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**TRAINING MANUAL FOR
STAFF AND EDUCATION MENTORS ON SRHR & SGBV**

“Working with Parents, Pupils and Community Resource Persons”

FACILITATOR’S MANUAL

MAY, 2020

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Permissions

These materials can be reproduced provided permission is obtained and credit is given to the organization.

Additional Resources

The guide makes use of a wide range of activities and resources gathered together from various training manuals, websites and training guide. We extend full acknowledgement to all of these resources like; Working with young men and women on Sexual Reproductive Health and Rights: Prevention+ Uganda Guide (Reproductive Health Uganda), Engaging men and Women as Caring parents and respectful partners (A Men Care East and Southern Africa Guide), Guide for implementing Behavior Change Communication (BCC) interventions at community level (Communication for Development Foundation Uganda),

Foreward

Sexual reproductive health and rights and Sexual gender-based violence is a long standing, complex and global problem. It requires attention and effort from a wide range of actors. Include the national guidelines (SGBV policy) to make it local.

According to UNHCR's 2003 *Guidelines for Prevention and Response to SGBV Against Refugees, Returnees, and IDPs*, gender-based violence is a priority protection issue. The Guidelines describe specific actors, organizations, professions, and sectors that have responsibility for taking action to ensure appropriate survivor support, to deal with perpetrators, and to establish effective prevention strategies.

Although UNHCR's guidelines and other relevant publications lay out guidelines, standards, and recommendations for SGBV prevention and response, many humanitarian actors are not aware of their specific responsibilities and many have not been trained to carry them out.

Most cases of SGBV are sadly not reported because people are fearful of the negative consequences of a disclosure. Depending on the cultural context, being identified as a survivor of sexual violence can lead to social exclusion, isolation, discrimination and loss of dignity, further violence or even threat of life. These risks may also extend to the survivor's family and immediate community. The principle of 'do no harm' is therefore crucial in guiding good practice in the prevention of SGBV.

Therefore, addressing SRHR/SGBV challenges improves education outcomes as it bridges the ever-widening gap between the learners and their parents. It's an issue that requires good interagency planning, coordination, collaboration, and communication.

Overview of the facilitators' manual

This manual is to enable facilitators to conduct awareness sessions for parents and teachers on SGBV. The manual is also to support discussions on SRHR and menstrual hygiene in schools targeting parents and pupils, education mentors and staff.

Background of the organization/Project

PALM Corps is licensed by Uganda National NGO Bureau since, 2014 and currently operates in West Nile region. PALM Corps' core competence areas which include; improving agriculture production, value-chain analysis and market linkages, public health and nutrition and skills development as enshrined in its mission and vision of ending poverty through innovative and sustainable solutions. PALM Corps works to improve the quality of life of the poorest and most vulnerable communities through innovative, sustainable, evidence-based and people-centered programs that transform their livelihood practices, attitudes and values. PALM Corps is implementing a three-year Community Driven Actions for Girl-Child Education among South Sudanese and Host Communities in Northern Uganda (CODAGE) project with funding from the Austrian Development Agency (ADA) and Volkshilfe.

Project background

The CODAGE project is being implemented in Rhino camp refugee settlement and the host communities in Arua district formerly part of the greater Arua in northern Uganda. The project is intended to address the girl-child unfriendly school environment as exacerbated by the large number of refugees, extremely overloaded with the number of children and poor school infrastructure e.g. lack of classrooms and inadequate furniture and teaching materials. The project also intends to improve the sanitation and hygiene condition due to few functional latrines and other sanitation facilities especially for girls who are particularly affected and disadvantaged with this situation hence, affecting their retention in school.

Project goal

The overall objective is to contribute to gender equality in girls' education in Northern Uganda.

Project purpose

The project's purpose is to improve access to and quality of primary education for girls in the refugee and host communities in 4 schools in the Rhino camp in Northern Uganda.

Project results

Result 1: Improved management and infrastructure of 4 elementary schools in Rhino camp

Result 2: Improved attitudes and parenting skills of 800 parents / guardians regarding girls' education

Result 3: Increased awareness of girls' rights in education, sexual and reproductive health, and sexual and gender-based violence

Result 4: Reintegration of at least 20 school dropouts

Objectives of CODAGE facilitators' guide/ manual

- Assist young boys and girls choose to live in equal relationships as males and females, based on mutual respect
- Improve decision-making abilities specifically in relation to sexual reproductive health and rights
- Promote healthy relationships and prevent the use of violence, value intimacy over fear and domination
- Inspire young people to take action through community activism to promote sexual and reproductive health and rights.
- Building parents' skills in non-violent discipline, problem-solving, conflict resolution & communication.

INTRODUCTION

In this section, we provide information for CODAGE facilitators about how to facilitate group sessions on SRHR/ SGBV. We also provide some useful general tips to use in your sessions.

How to facilitate a CODAGE SRHR and SGBV Session?

We suggest that before you begin each of your own sessions, you re-read these tips to remember the key points;

Instructions for the facilitators before the session

- This guide addresses the sexual reproductive health and rights for young people and their parents. It covers key themes on SRHR, menstrual hygiene management and SGBV.
- Prepare yourself for the session by reading the session plan, instructions, information and handouts.
- Prepare for the workshop for instance; prepare flipchart sheets or prepare materials for your activities. make sure you have all the relevant stationery and materials such as; Flipchart and markers, Paper and pens, Snacks and drinks if you are providing them
- If you have monitoring and evaluation forms, remember to make photocopies for each
- Prepare the venue, and Arrive early before your participants are scheduled to arrive.
- Set up the room properly and get all your material ready.
- At the beginning of the session, ask participants to fill in the Attendance Register so that you have a record of who is attending each session and put the completed Attendance Register from each session into a folder or a file.

CONDUCT THE SESSION

1. **Start a session punctually:** Always keep to the allocated time for the session. Ask one participant to be the timekeeper if necessary
2. **Start with a check-in:** This is usually a quick question or enquiry that requires a brief answer from each participant. For example: "How are you doing this week?" "Choose three words that describe how you feel right now?" Include yourself in the check-in, and model an open and honest response. Some participants will check in with their own troubles. While it is important to give them the space to express themselves you need to ensure they do not take over the whole group. Rather suggest that the person comes to talk to you after the session.
3. **Reflect on the last session.** Encourage participants to sum up what was discussed or what was done in the last session, or ask a question like: "What other thoughts have you had about our last session?"
4. **Introduce this session's theme and objectives by emphasising the intended outcome**
5. **Conduct the session.** Watch timing.
6. **Taking Action:** The Taking Action Chart can be used throughout an activity and at the end of the session to help participants focus on, write down, and make a commitment to actions they will take after the session. Make sure each participant has a copy.
7. **Close the session.** Do a quick go-around to help participants transition out of the session and into their lives. For example, ask: "What is one thing you learned from this session that you want to implement this week?"

AFTER THE SESSION

1. **Evaluate the session.** Use the Plus/Delta Evaluation Chart to note down what worked well in the session and what could be improved.
2. **Keep contact with participants.** Check in with them between sessions to see how they are doing and to remind them about the next session. Use e-mails, SMSs or phone calls. Make sure you get a response.
3. **Follow up absent participants.** If a participant does not come to a session, call and invite the person back. Find out if there is a problem preventing him/her from coming. It might be timing or transport, or maybe the participant doesn't feel comfortable in the group. Encourage the participant to come back and help resolve any obstacles. But leave it up to the participant if he/she chooses not to come back.

IMPORTANT NOTE

Do not take it personally if a participant does not come to sessions. Make the effort to find out if there are any problems!

Helpful hints for CODAGE facilitators

Use process questions

- Boost group discussion by asking questions rather than by giving lectures. Questions open up discussion and encourage active participation.
- Be careful not to ask questions that simply require a 'yes' or 'no' response – these close down discussion. For example: "Are there any more thoughts about the last session?" Answer: "No." Rather ask more probing questions that encourage discussion. Use the 5 "Wh" question words – what, why, where, when, who; and how!
- Before the session, write up a number of probing questions that will encourage participants to think more deeply about the topic and relate it to their own lives. For example: "What do you mean?" "Why?" "In what way?" "Can you talk more about that?"

Encourage active participation

- Ensure that everyone has a chance to participate.
- If one participant dominates, ask for someone else's opinion. Or, ask a new but related question, and specifically ask another participant to comment.
- Maintain good eye contact with the person so he does not feel alienated but at the same time don't make him feel awkward.
- Check that *you* are not dominating or talking too much. Be quiet and wait for participants to take up the discussion.

Unblock the process

- Avoid spending too long on one issue. Not everyone will be interested, so keep the conversation moving.
- If the process or discussion gets blocked, suggest a short break, a 'leg-stretch'. This gives you time to look over your material or think of a way to unblock the discussion.

Respect diversity

- Respect the diversity in the group. Recognize and acknowledge any differences without allowing them to negatively impact the group. Try to find equitable solutions to any differences.
- Insist that all participants are treated with respect and dignity regardless of their gender, race, religion, national or ethnic origin, education, language, sexual orientation, and disability or learning challenges.
- Never allow any personal verbal attacks, insults, or humiliating comments in the session.
- Be aware of your own attitudes and leave your fixed opinions and biases outside the group.
- Ask yourself: Am I passing judgment on statements made by participants? Am I passing judgment on their behavior or appearance? Am I passing judgment on the way they talk or on grammatical errors? Am I labelling opinions as "right" or "wrong".

SESSION ONE: GETTING TO KNOW EACH OTHER

ACTIVITY 1.1: WHO DO WE ADMIRE AND WHY?

This activity can be used as a warm-up or introduction to the issue of sexual and reproductive health. It highlights the key aspects of masculinity and male sexuality.

OBJECTIVES

- Raise awareness about the individual nature of sexuality, e.g. personal desires and wishes.
- Promote self-awareness, group communication and integration.

FACILITATOR'S NOTES

If the group has difficulty recalling a particular character or celebrity, suggest that they talk about a friend or family member whom they admire.

STEPS 1. Ask each participant individually to choose a character they like from a movie or TV show. Then ask them, in pairs, to explain to each other why they have chosen that character. What do they admire about the person's actions, attitudes and value? Why do they admire these things? Is there anything they don't like about the person's actions, attitudes and values and why?

STEP 2. After about 10 minutes, each participant will present to the group the character chosen by their partner.

DISCUSSION QUESTIONS

- Why do we like certain TV or movie characters more than others? Is there a particular trait or characteristic of this character that we identify with? Which one?
- What are the most highly valued "female" characteristics?
- What are the most highly valued "male" characteristics? And what are the least admired traits in men?
- What expectations does society have about men & women? What are men and women supposed to be like?
- What about these expectations would you like to see changed?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Clarify the myths that will probably come up when the participants and you describe the characters such as; strength, looks and male omnipotence.
- Stress that certain attributes are often used to dominate other such as; men's impulsiveness and the idea that men have to be ready to have sex all the time. For instance, although men and women have different situations and experiences, they have similar needs and concerns. Boys and girls with involved and loving parents perform better academically, and show better social and emotional development. Having a non-violent father helps boys reduce aggressive behaviours and question sexism. For girls, having close and positive relationships with their fathers or male authority figures helps them to have healthy and non-violent relationships in their adult lives, and gives them a greater sense of personal empowerment. Couples are happier when they share the responsibilities of childcare and housework. In violent neighborhoods, young fathers who have motivated themselves to care for their children are more likely to be able to leave violent gangs.

SESSION TWO: THE SEXUAL AND REPRODUCTIVE BODY

ACTIVITY 2.1: UNDERSTANDING AND CARING FOR OUR BODIES

This activity focuses on the importance of knowing the sexual and reproductive body, aiming to stop the myths that lead men and women not to take proper care of their own health.

OBJECTIVES

- Increase awareness and knowledge about male and female sexual organs.
- **Raise awareness about the need for self-care.**

FACILITATOR'S NOTES

The majority of young men and young women do not know much about their own bodies, nor do they believe that it is necessary to take time to understand their bodies. Many young men and young women only know the mechanics of their genital tract (i.e. getting an erection). This lack of knowledge about their own bodies and its functioning often has adverse effects on their hygiene and health.

Encourage participants to share their own plain language or slang terms for these body parts. Point out if a slang term suggested is derogatory towards any person or group. Encourage the use of slang terms that are neutral or caring.

STEPS

1. Divide participants into two teams and ask them to choose a name for their team.
2. Explain that each team will have 3 minutes to plan, and discuss the different parts of the male sexual and reproductive anatomy.
3. Ask participants to put away their notes. Then stick up the diagrams of the male and female sexual and reproductive systems with the blank labels.
4. Explain that each team member will have a chance to take a label from the bag, and then place it correctly on the diagram. If a team member places the label correctly, they will score 1 point. When a team member is placing the label, his team cannot shout out or give hints, or they will lose a point.
5. If the label is placed incorrectly, the facilitator can take the label and return it to the bag.
6. Toss a coin to decide which team goes first. Give each team member a chance to take a label, alternating between the teams. The game continues until all the names in the bag have finished.
7. Keep the score on the board and comment on any interesting points that emerged during the activity (competition, collaboration, etc.).

