experimentation with relationships and behaviours</p> <p>Increasing ability to think abstractly</p> | <p>Autonomy nearly secured</p> <p>Body image and gender role definition nearly secured</p> <p>Empathetic relationships</p> <p>Attainment of abstract thinking</p> <p>Defining and transition to adult roles</p> <p>Greater intimacy skills</p> <p>Sexual orientation nearly secured</p> |

<sup>13</sup> From UNESCO Teacher Training, developed by Advocates for Youth. February 2020.

Source; National commission on Adolescent Health

## 2. Adolescent Development: Physical, Cognitive, Emotional and Social Changes

| ASPECT OF DEVELOPMENT | EARLY ADOLESCENCE (8-12)                                                                                                                                                                                                                                                                                     | MIDDLE ADOLESCENCE (13-16)                                                                                                                                                                                                                                                                                                                                    | LATE ADOLESCENCE (17-19+)                                                                                                                                                                                                                                                                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PHYSICAL</b>       | <p>Significant physical/sexual maturation.</p> <p>Intense concern with body image.</p> <p>Physical maturation occurs faster than cognitive, emotional and social development.</p>                                                                                                                            | <p>Continuing physical/sexual changes.</p> <p>Less concern with body image.</p> <p>Increased need for sleep and physical rest.</p>                                                                                                                                                                                                                            | <p>Physical /sexual changes complete.</p> <p>Greater acceptance of physical appearance.</p> <p>Eating disorders may occur.</p> <p>Can experience strong sexual feelings.</p>                                                                                                                                                                                   |
| <b>COGNITIVE</b>      | <p>Concrete thinking.</p> <p>Developing self-control.</p> <p>Learning is rapid.</p> <p>Developing own opinions, but continue to need help in solving problems.</p> <p>Events are understood in terms of direct experience.</p> <p>Begin to question rules and beliefs previously accepted at face value.</p> | <p>Growth of capacity to think abstractly.</p> <p>Attention, memory and problem-solving abilities improve.</p> <p>Do not always see the consequences of their actions.</p> <p>Feelings of being all-powerful, all knowing and invulnerable are common.</p> <p>Developing their own set of values.</p> <p>Goal setting and planning begin to be important.</p> | <p>Capacity for abstract thought in place.</p> <p>Greater ability to see different perspectives, resulting in more empathy and concern for others.</p> <p>Refine and clarify values.</p> <p>Greater capacity to set goals.</p> <p>Better able to make decisions, act independently and rely on themselves.</p> <p>Express thoughts and ideas more clearly.</p> |

|                         |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>EMOTIONAL</b></p> | <p>Growing independence in decision-making.</p> <p>Continue to need love, attention and approval from adults, but are less willing to ask for it.</p> <p>Opinions of peers matter more than before.</p> <p>Self-centered, but beginning to think of others.</p> <p>Instant gratification is important.</p> | <p>Development of sense of identity</p> <p>Exploration of ability to attract partners begins.</p> <p>Greater sense of self-consciousness.</p> <p>Begin to test adult authority.</p> <p>Self-esteem is developing – some girls may be vulnerable to losing confidence and becoming self-critical.</p> <p>Can have confusion over emerging sexuality.</p> <p>Curiosity about sex increases and sexual experimentation may begin.</p> | <p>Sense of identity established.</p> <p>Independence increases.</p> <p>Greater sense of self-control.</p> <p>Movement from self-centeredness to real sharing and empathy.</p> <p>All experiences are intense and emotional.</p>                                                                               |
|                         |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |
| <p><b>SOCIAL</b></p>    | <p>Increasing influence of peers</p> <p>Feeling attracted to others begins</p> <p>Developing self-esteem is important – earn status by doing something well.</p>                                                                                                                                           | <p>Significant influence of peers/school environment</p> <p>Increase in sexual interest.</p> <p>Beginning to learn how to enter groups, how to read social cues and how to deal with conflict in a positive manner.</p> <p>Relationships deepen and become more mutual and trusting.</p>                                                                                                                                           | <p>Family influence more in balance with peer influence</p> <p>Serious intimate relationships begin to develop</p> <p>Transition to work or tertiary level education, more independent living.</p> <p>One-to-one relationships are important.</p> <p>Friendships with the opposite sex become more common.</p> |