DISCUSSION QUESTIONS

- What were the most difficult genital organs to guess? Why? What were the ones you already knew about?
- Do you think it important to know the name and function of the internal and external male genital organs? Why? Do most people know about these things? Why or why not?
- How should a man take care of his sexual organs? And a woman?
- Which do you think is more complex, the female or the male sexual and reproductive organs? Why?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Show the group how having a limited knowledge of their own body can have negative consequences on their health, for example it can stop them from knowing how to prevent sexually transmitted infections (STIs), HIV/AIDS and various types of cancer which affect the male reproductive organs. Parents should be encouraged to support pupils to know their body and monitor the health.
- Explain the importance of male involvement in reproductive decisions. Discuss how spermatozoa are produced and the implications of this on reproduction.
- Explain the function of each organ of the male and female sexual and reproductive system, including the physical diversity, for example, there are different shapes and sizes of penis, vagina and breasts, etc.
- Explain that the different types and sizes of the penis do not determine sexual pleasure.
- Explore the fact that, although taking care of the reproductive tract is considered in many cultures to be a female concern, this should also be a male concern. Taking care of your health is a key factor in safeguarding quality of life – in the present and in the future.

Assignment 1: Encourage the participants to draw the male and female sexual and reproductive organ and label the following parts;

Penis Epididymis	Mons Venus Uterus
Scrotum Seminal vesicle	Labia majora Cervix
Glans (head) Deferent duct	Labia minora Fallopiian tube
Testicle Ejaculatory duct	Clitoris Ovary
Urethra Rectum	Opening of the urethra Vagina
Anus	Opening of the vagina Anus
Uterus	Mons Venus Uterus
Cervix	Labia majora Cervix
Fallopiian tube	Labia minora Fallopiian tube
Ovary	Clitoris Ovary
Vagina	Opening of the urethra Vagina
Anus	Opening of the vagina Anus

SESSION THREE: SEXUALITY AND PLEASURE

ACTIVITY 3.1: THE EROTIC BODY

This activity discusses eroticism and the fact that men and women have equal sexual drives and desires.

OBJECTIVES

- Discuss desire, excitation and orgasm.
- Clarify that men and women have equal sexual drives, needs and desires.

FACILITATOR'S NOTES

For many young men and women, sexuality is defined as sexual performance. They feel pressure to prove themselves sexually. Providing information about sexual desire, excitation and orgasm can reduce the insecurity and discomfort that these young men and women feel about these issues. In the course of this activity, the facilitator should emphasize that having an active sex life does not mean only sexual intercourse and that there are many other forms of sexual contact, intimacy and pleasure. Carry out the discussion in the most open and informal way possible, even when the participants laugh or joke about these issues. In fact, joking is one of the ways that young people use to “defend” themselves or express anxiety, particularly when faced with new information. Throughout the activity, it is important to emphasize the need to practice safer sex and the issue of mutual consent. Mutual consent means that young people have the right to decide when, where and how they want, and if they want, to have sexual contact.

Remember to use the glossary at the end of this guide to clarify key concepts.

STEPS

1. Form groups of 4 to 5 participants. Give each participant a sheet of paper and give each group some magazines and glue.
2. Explain that each participant should make a collage on the “male erotic body” using pictures from the magazines.
3. Then ask them to repeat the activity, this time making a collage on the “female erotic body.” When they have finished, ask participants to display their collages and to talk about them.

DISCUSSION QUESTIONS

- What is sexual desire? Do both men and women feel sexual desire? Are there any differences?
- Do men feel sexual desire all the time? Are they always ready to have sex? And women?
- How do we know when a man is excited? And a woman?
- How do men get excited? What excites a man sexually?
- How do women get excited? What excites a woman sexually?
- Do men and women get excited in the same way? What is the difference?
- What is orgasm? What happens in a male orgasm? And what about a female orgasm? How important is affection in a sexual relationship? Is it different when you are in love with the person you have sex with? Is sex more enjoyable with affection or without affection?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

The majority of young men and young women do not know much about their own bodies, nor do they believe that it is necessary to take time to understand their bodies. Many young men and young women only know the mechanics of their genital tract (i.e. getting an erection). This lack of knowledge about their own bodies and its functioning often has adverse effects on their hygiene and health. Discuss the different ideas of eroticism presented, emphasizing that both men and women have an erotic body and that the parts of the body that produce the most sexual excitement vary from person to person. Inform the group how the erotic body works. Much as we all feel sexual desire at times, at other times we may not feel desire or feel like having sex. In our society, men in particular often feel like they should always feel sexual and be ready to perform. However, it is completely natural and normal not to feel sexual desire all the time. It is like this for most men. Men can challenge the norm that they should constantly feel sexual desire and always want sex. Discuss the importance of affection in a sexual relationship. Stress the need to practice safe sex, always using a condom. Emphasize that women have sexual desires and needs similar to their own, and the importance of understanding the needs and desires of their partner (whether male or female).

ACTIVITY 3.2: MALE & FEMALE SEXUALITY AND SELF-CARE. ANSWER... IF YOU CAN

This activity provides more information on male and female sexuality and the body and introduces the theme of self-care.

OBJECTIVES

- Discuss the beliefs, opinions and attitudes of the group concerning themes related to sexuality and reproductive health, and the need for self-care.

Discussions: Write questions on these paper strips, such as:

- What is masturbation?
- Do women masturbate? Is it true that masturbation can make the penis smaller or make hair grow in the palm of your hand?
- How should you wash the penis? How should you wash the vagina?
- Does a “real man” have to worry about taking care of his body? How?
- Can a man urinate inside a woman during sexual intercourse?
- What is a man most afraid of during the sexual act?
- What is a women most afraid of during the sexual act?
- What kinds of problems can a man have during sexual intercourse?
- What kinds of problems can a woman have during sexual intercourse?
- What can a man do when he ejaculates too quickly? Why does a man sometimes “come” while sleeping? • Do men need sex more than women? Why? Does the size of the penis really matter? Why?
- What makes women feel insecure about their sexual organs?
- How does a man feel when someone says he has a small penis? How does he react?
- Why do we sometimes say that a man “thinks with his penis”? Can a man control his sexual desire?
- What do you think about virtual or computer sex? And sexting?

FACILITATOR'S NOTES

The idea is for this activity to be informal and fun and to introduce these themes in a light-hearted way. The PALCORPS facilitator should create an environment in which the participants feel comfortable about expressing themselves and asking questions about sensitive themes.

Do not worry if it is not possible to discuss each of the themes fully when participants give their responses. At the end, the PALM CORPS facilitator can return to the questions that need more complete answers.

STEPS

1. Ask the participants to form one large circle. Then tell them that they are going to pass a balloon with a question inside round the circle. When the facilitator says stop, the person who has the balloon should pop the balloon, read the question and try to answer it.
2. If the person is unable to answer the question, the person on their right should answer. The other participants can help when necessary to complete the answer.
3. After a question has been answered, repeat the STEPS, until all seven balloons have been passed around and all seven questions have been discussed.

DISCUSSION QUESTIONS

- What does it mean to be a man?
- How does a man look after his body?
- Is the size of the penis important for the man? Why?
- Why is it so difficult for some men to go to a urologist?
- What preventive exams can a man do to prevent certain diseases?
- How can a man protect himself from sexual transmitted infections (STIs) and HIV/AIDS? (Ask if everyone in the group knows what sexually transmitted infections or STIs are.)
- What kind of personal hygiene should men practice?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Connect the model of masculinity found in our society with men's health and health problems. For example, if we look at various aspects of mortality and morbidity, we can see that men die earlier (usually from traffic accidents or violence) than women. In many countries, men also tend to use alcohol and other substances more than women.
- Discuss the concept of prevention and the difficulties of "preventing" given the myth that men are supposed to be ready to face any risk or to have sex at any time.

SUMMARY ON EROTIC BODY

Every part of the human body can produce pleasure when touched but, usually, people have certain areas that are more sensitive to caressing than others. These are called erogenous zones (breasts, anus, vulva, clitoris, vagina, penis, mouth, ears, neck, etc.). These erogenous zones differ from person to person, so only by talking or experimenting will you know what excites your partner (whether he or she is male or female) the most. The human body is much more than its biological functions. Unlike most male animals, who become sexually aroused just by the smell of a female when she is in heat, the human male's excitement depends on social and psychological factors that are closely interlinked, and which influence each other and which depend on each other. For a woman, sexual desire does not depend on her being in her fertile period.

How does human sexual desire work? There are four stages to human sexual desire: desire, excitation, orgasm and relaxation.

How does human sexual desire work? There are four stages to human sexual desire: desire, excitation, orgasm and relaxation.

Sexual desire is when one feels like having sex. It occurs through the activation of the brain when confronted with a sexually exciting stimulus. Remember, however, that a particular stimulus can be exciting in a one culture and not in another. For example, a certain standard of beauty can arouse sexual desire in one culture and not in another. Anxiety, depression, the feeling of danger and fear of rejection can affect a person's sexual desire. On the other hand, when a person feels relaxed, secure and has intimacy with his or her partner, this supports the desire to have sexual relations.

Sexual excitation is involuntary, that is to say, it occurs independently of a person's will. What man has not had the embarrassment of having an erection at the wrong moment? We know that a man is excited because his penis becomes hard and his testicles rise or feel tighter. We know a woman is sexually excited when her vagina becomes wet and her clitoris swells and becomes harder. Physiologically, the excitation results from the increased flow of blood into certain tissues (such as the penis, the vagina, the breasts) and from the muscular tension of the whole body during sexual activity. During this phase, respiratory movements and heartbeat increase. More important than knowing all this, however, is knowing that caressing and touching between partners is important in this stage. In the case of most men, all it takes is an erotic image for him to have an erection; for a woman to become excited requires more time, and more caressing and kissing.

Orgasm is the stage of greatest sexual intensity and is difficult to describe objectively because the feeling of pleasure is personal – so much so that descriptions of orgasm are just as varied as people themselves. During orgasm, most individuals feel that the body builds up enormous muscular tension and then suddenly relaxes, accompanied by an intense feeling of pleasure. Furthermore, not all orgasms are the same. As the orgasm depends on sexual excitation, the same person can have orgasms of different intensities at different times. It is during the male orgasm that ejaculation occurs, that is, sperm is ejected through the urethra.

Relaxation is the stage when the man relaxes and needs some time to get excited again. In young men, this period is short (around 20 to 30 minutes); in adults, particularly those over 50, it can take longer. Women do not need this interval, which explains why they can have more than one orgasm during sexual intercourse, or multiple orgasms.

SESSION FOUR: LET'S TALK ABOUT CONTRACEPTION AND PREGNANCY

ACTIVITY 4.1: SEXUALITY AND CONTRACEPTION

This activity provides basic information about contraceptive methods and promotes a discussion about the role of men in contraception.

Before this session, do research on family planning and consult with professionals in the community. Find out as much as you can about the different methods of contraception and where participants can get more information.

OBJECTIVES

- Provide information on contraceptive methods.
- Discuss male involvement in contraceptive use.
- Discuss criteria for choosing a suitable contraceptive method.

FACILITATOR'S NOTES

If possible, bring samples of each of the contraceptive methods to the session. In the discussion about each of the methods, discuss technical advantages and disadvantages, as well as cultural and personal beliefs about each method.

STEPS 1. Divide the participants into 6 teams depending on the number of participants. Distribute the samples of contraceptive methods and any specific information about each method to each of the teams:

Group 1: Hormonal Methods

Group 2: Intrauterine Device (IUD)

Group 3: Barrier Methods

Group 4: Rhythm Methods

Group 5: Tubal Ligation and Vasectomy Group

Group 6: Emergency Contraception (next-day pill)

STEP 2. Ask each group to try to answer the following questions about the contraceptive method they have been given:

- How does this method prevent pregnancy?
- How is it used? What are the myths and facts about this method?
- What are its advantages? What are its disadvantages? What is the group's opinion about this method?

STEP 3. When the groups have finished, distribute the Contraceptive Methods Resource Sheet to each group so that they can clarify any doubts and obtain additional information about the contraceptive method.

STEP 4. Ask each group to use their creativity to prepare a presentation about their method. They can dramatize it, produce posters, create a comic strip, a TV commercial, etc.

STEP 5. Each small group should take turns to present their method to the large group.

FACILITATORS NOTES ON CONTRACEPTION METHODS

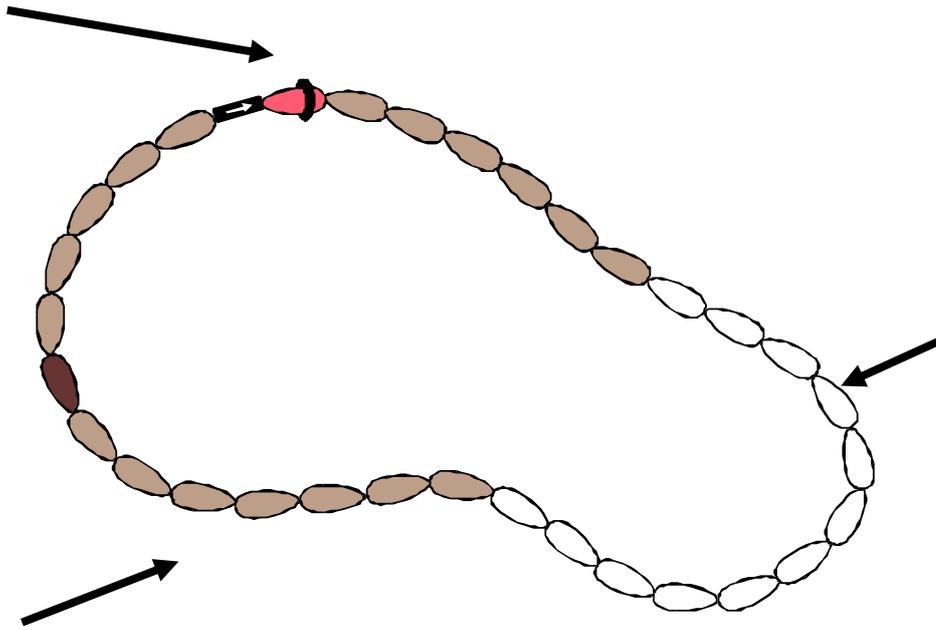
In this session the trained professional in Family planning services will show the participants the various types of contraceptives using the MOH Family planning flip chart guide, will provide injectables, implants, moon beads, calendar, thermometer for the participants to physically touch, feel and share their benefits and side effects as follows;

Natural methods such as; moon beads, calendar, temperature monitoring, withdrawal and fertility –based awareness methods have proven less effective in preventing pregnancy among young people.



- Learn on which days of the menstrual cycle you can get pregnant. To prevent pregnancy, you and your partner either avoid sex OR use a condom on fertile days
- Can be effective if used correctly with no side-effects but doesn't protect against STIs or HIV/AIDS

HOW TO USE STANDARD DAYS METHOD/MOON BEAD?



THE RED BEAD is day 1 of cycle. On the first day of your period, move the rubber ring onto the red bead. Every morning, move the rubber ring to the next bead. Mark a calendar to help remember Always move the ring in the direction of the arrow.

WHITE BEAD DAYS are days when you CAN get pregnant. Please use a condom or DONOT have sex on these days to prevent pregnancy.

BROWN BEAD DAYS are days when pregnancy is unlikely.

You can have sex on these days. No condom needed. When your next period starts, move the ring to the red bead again. Skip over any remaining bead

LAM (Lactational Amenorrhoea Method)

A contraceptive method based on breastfeeding. LAM means breastfeeding often, day and night, and giving baby little or no other food. Its effective for 6 months after giving birth. Breast milk is best food for babies However, there is no protection against STIs or HIV/AIDS



ABSTINENCE:

The only 100 per cent effective way to avoid having a baby is to not have sexual intercourse, also known as 'abstaining from sex'. Many young people around the world choose this option. For some, this means not having sex until marriage. For others, it can mean different things, like waiting until they've found a stable partner who they feel comfortable with. There can be a lot of peer pressure associated with having sex, and this varies depending on gender. Other factors at play are religious, culture, economic etc. regardless of what pressures might exist, and young people should be counselled to prevent unwanted pregnancy. Unwanted for young people goes beyond their personal desires and should consider the health risks involved depending on the age of the female client in question. Further details we shall learn in the Session on Abstinence.

Barrier methods: These physically prevent sperm from swimming into the uterus and fertilizing the woman's egg. For many young people, barrier methods of contraception are best, because they not only prevent pregnancy, but also prevent HIV and other sexually transmitted infections (STIs) being passed on during sex. Barrier methods include the male condom, and the female condom

The male condom is the only method of contraception that boys can use. An advantage of using male condoms is that a young man can take an active part in using contraception – it's not just the young woman's responsibility. A condom is 100 per cent effective if used correctly and consistently. Further details we shall learn in the Session on Condom Use.

The female condom is not as widely available as the male condom and it is more expensive. It is however very useful when the man either will not, or cannot, use a male condom. It's like a male condom, except it's bigger and worn inside the vagina. Popularity for the female condom is growing. YFS service providers should be able to demonstrate condom application to young clients. It's a good idea for young people to practice with condoms before having sex. They can get used to touching them, and it might help them feel more confident about using them when they do have sex.

CONDOM

A condom is a latex rubber sheath that is worn on a man's penis or inserted in the vagina during sexual intercourse. Condoms come in different colors, flavors and textures, for example; IN THE Figure below. When used properly, condoms can prevent pregnancy and the transmission of STIs including HIV.

Importance of using condoms

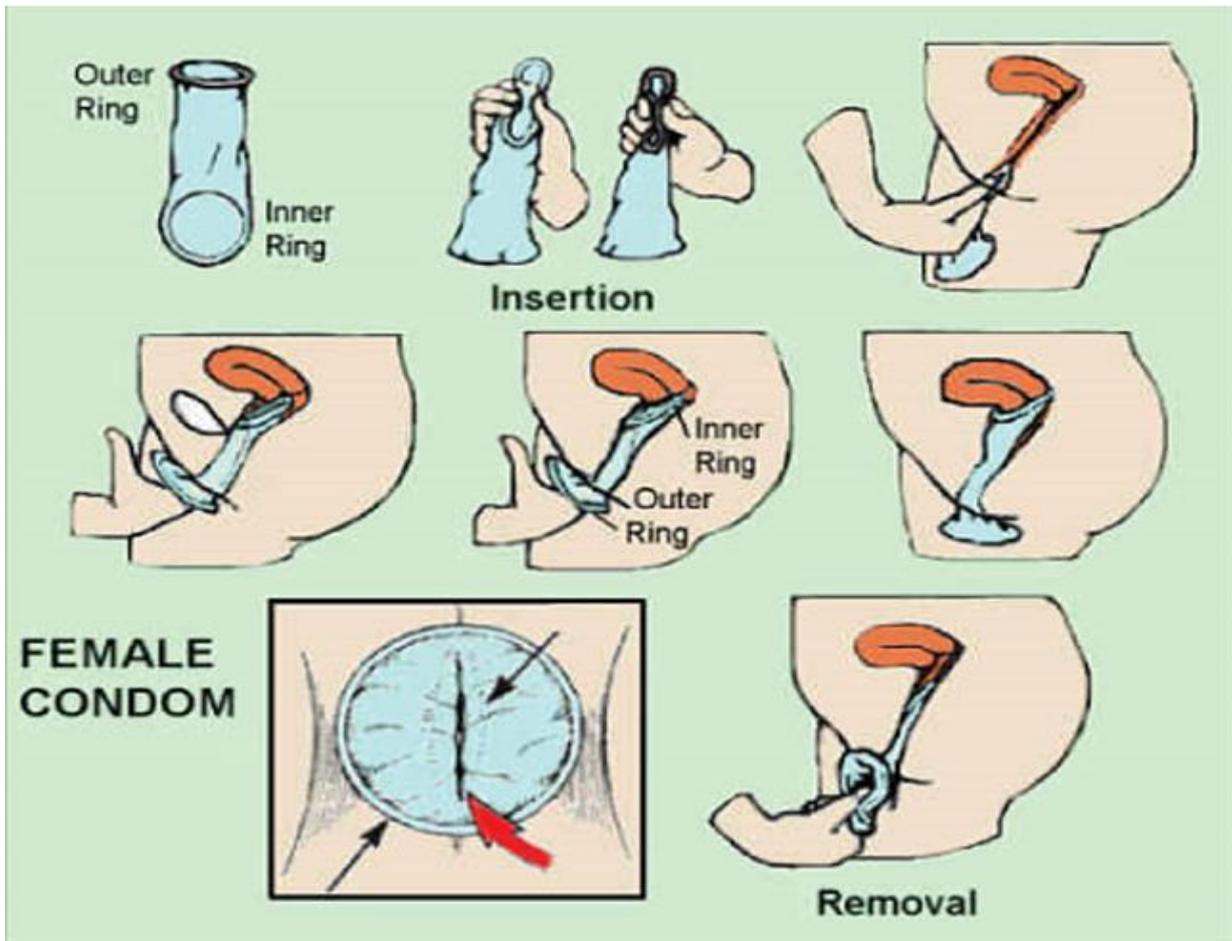
Using condom correctly and consistently will substantially reduce the risks of both, getting pregnant and of contracting STI including HIV during sexual intercourse. The **important** things to note in condom use include;

- Using condoms **CORRECTLY** means applying it correct as in the steps we shall learn during this session
- Using condoms **CONSISTENTLY** means using the condom with every individual sex partner of unknown HIV sero-status, regardless of how long you have known

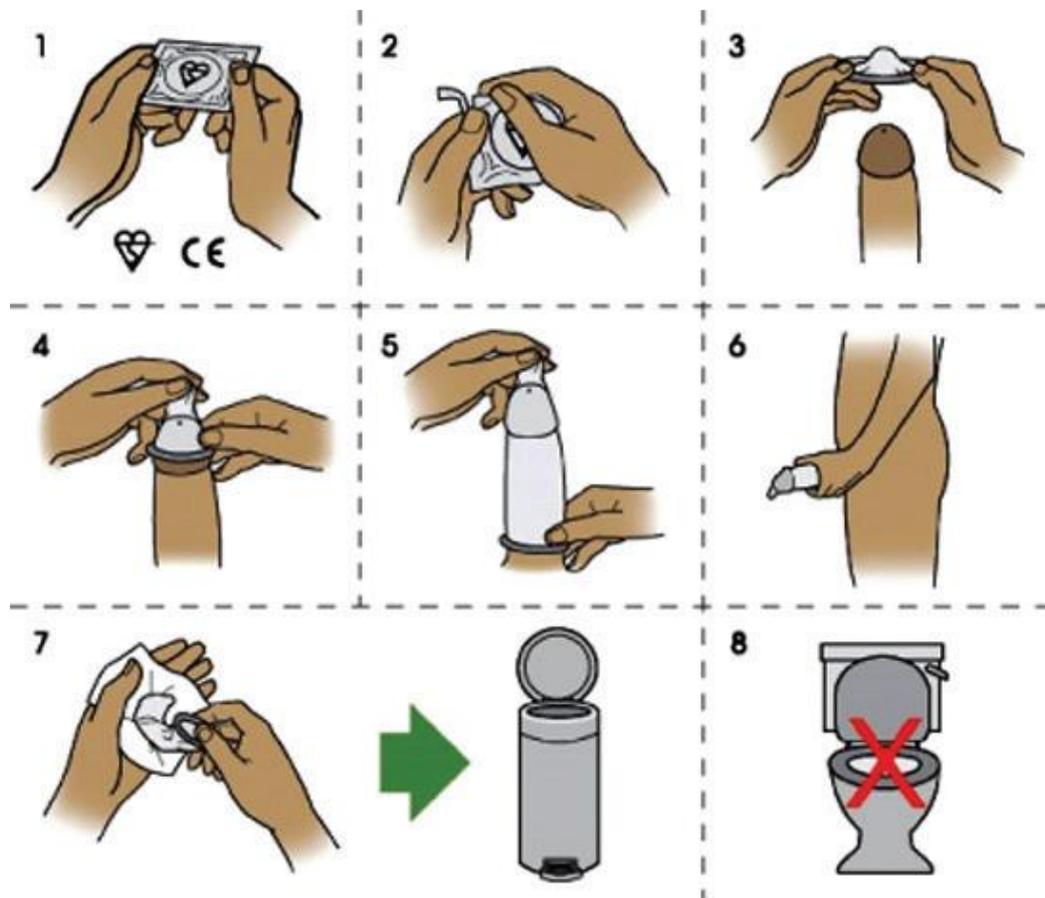


How to wear a female condom?





How to wear a male condom?



ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> • Immediately effective in preventing pregnancy • Reliable in STI and HIV prevention if used correctly and consistently • No prescription needed • Affordable • Safe – no systemic side effects and protective against cervical cancer • Young people find the condom convenient since they have sex infrequently • Enables men to take responsibility in pregnancy and STI prevention 	<ul style="list-style-type: none"> • Wearing interrupts sex. • Condoms are user dependent and need continued motivation with each act of intercourse, moreover partners start trusting each other after repeated acts of protected sex even if HIV status is unknown • Some users are allergic to latex For consistent use, supplies must always be available even if sex is not expected • May cause embarrassment for some people to buy, put on or dispose off

EMERGENCY CONTRACEPTIVE PILL (ECP)

Emergency contraception (ECP) is any contraceptive that can prevent pregnancy, when taken after sex. It can be used within 72 hours of having unprotected sex to prevent unwanted pregnancy.

ECP pills contain the same hormones used in oral contraceptives. They can be special doses taken out of the regular pack or where available, pre-packed ECP could be used such as; Postinor 2, levonorgestrel and others.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Highly effective • Simple and easy to use • Discrete • Only option to prevent pregnancy after unprotected sex has already occurred • Short lived side effects 	<ul style="list-style-type: none"> • Does not protect against STI and HIV • Nausea and vomiting • Some experience breast tenderness, abdominal pain, headache and dizziness • Changes in the menstrual cycle.

Circumstances for which ECP is indicated:

- Any young person who has had sex against her will such as; in rape, incest e.t.c
- Condom has burst or slipped off during sexual intercourse in which ejaculation occurs
- Sex took place without contraception
- Unprotected sex when contraceptives have run out, or have been missed.
- When late for the contraceptive injection
- Any reason that a woman is concerned she might become pregnant

Mechanism of action: Depends on timing within the woman's cycle

- ECP either stops the release of the ovum
- Prevents fertilization
- Prevents implantation.

Effectiveness

ECP effectiveness is up to 97% depending on how soon the ECP is taken. The sooner ECP is used the better at preventing pregnancy.