**Sources:**

Adapted by Advocates for Youth in 2014 from:

- Rutgers University’s Training Institute in Sexual Health Education

- ReCAPP (resource Center for Adolescent Pregnancy Prevention) [www.recapp.etr.org](http://www.recapp.etr.org)
- Developmental Characteristics of Youth Program Basics: the Definitive Program Resource for Boys & Girls Clubs

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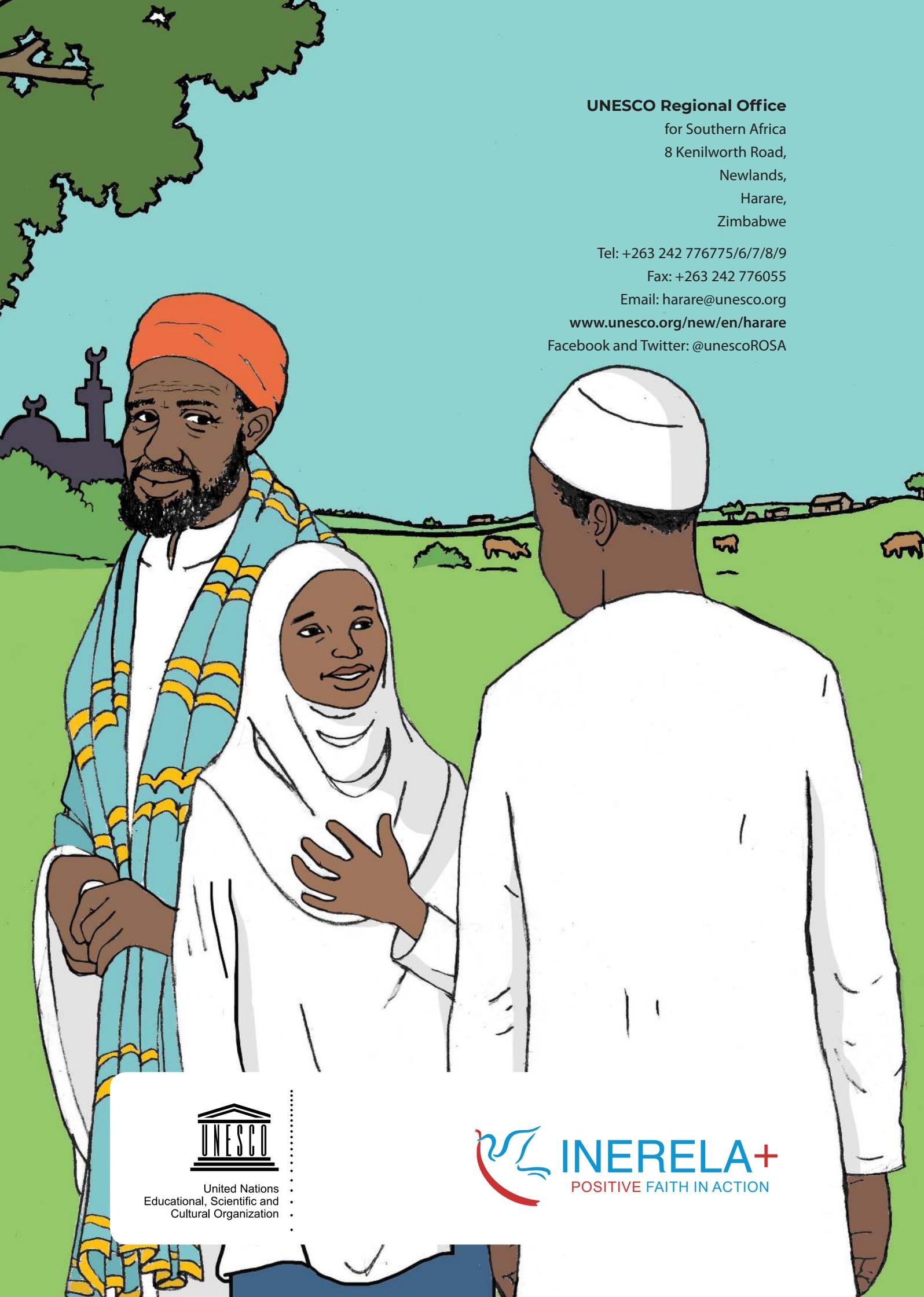
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