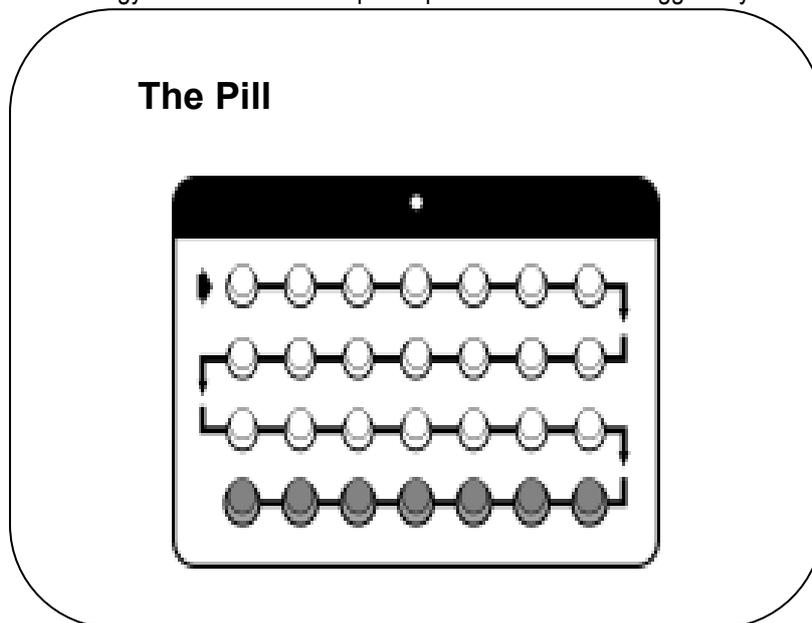
Hormonal methods:

These change a woman's hormonal cycle to prevent fertilization of the egg by the sperm. There are two main types of hormonal contraception which can be used by young people:

- the contraceptive pill, and the injectable hormonal contraceptive. If used properly, both are extremely effective in providing protection against pregnancy – but they provide no protection at all against sexually transmitted infections. For very good protection against both pregnancy and sexually transmitted infections like; HIV, a hormonal method should always be used together with the condom.

Oral hormonal contraceptives

- Combined Oral Contraceptives (COC) contain two hormones called Oestrogen and Progesterone for example; microgynon. The combined pill stops the release of an egg every month, but doesn't stop periods.

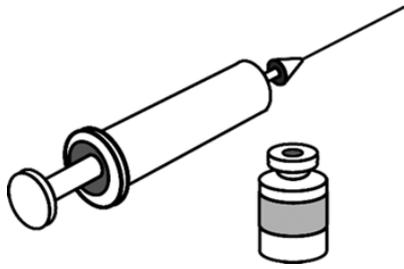


- The Progestin Only Pill (POP) for example; microlut, has only one hormone in it, Progesterone. It works by altering the mucous lining of the vagina to make it thicker. The sperm cannot then get through, and as the sperm can't meet the egg, the girl can't get pregnant. It can cause nausea, dizziness, stomach cramps, headache, high or low appetite

How is the pill taken?

The young person takes one pill of the same color, every day for about three weeks, then takes a different color of pills for seven days, during which period she gets her period. Pills must be swallowed every day to ensure that the clients pick a habit of never missing these pills. If a pill is forgotten, it must be taken as soon as the client remembers and a barrier method has to be used for additional protection. POPs, all of one color are also taken every day at the same time each day.

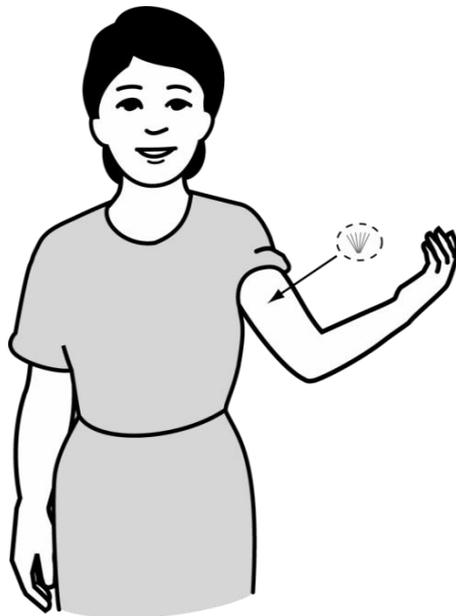
Injectable Hormonal Contraceptive: The most popular form of this type of contraception are; Depo-Provera and sayana press. It involves the girl having an injection once every three months. The injection is of the hormone Progesterone. The injection works in the same way in the body as the Progesterone only pill, but has the advantage that you do not have to remember to take a pill every day. It does however have the same disadvantage as the hormonal pill, in that it provides no protection against STIs.



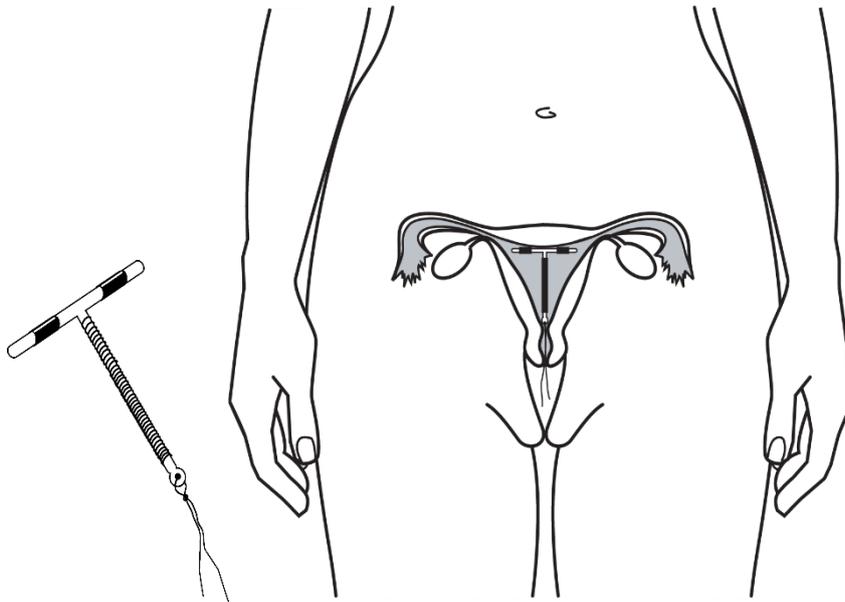
Similarly; it can cause weight gain or loss, spotting in between periods or loss of periods for a longer period, loss of libido etc.

Note: Contraception and HIV: Some evidence has suggested that girls/women who have the hormonal injection are at an increased risk of HIV infection. It also suggests a rise in the likelihood of HIV transmission to her partner(s)

The Contraceptive Implant: these include; copper IUD, Jadelle, implanon. The implant works in a similar way to the contraceptive pill, but instead of taking a pill every day, hormones are steadily released into a girl's body from the device. This is seen as an advantage, particularly for girls who have trouble remembering or don't like having to take a pill every day. However, the implant can cause unwanted side effects such as; weigh gain or loss high or low appetite, low libido, heavy bleeding or spotting in between periods, heavy vaginal mucosal discharge and like the other hormonal contraceptives, the implant does not protect against STIs. jadelle



Implanon(3-10 years)

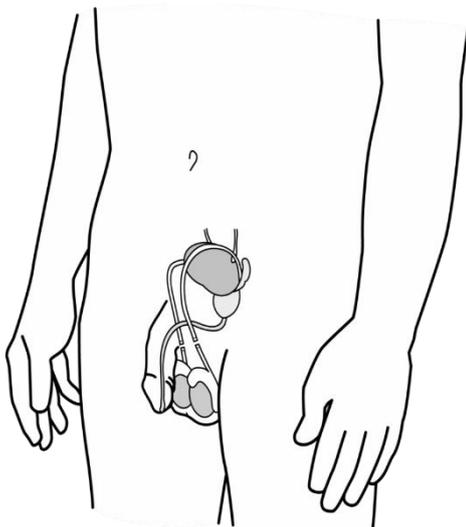


Copper IUD(3-12years): This is a small device that fits inside the womb

- Very effective
- Keeps working up to 12 years
- We can remove it anytime for you whenever you want
- Very safe and can be used immediately after delivery

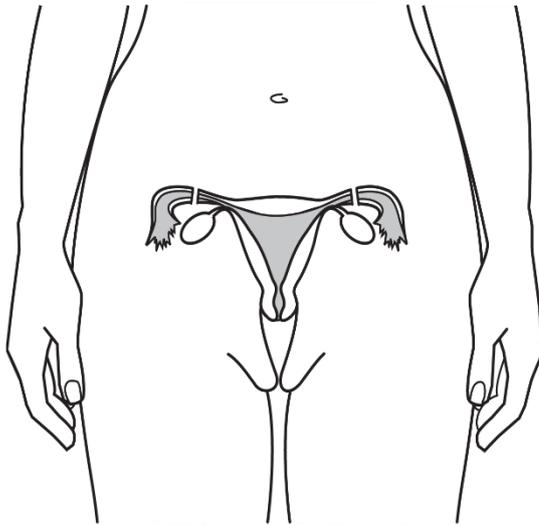
PERMANENT METHODS

1. VASECTOMY



- Simple surgical procedure
- Permanent. For men who will not want more children.
- Very effective
- Very safe
- No effect on sexual ability
- No protection against STIs or HIV/AIDS

2. BILATERAL TUBALIGATION



- A surgical procedure
- Womb is NOT removed. You will still have menstrual periods.
- Permanent—for women who will not want more children
- Very effective
- Very safe
- No long-term side-effects
- No protection against STIs or HIV/AIDS

However, before you decide to take on the method, discuss;

- Temporary methods that are also available with a service provider
- Sterilization is a surgical procedure which has risks and benefits like; Prevents having any more children,
- Permanent—decision should be carefully considered
- You can decide against procedure any time before surgery

DISCUSSION QUESTIONS

- Who has to think about contraception? The man or the woman? Why?
- Who has to talk about it? The man or the woman? Why?
- How do you imagine this conversation would go?
- What are the most recommended contraceptive methods for adolescents?
- Why is the Rhythm Method not recommended for adolescents? • Why is it important to seek medical advice when starting one's sexual life?
- What are the main precautions that should be used with the condom?
- What is the only method that prevents pregnancy and protects against sexually transmissible infections (STIs) and HIV/AIDS?
- If you forget to use a condom, or the condom breaks, what can you do?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Depending on participants' need for additional information, discuss each of the contraceptive methods further and clear up any remaining doubts.
- Discuss issues related to male fertility. This subject is important because men, particularly young men, often lack information about fertility. Many do not think about their own fertility, forgetting that potentially they can get a woman pregnant every time they have sexual intercourse. Men are potentially always fertile, while women have a specific ovulation cycle.
- Encourage participants to identify and discuss any difficulties they may have with using some of these contraceptive methods.
- Explore how they might negotiate contraceptive use with a partner. Raise the issue of access to both health services and contraceptives with these young men.
- Explore the difficulties of access that they are faced with; discuss whether they know about health services and if there are obstacles and difficulties in using them.

- It may also be useful to consider the theme of privacy, and the right of an adolescent to use health services and seek contraceptives without being afraid that his/her parents will be notified.
- Finally, emphasize that contraception is a responsibility that should be shared. If neither of the partners want sexual intercourse to result in pregnancy, it is essential that both take precautions so that this does not happen.

SESSION FIVE: RESPECTING YOURSELF AND OTHERS

ACTIVITY 5.1: PERSONS AND THINGS

This activity introduces the idea of power in sexual relationships.

OBJECTIVES

- Raise awareness about the existence of power in relationships.
- Reflect on how we communicate about and demonstrate power in relationships
- Analyze how power influences the negotiation of safer sex.

FACILITATOR'S NOTES

When a person has been subjected to a power relationship in which he or she was abused or treated unfairly, the person often internalizes that unequal power dynamic. This means that the person holds onto the memories, attitudes and behaviors of the unequal power relationship and repeats this in his or her other relationships. This is how a person who was abused in one relationship can become an abuser in another. In reality, the person just does not know what an equal, fair, constructive or compassionate power relationship is. It is outside his or her experience, knowledge or skill. So, under stress, old patterns of abusive power reemerge. It is important, as a CODAGE Education Mentor, to emphasize why young men and young women need to be aware of power in relationships and in their lives.

Discuss how people who use and abuse power often do not even respect or accept themselves, are generally dissatisfied with themselves, and often feel they have to exercise power over others to feel that they are in control. In sum, emphasize that the way in which some men (and women) use power over others is harmful to others, but usually has a cost for them as well.

STEPS 1. Divide the group in two with an imaginary line. Each group should have the same number of participants.

STEP 2. Tell the participants that the name of this activity is: Persons and Things. Choose, at random, one group to be the "things" and the other group to be the "persons" or people.

STEP 3. Explain the rules for each group about. THINGS: The "things" cannot think, feel, or make decisions. They have no sexuality and have to do what the "persons" tell them to do. If a "thing" wants to move or do something, it has to ask the "person" for permission. PERSONS: The "persons" can think, feel and make decisions. They have sexuality and furthermore, can take the "things" they want.

STEP 4. Ask the group of "persons" to take "things" and do what they want with them. They can order them to do any kind of activity. Give the group 15 to 20 minutes for the "things" to carry out the designated roles (in the room itself).

STEP 5. Finally, ask the groups to go back to their places in the room.

DISCUSSION QUESTIONS

- What was the experience like?
- For the "things," how did your "person" treat you?
- What did you feel? Why?
- In our daily life, do we treat others like this? Who? Why? How can we change this kind of treatment?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Return to the feelings generated by the exercise and discuss what the power relationships were like and why they were like this. In general, “things” feel anger and resentment toward “persons” and in turn feel rebellion against submission, aggression, and dependency.
- Point out that there is always a relationship, and that the boundaries in relationships are not always clearly defined. In negotiating the use of condoms, for example, power is always present. In the case of negotiating safer sex practices, the woman usually does not have as much power – just as she usually does not have much say in when and how sex takes place.
- These power relationships, in general, are based on the myth or longstanding belief that men should be active in sexual matters, while women should be passive, or that women “owe” sex to men. In other cases, women are dependent on men financially and in turn feel obliged to have sex when and how men want.
- These unequal power balances (which may also exist in same-sex sexual relationships) have serious repercussions for the spread of STIs, including HIV/AIDS.

SESSION SIX: UNDERSTANDING SGBV:

Key objective:

Provide participants with the broad understanding of SGBV and get to appreciate its impact to human development.

Content

Violence as an approach to conflict resolution is learned during childhood and can continue into adult relationships in families. For example, children may witness adults using violence as the primary way to deal with anger, disagreement or conflict, and they often go on to use violence as a method to resolve conflict with their partners or children. Or children who are physically punished (justified as “discipline”) learn that the stronger or more powerful person can punish the weaker ones. This creates the conditions for violence against women in intimate relationships, because women are usually physically weaker than men. But it is possible to stop, get help, and break the cycle of violence between generations. There is no excuse for violence. Under no circumstances is it justifiable. We have a responsibility to control ourselves when we feel angry and to channel our anger in a useful and constructive way, without threatening or assaulting others. Communicating in a more assertive way is much more powerful than being passive or aggressive. Everyone, big or small, deserves respect and protection against any kind of aggression either physical, verbal, psychological, or sexual.

Sexual gender-based Violence “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic otherwise, directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” (WHO, 2002)

Gender based violence refers to any act of violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life.” *United Nations General Assembly, 1993*

The root causes of violence against women as being deeply rooted in the way society is set up-cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance, abuse of power, Cultural and social norms of gender inequality, Strong socio-cultural stereotypes, including harmful traditional practices such as widow inheritance, teenage marriage and FGM, socially accepted notions of ‘masculinities’ in respect to violence, limited safe spaces/protective services, substance abuse like alcoholism and smoking, institutional weaknesses of the social protection systems and limited political will from the government to deal with GBV, occasioned by political interference.

Forms of Sexual Gender based violence

- Sexual: including rape, marital rape, defilement, force widow inheritance, sexual assault and sexual harassment at work)
- Physical: wife battering, murder, arbitrary arrest, acid attacks.
- Psychological Emotional/ mental/social violence: ‘threats, stress, suicidal attempts, insults, name calling or rejection, humiliation, and controlling behaviors’ by partner.
- Economic violence involves denying access of the victim to financial resources, property, healthcare, education, or the labour market, and denying them participation in economic decision-making
- Harmful traditional practices (child and forced marriages, female genital mutilation, tooth removal and crimes committed in the name of so-called ‘honor’, forced prostitution, prolonging the labia in some tribes

Effects of sexual gender-based violence

Health consequences – serious and life threatening- Fatal outcomes (homicide, suicide, maternal mortality, infant mortality, AIDS related mortality), acute physical (injury, shock, disease, infection), chronic physical

(disability, chronic infections, chronic pain, sleeping disorders, alcohol and drug abuse) and reproductive consequences (miscarriage, unwanted pregnancy, unsafe abortions, STIs, sexual disorders)

Psychological/Emotional consequences - Post-traumatic stress, depression, anxiety, fear, anger, shame, insecurity, mental illness, suicidal thoughts

Social consequences- Blaming the victim, loss of ability to function in the community, social stigma, social rejection and isolation, withdraw from community and life, rejection by husband and family.

Supporting young people who have experienced violence

- Establish rapport with the young person
- Maintain a calm demeanor, do not communicate your sense of shock or anger or distress
- Take your time in supporting the young person – (do not give the impression that you are in a hurry)
- Listen very well, be empathetic and non-judgmental as the young person recounts their experiences, probe gently to clarify issues that are not clear, but do so gently
- Discuss treatment options like emergency contraceptives, Post Exposure Prophylaxis for the case of rape
- Assess and ensure safety of the survivor: If it is not safe for the young person to return home, make arrangements for shelter or safe housing or work with them to identify a safe place that they can go to.
- Arrange counseling and social support; the level of social support and or psychological counselling required by young people who experience violence varies enormously, depending on the experience of the young person, their support system and the young person's own coping skills and abilities. Where there are no formal counseling available, informal systems of social support are vital to the healing process and should be discussed with the adolescent.
- Arrange referrals, if needed; We should all be aware of the resources that are available locally for young people so as to inform them of what services they can get, where and who they could get them from. This collaboration with support services is **CRITICAL**.
- Follow up visits are recommended at *2 weeks, 3 months and 6 months* post violence, let the young person know that they can come to the facility at any time if they have any further questions, complications related to the incident or other medical problems. Stress the importance of these follow up visits

Prevention of gender-based violence

Empowerment of women and girls through education, Uganda women's entrepreneurial program (UWEP), Male involvement (encourage men to form men action groups), Ensuring prosecution of perpetrators, Influencing formal and traditional legal systems through bye laws, pronouncements, dialogues, Mainstreaming GBV prevention into operational sectors like health, judiciary, education, Advocacy both sub national and national levels.

KEY POINTS

Sexual gender-based violence and the threat of violence is an everyday fact for women. Sexual violence against women is a huge problem in Uganda. This violence against women damages women's lives in many ways. Because men do not live with the daily threat of sexual violence, they do not realise the extent of the problem that women face. Men usually do not understand how actual and threatened sexual violence is such a regular feature of women's daily lives. Men's lives are damaged too by sexual violence against women. It is men's sisters, mothers, daughters, cousins and colleagues who are targeted by this violence. There is need to emphasize that women are being harmed by sexual violence every day. Social acceptance of this violence against women gives

men permission to not treat women as equals and makes it harder for men to be vulnerable with their partners, wives and female friends.

Explain to the participants that rape is a violation of an individual's human rights. People often unfairly blame the survivor for rape and excuse the perpetrators behaviour. Often people blame the survivor because of something she did, said or wore. It is important to be clear that there is never an excuse for rape and that no-one ever wants to be raped. It is a deeply traumatic experience that scars people for life. Many people believe that rape occurs because of strong sexual urges that men cannot control. But we know that men can control sexual urges and delay sexual gratification. Research has shown that rape is more associated with power than with sexual gratification. Most rapists commit their crimes so that they can feel powerful and in control. In fact, many rapists fail to get an erection or ejaculate. Combine this with the fact that most women who are raped show absolutely no sign of sexual response and a person can understand that rape would not be a very sexually gratifying act. Instead it is an act of violence.

SESSION SEVEN: GENDER ROLES & SEXUAL ORIENTATION

MAIN ACTIVITIES 7.1: VALUE CLARIFICATION

1. Clarify Gender Roles and sexual orientation for instance, cooking, taking care of children, grassing, changing baby nappies, among others.

OBJECTIVE FOR MAIN ACTIVITY:

1. Explore and clarify gender values and how it affects sexual orientation.

ADVANCE PREPARATION

Prepare these four large signs:



SESSION STRUCTURE

Part 1 – Welcome and Check-in

1. Welcome everyone back to the group. Review the ground rules. Check in with participants.
2. Provide an overview of the objectives of session.

Part 2 – Main Activity 7.1: Clarify Gender Roles

1. Put up the four signs around the room. Leave enough space between each sign to allow a group of participants to stand near each one.
2. Explain that this activity will help participants explore their values and attitudes about gender. Clarify that everyone understands the word, 'values' (give and ask for examples). Remind participants that everyone has a right to their own opinion, and that no response is right or wrong.
3. Ask participants to stand in the Centre of the room. Explain that you want them to think about whether they strongly agree, strongly disagree, agree or disagree with each statement you will read out to them. Read Statement A (only) below out loud.
4. Ask participants to go stand next to the sign that shows what they think about these statements.
 - A. Girls should help with the family chores like washing dishes, doing laundry and cooking. Boys should not do "women's work".
 - B. All violence against women and girls is wrong and must be stopped. This includes dating violence, sexual violence and violence in the home or domestic violence.
 - C. A woman is more of a woman once she has had children.
 - D. Relationships based on equality and respects are far more satisfying than relationships based on fear & domination.

1. Once everyone is at a sign, ask one or two participants next to each sign to briefly explain why they are standing there and why they feel this way about the statement. When the participants are all finished explaining their reasoning, ask if anyone wants to change their mind and move to another sign.
Let them do this. They should explain why they have decided to change their mind.
2. Bring everyone back together into the Centre of the room and read Statement B.
Repeat steps 4 and 5. Continue in this way for the other statements.

Part 3 – Group discussion/ group work

1. After discussing all of the above statements, the facilitator should lead a discussion about gender values and attitudes by asking the following questions:
 - Which statements did you feel most strongly about? Why? How does this feeling affect the way you behave towards girls and women?
 - How can you be involved in helping to change these attitudes and values, and the actions they lead to?
 - What are the traditional definitions of manhood/ being a man? How does our society expect men to think, feel and behave?
Some examples: Men don't cry; Men should not express physical affection to sons such as kissing or hugging; Men use violence to resolve conflict.
 - What do you think you'll do differently as a result of this exercise?
2. Encourage participants (whether male or female) to talk about actions they can take to improve gender equality and to reduce violence against women and children.

CLARIFY YOUR OWN GENDER VALUES

Tick whether you strongly agree, strongly disagree, agree or disagree with each statement below.

What are these men's values and attitudes?



Statements	Strongly agree	Strongly disagree	Agree	Disagree
It is better to be a man than a woman.				
Women make better parents than men.				
A woman is more of a woman once she has had children.				
Girls who wear short skirts are partly to blame if boys sexually harass them or they get raped.				
Girls should help with the family chores like washing dishes, doing laundry and cooking.				
Boys should not do "women's work" in the home.				
The head of the family is both parents – as a team.				
If a father hits a child or a partner to discipline them is abuse.				
A boy or man cannot be raped.				
A partner must be from the opposite sex.				

What gender roles do these clothes give to baby boys and baby girls?



ACTIVITY 7.2: CAMPAIGNING AGAINST PREJUDICE

This activity will give participants a chance to identify and discuss their own values, to think about how to behave that is consistent with their values, and to respect the values of others. The trainer sticks up four large signs in separate parts of the room indicating; **Strongly Agree, Agree, Disagree, Strongly Disagree** to help in the exercise and to check participants views on prejudice.

OBJECTIVES

- Explore and clarify values and prejudices in relation to sexual orientation.
- Discuss how prejudice leads to stigma which can lead to discrimination.
- Recognize the functions of prejudice and stigma.
- Discuss what to do on an individual and community level to campaign against prejudice and stigma.

FACILITATOR'S NOTES

Our values guide our beliefs and behaviour or action. For example, if we value heterosexuality above all else, and identify any difference in sexuality as being unacceptable, this impacts on our opinions of those who we see as 'different', may lead to us negatively labelling them, distancing ourselves from them, and even actively discriminating against them. In other words, our prejudices can lead to stigma, which can lead to discrimination.

KEY CONCEPTS

Values: The things that are important to us (we value), which we use to guide and direct our lives, and which are seen in the way we live and, in our actions, and Behaviour.

Sexual identity: How you think of yourself in terms of who you are sexually or romantically attracted to.

Sexual orientation: A person's sexual attraction and behaviour towards another –of the same sex (homosexuality) or of the opposite sex (heterosexuality). Some people are attracted to people from either sex (bisexual).

Prejudice: An emotional response, attitude, opinion or judgment about someone or something that is formed before having knowledge or examining all the facts.

Stigma: A negative belief about someone or something which devalues and marginalizes them, and can lead to discriminatory behaviour.

STEPS 1. Put up the four signs around the room. Leave enough space between each sign to allow a group of participants to stand near each one.

2. Explain that this activity will help participants explore their values and attitudes towards different kinds of sexual orientation. Clarify that everyone understands the following words: values; sexual orientation; prejudice; stigma; discrimination. Give and ask for examples of each. Remind participants that everyone has a right to their own opinion, and that no response is right or wrong.

3. Ask participants to stand in the centre of the room. Explain that you want them to think about whether they strongly agree, agree, disagree or strongly disagree, with each statement you read out to them.

4. Read Statement A (only) below out loud. Ask participants to go stand next to the sign that shows what how they feel about this statement.

STATEMENTS

A. Men should initiate sex not women

B. A man can have multiple partners but women should always be loyal to one partner.

C. I would be comfortable if my best friend/sibling was gay, lesbian, bisexual or transgendered.

D. Gay men are child molesters.

E. Women are carriers of HIV/AIDS

F. Boys should also do household chores like washing dishes and washing clothes not only girls

G. Once everyone is at a sign, ask one or two participants next to each sign to briefly explain the choice they made. Ask questions like: What made you choose to stand under that heading rather than another one? Are you comfortable standing there?

H. When the participants are all finished explaining their reasoning, ask if anyone wants to change their mind and move to another sign. Let them do this. They should explain why they changed their mind if they want to.

I. Bring everyone back together into the center of the room and read Statement B. Repeat steps 4-6. Continue in this way for the other statements.

J. After discussing all of the statements, ask participants for feedback about which statements they felt most strongly about (strongly agree/disagree)? Why? How does this feeling affect the way you think about, feel about and behave towards people whose sexual orientation is different to yours?

K. Explain that prejudice and stigma have three main functions (the 3Ds): They emphasise differences to keep people out. They emphasise danger and fear to keep people away. They emphasise discrimination to keep people down.

L. Give each participant Handout 5. Ask them to write down what they can do on an individual level to challenge and change (their own and others') intolerant attitudes, beliefs and behaviours towards people with different sexual orientations. For example: How does the language and labels they use perpetuate stigma? How do they treat

people who they see as being 'different' to themselves? Have they ever had a conversation with someone they view as being 'different'?

M. Now ask them to think about what they can do as a group to help change attitudes, values and discriminatory behaviours?

N. Take feedback about individual and group. Compile a list of at least three strategies that participants can use to challenge or confront prejudice and stigma.

DISCUSSION QUESTIONS

- What examples can you think of where prejudice has led to stigma and discrimination against people who are seen as 'different' to the norm?
- Think a moment about a time when you may have been stigmatised. What happened? How did you feel? Did anyone support you? What would have helped?

SUM UP THE DISCUSSION WITH THESE KEY POINTS:

- Our values guide our beliefs and behaviour or action. Our prejudices can lead to stigma, which can lead to discrimination.
- Prejudice and stigma have three main functions (the 3Ds): They emphasize differences to keep people out, they also emphasize danger and fear to keep people away. Prejudice emphasizes discrimination to keep people down.
- Therefore, call upon the participants to work at both an individual and group level to campaign against prejudice, examine your own beliefs and actions, develop visible messages like say no to discrimination, educate others; use the performing arts; see it and stop it; use student leadership organizations.

SESSION EIGHT: GENDER, HIV AND AIDS

ACTIVITY 8.1: SEXUAL VULNERABILITIES

This activity helps participants explore sexual vulnerability and how to reduce this.

OBJECTIVES

- Explore the different aspects of sexual vulnerability.
- Discuss ways to reduce people's sexual vulnerability.

FACILITATOR'S NOTES

Before the session, prepare these two 'decks' of cards. Cut out pieces of cardboard of the same size. Then on separate cards, write down each name listed below or draw a picture to represent each name.

First deck of cards	Second deck of cards
<ul style="list-style-type: none">• Wealthy local politician• NGO worker• Factory worker• Unemployed youth• Doctor• Teacher	<ul style="list-style-type: none">• Shop assistant• Miner• Nurse• Widow• Traditional Birth Attendant• Student

Remind participants to be specific about each person in terms of their gender, age and economic status when describing the situation in which the two persons are having sex. Highlight any assumptions the participants make about these persons, especially in terms of gender. For example, the group may assume that the Doctor is a man and the Nurse is a woman.

The group may decide that both persons on their cards are male (or both female). In this case, discuss possible situations in which these two persons could have had sex. Participants may say that they cannot think of such a situation. This may be because such a sexual encounter could not happen (which is unlikely). More likely, participants' own attitudes toward homosexuality may make it hard for them to imagine these two men (or two women) having sex. In this case, you may need to talk more about sexual orientation and homophobia.

STEPS 1. Divide the group down the middle of the room. Give the first 'deck' of "person cards" face down to the participants on your left. Give the second 'deck' face down to the participants on your right. Explain that this activity is going to be looking at what makes some people more vulnerable to STIs (such as HIV/AIDS) than other people.

STEP 2. Instruct both groups that when you say "first card" they are to turn over the top card on their 'deck' and show it to the other group. Call out "first card". Wait for both groups to turn over their top card.

STEP 3. Now ask:

Imagine a situation in which these two people have had sex together or are having a sexual relationship. In this situation, who is more vulnerable to STI/HIV infection? What makes this person more vulnerable?

STEP 4. Allow time for the participants to discuss the vulnerability of the two people. Write up on newsprint the group's conclusion on who is more vulnerable. Write up the reasons that the group gives for this.

STEP 5. Call out “next card” and wait for both groups to turn over the next card on their ‘deck’. Then repeat steps 3 and 4.

STEP 6. Repeat step 5 until all of the cards have been turned over.

STEP 7. Stick the newsprint of the “Vulnerability Grouping Chart” next to the reasons for vulnerability that the group has listed. Ask participants to try to place each of the reasons they have listed in one of the four different categories of the chart: Exposure, Choices, Abilities and Pressures (see the key points). Allow plenty of time for the group to discuss where each reason should be placed on the chart. When there is agreement, write the reason in the correct box on the chart. If the group cannot agree, write the reason in the Car Park and move on to the next reason that is listed.

STEP 8. Look at the “Vulnerability Grouping Chart”. Discuss with the group whether there are any other factors affecting sexual vulnerability that should be listed in each of the four categories. Write up any other factors that the group suggests.

STEP 9. Ask the group which of these aspects of sexual vulnerability it will be easier to work on in order to reduce vulnerability. Use the Spectrum of Action to record the group’s suggestions for actions at the different levels of the spectrum. If there is time, go back and discuss any items that have been listed in the Car Park.

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- **Greater exposure:** Some people are more vulnerable to STIs (such as HIV/AIDS) because of biological and environmental exposure. Biological- young women are more exposed because of their thinner vaginal lining; people with STIs are more exposed because of breaks in the skin in genital areas; people with other diseases of poverty are more exposed because of the impact of other infections on their immune system. Environmental – some people are more exposed to HIV because of where they live (high prevalence areas) or where they work (in occupational ‘cultures’ that create more opportunities for unsafe sex).
- **Fewer choices:** Some people are more vulnerable because of their lack of access to and control over ‘external’ resources, such as economic, political and social power and status. Less resources = fewer choices.
- **Lesser abilities:** Some people are more vulnerable because of their lesser ability to deal with the risk of STI/HIV infection. People’s ability to deal with this risk is related to their level of ‘internal’ resources. These include specific skills, psychological resilience, educational attainment, emotional intelligence, quality of relationships as well as self-esteem. It is important to remember that people’s internal resources are affected by their access to and control over external resources (see above).
- **Greater pressures:** People may also be more vulnerable because of specific pressures that they face. These pressures can limit their use of external and internal resources. These pressures include peer pressure, occupational ‘cultures’, specific crises (war, conflict, famine and so on).

SEXUAL VULNERABILITY GROUPING CHART

Support the participants to identify categories of people who follow in the following categories.

Greater exposure	Fewer Choices
Lesser Abilities	Greater Pressures

ACTIVITY 8.2: TAKING RISKS, FACING RISKS

This activity focuses on assisting participants to understand the differences between women and men in term of the HIV risks they take and face.

OBJECTIVES

- Explore the differences between women and men in the HIV risks they take and the HIV risks they face.
- Discuss the main reasons why there are these differences in risk.

FACILITATOR'S NOTES

Gender norms and roles, and inequalities in power, have a huge impact on the different HIV risks that women and men face and take. But remember that other factors are important too – age, wealth/poverty and location (village/town) can have a big influence on the risks of HIV that people take and face. Women are heavily affected by HIV/AIDS because they are responsible for the health care of the family. They bear the guilty of infecting their children and this has increased stress among women due to stigma and discrimination associated with HIV. Similarly, gender roles affect the way men deal with HIV/AIDS. It harms the health and wellbeing of men living with HIV as it been shown that even when men might want to participate in care and support activities, they may choose not to because of fears that if they did, other men might ridicule them for doing women's work. This belief can also limit the amount of support men provide to others dealing with HIV/AIDS.

These same gender roles also increase the likelihood that, instead of seeking support, men might rely on alcohol, drugs or perhaps even sex to deal with feelings of despair and fear. Men can play a greater role in reducing the impact of HIV/AIDS. We need to work with men to help them and challenge them to get more involved in care and support activities. Men can also talk with the women in their lives about sharing the tasks in the family or household more equally so that the burden is not all on women. Men have a critical role to play in supporting other men to deal with HIV/AIDS, both emotionally and practically.

STEPS

- Ask the group to give some examples of situations in which people take a risk with HIV. Then ask the group to give some examples of situations in which people face a risk of HIV. Talk about the difference between taking a risk and facing a risk – see the key points for more on this.
- Divide participants into two groups. Ask the first group to discuss “Taking Risks”. Give them the handout on taking risks and ask them to discuss the questions and be prepared to report back on their answers to the large group. Ask the second group to discuss “Facing Risks”. Give them the handout on facing risks and ask them to discuss the questions and be prepared to report back on their answers to the large group.
- After about 20 minutes bring the groups back together and ask them to present their discussions to each other. Then lead a discussion using the discussion questions below.
- Write any suggestions for action that the group makes on a flipchart. Make sure participants also write up these suggestions on their Taking Action Charts. Then sum up the discussion, making sure that key points are covered.

DISCUSSION QUESTIONS

- What is the difference between taking risks and facing risks?
- Why do men take more risks with HIV than women?
- Why do women face more risks of HIV than men?
- What other factors affect the risks of HIV that people take and that people face? • How can these risks be reduced?

SUM UP THE DISCUSSION WITH THESE KEY POINTS

- Women face more risks of HIV than men because of their bodies. Women are more likely than men to get HIV from any single act of sex because semen remains in the vagina for a long time after sex, thus increasing the chance of infection. There is also more virus in sperm than in vaginal fluid. The inside of the vagina is also thin and is more vulnerable than skin to cuts or tears that can easily transmit HIV/STIs. The penis is less vulnerable since it is protected by skin. Very young women are even more vulnerable in this respect because the lining of their vagina has not fully developed. Forced sex also increases the chance that the vagina will tear or cut. As with STIs, women are at least four times more vulnerable to infection. Women often do not know they have STIs as they show no signs of disease. The presence of untreated STIs is a risk factor for HIV.
- Women face more risks of HIV than men because they lack power and control in their sexual lives. Women are often not expected to discuss or make decisions about sexuality; this is viewed as a man’s job. The imbalance of power between men and women mean that women cannot ask for, let alone insist on using a condom or any form of protection.
- Poor women may rely on a male partner for their livelihood and, therefore, be unable to ask their partners or husbands to use condoms or refuse sex even when they know they risk becoming pregnant or infected with an STI/HIV.
- Many women have to exchange sex for material favours. This could be as clear as sex workers, but also includes women and girls who exchange sexual favours for payment of school fees, rent, food or other forms of status and protection.
- The many forms of violence against women (as a result of unequal power relations) mean that sex is often forced which is itself a risk factor for HIV infection. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse or even divorce. Women may give in to their partner’s wishes to avoid being yelled at, divorced, beaten, or killed.
- Men take more risks with HIV because of the way they have been raised to think of themselves as men. Men are encouraged to begin having sex as early as possible, without being taught about caring for themselves,

thereby increasing the possible time for them to be infected. A sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted. Men can be ridiculed and teased if they do not show that they will take advantage of all and any sexual opportunities.

- Competition is another feature of living as a man, including in the area of sexuality. Men are often competing with other men to demonstrate who will be seen to be the bigger and better man. Another sign of manhood is to be sexually daring, which means you do not protect yourself with a condom, as this would be a sign of vulnerability and weakness. Many men believe that condoms lead to a lack of pleasure or are a sign of infidelity and promiscuity. Using condoms also goes against one of the most important signs of manhood - having as many children as possible.
- Men are seeking younger partners in order to avoid infection and in the myth that sex with a virgin cures AIDS and other diseases. On the other hand, women are expected to have sexual relations with or marry older men, who are more likely to be infected.

SESSION NINE: MENSTRUAL HEALTH MANAGEMENT

Objectives;

- By the end of the session participants will be able to;
- Know their menstrual cycles
- Signs of menstruation
- How to manage painful menstruation periods
- How to maintain good personal hygiene during menstruation period.

Part 1: welcome Session and check -in with participants.

Trainer introduces himself or herself to participants and uses the registration sheet to know them and to engage them in the session.

Review ground rules

Participants are asked to note down rules which can enable smooth flow of the session for example; respecting others views, putting phones in silent and others.

Review assignment on session

Participants are asked to note down on sticky notes their views or any information on menstrual health which is glued on a flip chart for discussion after which the trainer gives an overview of the session.

Overview of the session

Trainer takes the participants through the general session content on menstrual health management which includes; terms, signs, phases, remedies and hygiene practices as will be shared from Part 2 to part 4 of the session.

Energizer

Trainer engages the participants in a logical question and answer session, whoever gives a correct response then sits down.

Part 1: Definition of key terms

Menstruation; According to Du Toit e'tal (1994); Menstruation is commonly viewed as a cleansing process that leaves the body healthy. Many women believe it is God 's way of preparing them to create other humans through procreation. However, various cultures and religious practices attached it to taboos albeit they would prepare food in the kitchen. The event is not only biological but psychological as well thus; management of menstrual health practices as an integral process for women, girls and those around them.

Menstruation ("Menses") is a Latin word referred to as a monthly flow of blood through the vagina.

This also refers to the process whereby fluctuating levels of sex hormones estrogen and progesterone produce changes in the ovaries and uterus which sheds to form blood.

It can also be defined as a bloody discharge of the lining of the uterus, generally occurring about once a month in women and girls. Occurs between 3-5/7 days. Varies from person to person

Menstrual cramps

This is the pain females feel during menstruation. It involves muscles tightening to push out the uterus lining.

Hymen and virginity

It is a thin membrane that surrounds and partly covers the external opening of the vagina.



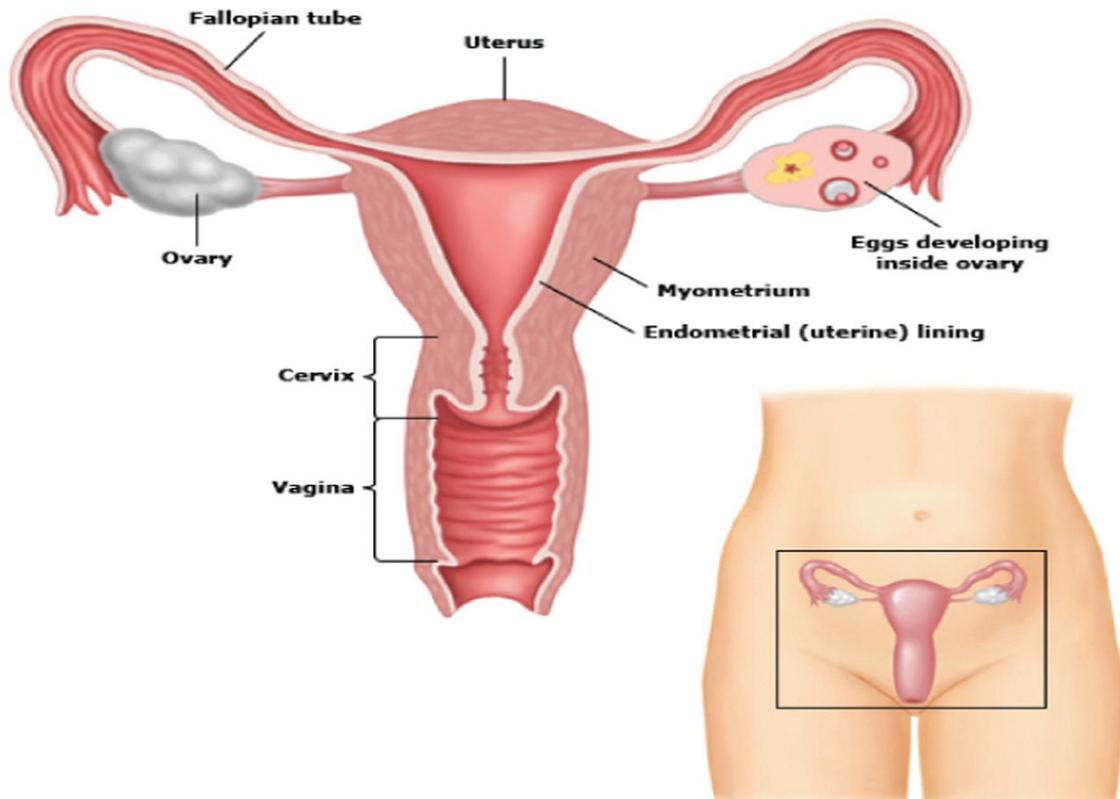
Puberty

This refers to a period between childhood and adulthood .in this period; children experience development (physical and psychological) from 7-13 years for girls and 9-15 years for boys respectively.

Menstrual hygiene

These are good practices during menstruation to curb disease spread such as; washing hands; washing vaginal area, wiping from front to back; use of clean and dry sanitary materials and others

Part 2: FEMALE REPRODUCTIVE SYSTEM



Part 3: HOW IT WORKS

The female reproductive organ has a number of functions, for instance, reproduction, for sexual pleasure, passing urine and blood during menstruation.

Part 4: MENSTRUAL CYCLES

The first day of one's period is the first day of their cycle and the last day of the period is the day the next cycle begins; there are two cycles that is;



Ovulation cycle

This happens between 20-40 days. Average of 21 days when you count on the wheel.

It is considered as a normal cycle. Ovulation takes 14 days. It is most common among the ages 9-19 years.

An ovulatory cycle

This is menstruation without ovulation. It can happen twice in a year. It is often experienced by girls in their puberty stage and women during menopause. It is considered abnormal.

Women between 20 -30 years are most affected by this. Average 28 days or 30 days.

Energizer

Trainer engages participants in a spelling exercise of selected words with their bodies so as to stretch a bit then moves on to the next part of the session

Part 5: PHASES OF MENSTRUATION

This session is prepared to enable participants understand different phases or processes of menstruation, signs myths, remedies to painful menstruation, menstrual hygiene management practices and materials normally used during menstruation. The facilitator is asked to lead a brainstorming session for participants to share their views and clarify as follows;

Follicular phases; here the egg ripens (matures) and there is a high level of estrogen (hormone) released at this level.

Ovulation phase; the egg ruptures and estrogen levels increase which stimulates the hypothalamus. Luteinizing hormone is produced.

Luteal/corpus luteum phase; egg is secreted and progesterone increases.

Menstruation phase; shedding of inner lining of the uterus takes place (endometrium). This is triggered by decline in estrogen and progesterone levels.

Part 6: MYTH ON MENSTRUATION

Ask participants to “Tick” whether you strongly agree, strongly disagree, agree or disagree with each statement below;

Statement	Strongly agree	Strongly disagree	Agree	Disagree
Menstruating women should not cook because they are unhygienic				
Having Sex cures menstrual pain				
Menstruating women should not go near forests as they make wild game to hide away from hunters and many more.				
Women with painful periods should take Coca-Cola to relieve pain				

Part 7: SIGNS OF MENSTRUATION PROCESS

Painful abdominal/cramps, acne outbreak, colds, thick vaginal discharge, high stress levels, Lack of concentration in class, Headache, Nausea, Vomiting, Mood fluctuations, Tenderness of breasts Feeling under pressure/anxiety, risk of infections, Anemia, bloating in the pelvis, sleep disorders, high/low sexual libido, increased appetite and others.

Part 8: MATERIALS/PRODUCTS NORMALLY USED DURING MENSTRUATION PERIOD

These include; Menstruation cups, Reusable pads, Cotton wool and wrapped with gauze, Tampons (finger sized manufactured cotton roll with a string), disposable Sanitary pads, and Locally made cotton cloth material.

FACILITATORS’ NOTE: Leaves, toilet paper, newspapers, sand, banana fiber and polythene bags (African traditional methods) should not be used to control menstrual blood.

MENSTRUAL CUP



The three commandments of the cup

Always wash your hands with soap and clean water before inserting and removing your cup.

Disinfect your cup between periods.

Keep it for yourself –do not share with anyone to avoid infections.

How to insert your cup?

Wash hands

Fold & hold (c-shape/punch down)

Insert and ensure

Use for up to 12 hours

How to remove the cup?

Wash hands, Remove, Empty and Rinse

How to clean up the cup

Rinse in clean water, Boil for 5 minutes after each period and pour boiling water over your cup 3-4 times

HOW TO USE;

Wash your hands with clean water and soap, make a C –shape or punch down shape, squat down and insert in the vagina, Empty after 4-12 hours wash with clean water and re-insert into the vagina, Sterilize every time in between periods

Prevention of leakage	Advantages	Disadvantages
<ul style="list-style-type: none">• Make a C-shape/punch down• Squat and insert into the vagina• Ensure that the cup is inserted properly• Empty cup after every 4-12 hours	<ul style="list-style-type: none">• It can be re-used up to 10 years.• It is made of grade silicon which does not cause allergies.• Cost effective especially in the long run• Very comfortable• Does not clog urine/waste• an be used without knickers• Uses less water in cleaning.	<ul style="list-style-type: none">• High initial cost• Uncomfortable on first use• Challenging to sterilize• Can be breeding ground for bacteria if not hygienically used• Does not favor tilted/low cervix as the cup may not fit well.

RE-USABLE PADS

These are products/materials that one can wash, use-wash and re-use. Examples include; Afri-pads, relief pads, sure pads, home- made pads and many more.

They are 100% cotton

Advantages	Disadvantages	Demonstration	Note
<ul style="list-style-type: none"> • Can be washed and re-used for 18 months • No chemicals added • Cheap as compared to disposable pads • Soft and comfortable • Have buttons for easy wearing • Fast absorbents 	<ul style="list-style-type: none"> • Take a lot of water in washing • Take time to clean properly. 	<ul style="list-style-type: none"> • Wash before first use • Wear soft side up • Soak • Wash • Hang to dry on a line (under the sun rays)/ or in an aerated room 	<ul style="list-style-type: none"> • Do not use bleach like; Jik to wash the pads, • Do not use hot water • Do not iron.

Energizer

Participants are taken through an energizer song, "Hey; my name is Joe..".

Group work

Participants are divided into two groups; group 1 shares and presents on remedies to prevent menstrual pain and group 2; shares and presents on good hygiene practices during menstruation. The trainer then summarizes by giving notes prepared for the 2 sessions.

Part 9: REMEDIES FOR PAINFUL MENSTRUATION PERIODS

1. Women and girls are encouraged to relax and exercise especially back and abdominal exercises to reduce pain, take walks, yoga (meditate), jog short distances and so on for example; backward bend and head to knee forward bend. This can be done as follows;
 - Backward bend; Kneel on a clean surface, knees apart, breath in, place your palms firmly to your lower back, gently push your head backward
 - Head to knee forward bend; Sit on a clean surface, stretch out your legs, fold your right leg so that it touches your left high, breath in and gently stretch your arms to touch the left leg; change position and do the same for the left leg and stretch.



2. Take Medication (pain killers) as prescribed by a trained physician.
3. Drink warm tea to reduce cramping.
4. Wear fitting bras
5. Good nutrition (foods rich in iron, carbohydrate, vitamins, protein such as; fruits and vegetables, meat, fish, rice), Drink a lot of water at least 5-8 liters a day.
6. Keep a calendar to know when the periods will come next.
7. Avoid eating too much salt as it retains the extra water in the body.
8. Bottle/towel sponging, Treat UTIs/STDs & Visit a gynecologist in cases of heavy bleeding to avoid anemia.

Part 10: GOOD MENSTRUAL HYGIENE AND MANAGEMENT PRACTICES

- ✓ Wash hands well with clean water and soap before washing ones' genitalia or changing menstrual material
- ✓ Bath regularly;2-3 times a day especially during the menstruation days
- ✓ Change reusable or sanitary pads; after every 20-30 minutes,4 hours for the menstrual cup.
- ✓ Have a good nutrition particularly lots of fluids to rehydrate, fruits and vegetables (balanced diet).
- ✓ Rest enough, at least 6 hours daily.
- ✓ Use clean and dry cotton knickers -Change under wear regularly (avoid wearing wet under wear because it encourages bacterial growth)
- ✓ Do not play sex during menstruation. Avoid using soap/deodorants to wash your vagina because this creates a breeding ground for bacterial infections.
- ✓ Use soap and clean water to wash underwear and reusable pads
- ✓ Spread under garments and reusable pads on the line under the sun to dry as this helps to kill bacteria and also removes bad odor from the materials used.
- ✓ Avoid vaginal douching; as this makes one susceptible to infection.
- ✓ Clean yourself from front to back when you visit the latrine to avoid passing germs to the vagina

- ✓ Do regular self- examination by observing discharges from the genitalia, check for any swellings or abnormalities in breasts for females and Do regular check- ups for STDs/UTIs and treatment.

SOME OF THE QUESTIONS THAT ARE OFTEN ASKED BY THE PARTICIPANTS

In a plenary, ask participants to make a quick reflection on the key questions that most usually ask about menstrual hygiene. Allow the participants to share the perceived questions and supplement their discussion with the following questions.

- What causes menstruation pain to increase even while doing exercises?
- Why do some women have high or low libido when approaching their menstruation period?
- What causes ovarian cysts?
- Can a woman bear a child with one ovary? Can the menstrual cup break a women/girl's virginity?
- What are the effects of the menstrual cup to the body? If inserted wrongly can the menstrual cup enter and disappear in the stomach?
- Do we need to throw away the Cup and 10 years and the reusable pads after 18 months?

KEY IDEAS

Emphasize

- Menstruation occurs due to contractions and relaxation of muscle when the uterus walls are shedding. This occurs due to increase or decrease in sex hormone levels in ones' body that is; estrogen and testosterone.
- This occurs due to hormonal imbalance in women of reproductive age in the process of formation of an egg where the corpus luteum tends to over grow in size and fluid collection.
- The menstrual cup doesn't break your virginity (a woman's virginity is only broken on the first day of their sexual intercourse), it can only tire/temper with the hymen.
- The menstrual cup has no negative effect on the body. It is made of medical grade silicon and is medically proven to have no allergies on any one.
- The menstrual cup can never disappear in the body, and cannot penetrate through the cervix which is narrow and has a very tiny opening(2-3cm).
- The menstrual cup can only be disposed after 10 years or more of use, and the reusable pad can also be disposed after 18 years of use especially when they can no longer absorb much anymore.

FACILITATORS NOTES:

Menstrual hygiene is a concern for everyone that requires an integral effort in order to enable women/girls to experience a happy, healthy environment where they are respected and appreciated as to achieve complete self-actualization.

There is need for different stakeholders to assist in provision of sanitary materials to schools in the settlement in order to control the vice of missing classes due to fear, shame and lack of sanitary provisions, put up talking posters about menstruation health in the school compound to create awareness and reduce stigma. The role of male teachers to partake this knowledge is very crucial in promotion menstrual hygiene for their children and the young people in school and out of school.

Menstrual health cannot be handled by women alone, it needs integrated force such as; parents and boys to enable women and girls to be at peace with nature as they manage themselves. Each one of us has a role to play in improving lives of women and girls so that they can be able to achieve a happy, healthy and fulfilling life in society and without discrimination or prejudice.

ACTIVITY 2: SEXUAL REPRODUCTIVE HEALTH RIGHTS(SRHR)

Trainer asks the participants to note down some of the SRHR on stick notes which then are put together on a flip chart, after which he or shares. For key definitions, refer to the glossary,

Some of the SRHR are as follows;

- Right to life, Right to health care and protection, Right to privacy
- Right to benefits of scientific progress and Right to information and education
- Right to choose whether or not to marry and to set/plan a family
- Right to decide whether or when to have children
- Right to equality and freedom from all forms of discrimination

Energizer;

The participants are asked to move from their seats and lean on the wall, each is asked to spell their first name with their body then they can sit.

COMMON VIOLATIONS OF SRH

The trainer divides the participants in 2 groups where they brainstorm on common violations of SRH amongst young people and what to do to avoid these violations. One person from each group shares their findings. The trainer then summarizes work altogether as follows;

Common violations of SRH that young people face are as follows;

- Forced marriage, Child trafficking.
- Sexual exploitation like Rape, Defilement.
- Domestic violence.
- Forced sterilization.
- Forced abortion.
- Sexual abuse
- Denial of SRH information and education
- Denying access to appropriate nutrition and care

WHAT TO DO TO AVOID THESE VIOLATIONS;

- Seek information and understand SRH rights.
- Demand for information and services on SRH from health facilities.
- Share information on SRH rights with others.
- Report cases of SRH violation to relevant authorities.
- Follow medical instructions and always complete treatments.
- Make healthy choices about lifestyles and habits.
- Respect the SRH rights of others.
- Peer resistance or assertiveness, Nonviolent conflict resolution, Decision making, Critical thinking, Negotiation, Effective Communication and Friendship formation etc.

SESSION TEN: FINAL REFLECTIONS

This activity enables participants to actively reflect on what has been covered in the sessions, what they have learned and how to take this forward.

Session Objectives

Write these on newsprint/flipchart and/or read them out /have a participant read them out aloud for the rest of the participants to hear and comprehend.

By the end of the sessions, the facilitator(s) will be in position to:

- Help participants to reflect on and consolidate what they have gained from these sessions.
- Explain that in this final session we will reflect on what has been covered in the past 9 sessions, and participants will have an opportunity to discuss what they have gained or still need to gain.

Activity 1: The Workshop Map

- Divide the team into 4 groups.
- Assign each group two sessions. Explain that they need to discuss what they remember about the sessions. They then will have 10 minutes to do the following:
 - ✓ Summarize the key points that were covered in their session.
 - ✓ Summarize the activities that were done.
 - ✓ Summarize what they liked and disliked about the session.
- Allow them 5 minutes each to present their summaries – do this in chronological order, from Session 1 through to 9.
- After each presentation ask the rest of the group if they have anything to add about that session.

When the presentations are finished, ask participants to think about the values, attitudes, feelings, thoughts, beliefs and behaviour about sexual and reproductive health they had before they started the sessions, and whether or not any of these have changed.

Use some of the example **DISCUSSION QUESTIONS** below, but add your own. Instead of having a group discussion about each question, you might want to read through each one and give participants time to silently reflect on what they have learned.

- What have you learned about male and female sexual organs that you did not know before?
- What have you learned about people's different experiences of sexuality and the sexual drive of men and women? What did you discover about your own body that you did not realize before?
- Do you understand how the way society defines gender can affect behavior and relationships between males and females? What do you now think and feel about sexual orientation that may differ from what society has defined as 'normal'? What do you now feel about the consequences of becoming a father as an adolescent or young adult?
- What have you learned about pregnancy, pregnancy prevention and termination of pregnancy? What do you know about power and about power inequalities? What do you know about sexual vulnerability?
- What are the differences between women and men in the HIV risks they take and face? What are the main reasons for these differences?
- What is your position on sexual gender-based violence?

Activity 2: Workshop/Training Evaluation

1. Were your expectations met in this training? Yes [] No. []; Please explain

.....

2. What new thing(s) if any, did you learn from this training?

.....

3. What did you like most during this training?

.....

4. What did you like least/did not like about this training? Please explain

.....

5.. What topic needs more emphasis than we did give it? (Please explain)

.....

6. Comment on the facilitation/ the way the sessions were handled

.....

8. Comment on the following

Assessment Area	Very good	Good	Fair
Meals			
Training room			
Administrative support			
Facilitation skills			

9. Give suggestions for improving future trainings

.....

Thank you very much for participating!

Glossary of Terms

Abuse: An abuse of power characterized by an unequal power relationship, i.e. perpetrated by a person or group with more power over a person or group with less power. Abuse has many forms including emotional, sexual, physical and economic.

Accountability: The ability to account for the decisions and actions we take; the ability to accept the results of our decisions and not blame others for the consequences they lead to.

AIDS: Acquired Immune Deficiency Syndrome

Attitudes: Our views, opinions, and feelings about something.

Beliefs: Firm opinions normally based on religious and cultural principles.

Bill of Rights: A list of human rights that every human being has. These rights do not have to be earned and they cannot be taken away.

Bisexual: A person who is sexually attracted to both men and women.

Body image: A person's feelings about his or her body, including how beautiful or sexually attractive he or she is.

Breadwinner: The person who is responsible for earning money to support the family.

Caregiver: A key figure, such as a significant other, or other family member, who provides unpaid assistance in caring for an individual, whether it is a young child or disabled parent.

Class: A set of people grouped together by their level of wealth and/or the jobs they do in the economy.

Coercion: To be forced to do something or not do something against your will.

Communication: To express thoughts, opinions, feelings and values through speaking, listening, reading and writing.

Compassion: To show deep caring and sympathy for the suffering of others, including the desire to help.

Conflict management: To discuss, manage and resolve conflict in healthy ways.

Consent: To agree to do or not to do something; to give permission.

Courage: The ability and willingness to confront fear, pain, danger, uncertainty.

Date rape: The sexual assault of someone who cannot give consent because he or she has knowingly or unknowingly consumed alcohol and/or drugs.

Dating violence: Any form of controlling, abusive or aggressive behavior against someone you are dating.

dysfunction: This is when a man or a woman presents certain difficulties, physical or psychological, in expressing or enjoying sexual pleasure, for example, men who are unable to have an erection, or suffer from premature ejaculation or women who don't feel sexual desire or who are unable to have an organism.

Domestic violence: An abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. Domestic violence may include physical and sexual violence, emotional and social abuse, and economic deprivation.

Gender-based violence: Any form of violence that results from and contributes to gender inequality

Gender: The way society defines the differences between men and women. These definitions are not fixed, but change over time and from society to society. Gender is also part of our identity as people experience their own personal sense of who they are in diverse ways.

Gender equality: Refers to the fact that women and men, regardless of their biological differences, are entitled to be treated with equal concern and respect, and to develop to their full human potential.

Gender norms: Social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as how these norms are perpetuated from generation to generation through a society's institutions (family, culture, education, media, attitudes and practices).

Gender roles: Society's ideas of what it means to be a man or woman, and the different roles that men and women should play. These roles are socially constructed. In other words, we learn these roles from our parents, family, cultural groups and social context. How men and women are expected to behave and be varies in different cultures and communities and these roles can change over time. In most communities, however, gender roles are very specifically defined, and are different for males and females. More often than not, these differences result in equalities or power differences between men and women.

Gender stereotypes: Simplistic generalizations about the differences, characteristics and roles that men and women should play. Most stereotypes are built on inaccurate information about others.

Infertility diagnosis and management, it is eminent to note that It is not a woman's problem, men too. This is defined as the failure of couple of reproductive age to conceive after 12 months or more of regular/average coitus without using contraception. Some causes of infertility include; Infections STDs, hormonal imbalances, feeding, unsafe abortion, undescended testes, high temperatures, shape and mobility of sperms, fistula, age

Orgasm is the stage of greatest sexual intensity and is difficult to describe objectively because the feeling of pleasure is personal – so much so that descriptions of orgasm are just as varied as people themselves. During orgasm, most individuals feel that the body builds up enormous muscular tension and then suddenly relaxes, accompanied by an intense feeling of pleasure. Furthermore, not all orgasms are the same. As the orgasm depends on sexual excitation, the same person can have orgasms of different intensities at different times. It is during the male orgasm that ejaculation occurs, that is, sperm is ejected through the urethra.

Prejudice: An emotional response, attitude, opinion or judgment about someone or something that is formed before having knowledge or examining all the facts.

Relaxation is the stage when the man relaxes and needs some time to get excited again. In young men, this period is short (around 20 to 30 minutes); in adults, particularly those over 50, it can take longer. Women do not need this interval, which explains why they can have more than one orgasm during sexual intercourse, or multiple orgasms.

Right; something that an individual or a population can legally and justly claim

Reproductive Rights; Rights specific to personal decision-making and behavior in the reproductive sphere, including access to RH information, guidance from trained professional and RH services

Sex education; this is education about all aspects of sexuality, plus information about family planning, reproduction and all information about all aspects of one's sexuality. It can be Formal /informal

Sexual Health; this refers to a satisfying and safe sex life with capability to reproduce and freedom to decide if, when and how many children to have.

Sexuality; refers to a central aspect of being human throughout life It includes sex, sexual intercourse, gender identities, roles, sexual orientation, sexuality circles, pleasure, intimacy, reproduction, expression, ways of lifestyle with oneself and others. It is experienced and expressed in thoughts, fantasies, perceptions

Screening and management of reproductive tract ulcers/cancers -breast, cervix, ovary, vulva, testes, penis, prostate, Cervical Cancer, Uterine cancer-bleeding in post-menopausal woman.

Sex: Refers mainly to biology and to the internal and external anatomy of males and females; it is the configuration of chromosomes, hormones, gonads (ovaries, testicles) and reproductive units (sperm, egg). It is often spoken about as male/female, although this is not adequate for someone who biologically has aspects of both the male and female anatomy (intersex).

Sexual desire is when one feels like having sex. It occurs through the activation of the brain when confronted with a sexually exciting stimulus. Remember, however, that a particular stimulus can be exciting in a one culture and not in another. For example, a certain standard of beauty can arouse sexual desire in one culture and not in another. Anxiety, depression, the feeling of danger and fear of rejection can affect a person's sexual desire. On the other hand, when a person feels relaxed, secure and has intimacy with his or her partner, this supports the desire to have sexual relations.

Sexual excitation is involuntary, that is to say, it occurs independently of a person's will. What man has not had the embarrassment of having an erection at the wrong moment? We know that a man is excited because his penis becomes hard and his testicles rise or feel tighter. We know a woman is sexually excited when her vagina becomes wet and her clitoris swells and becomes harder. Physiologically, the excitation results from the increased flow of blood into certain tissues (such as the penis, the vagina, the breasts) and from the muscular tension of the whole body during sexual activity. During this phase, respiratory movements and heartbeat increase. More important than knowing all this, however, is knowing that caressing and touching between partners is important in this stage. In the case of most men, all it takes is an erotic image for him to have an erection; for a woman to become excited requires more time, and more caressing and kissing.

Sexual identity: How you think of yourself in terms of who you are sexually or romantically attracted to.

Sexual orientation: A person's sexual attraction and behavior towards another –of the same sex (homosexuality) or of the opposite sex (heterosexuality). Some people are attracted to people from either sex (bisexual **Sexual**

Stigma: A negative belief about someone or something which devalues and marginalizes them, and can lead to discriminatory behavior.

SGBV- such as; Wife battering, oppression, Intimidation, rape, defilement, FGM, Widow inheritance, prolonging the labia, early marriages, coercion, belief in large families, dowry related violence, forced prostitution

Treatment of infertility involves; Forcing ovaries to produce more eggs, improve sperm count, reconstruct the tubes if necessary and Understand and regulate the menstruation cycle.

Values: The things that are important to us (we value), which we use to guide and direct our lives, and which are seen in the way we live and, in our actions, and behavior.

References:

Janet S.H, John D. D;(2000); *Understanding Human Sexuality*, 7th edition, McGraw Hill companies Inc.

MenCare East and Southern Africa Guide (Sonke Gender Justice), Prevention+ Uganda, e'tal, (2017); *Engaging men and Women as Caring Parents and Respectful Partners*.

Reproductive Health Uganda, *Training manual for service providers on SRHR* (2015).

Womana training Hand book: *Menstrual Health Management, Reusable cups and Menstrual cups*; January (2018)

Ms. Adhila Hassan ;(2000) *Personality development through life skills*, School of Life Skills Education & Social Harmony, RGNIYD University, Sriperumbudur, Tamil

Communication for Development Foundation Uganda, (2012), *Guide for implementing Behaviour Change Communication interventions at community level*. A manual for Community Facilitators and Champions.

Prevention+ Uganda, (2018), *Working with young men and women on sexual reproductive health and rights*, Guide for Master Trainers.