

CREATIVITY, HEALTH AND WELLBEING FOR OVC ON AND OFF THE STREETS OF BAMELDA- WORLD CONNECT
Peace Corps Volunteer Chelsea Grant (2015-2017)

WORLD CONNECT

WETTI YOU WAN BE WHEN YOU GO GROW?

A PEER EDUCATION TRAINING MANUAL ON HIV,
ADOLESCENCE, AND GENDER FOR YOUTH AGED 10-24 YR

Compiled by Chelsea Grant
PEACE CORPS VOLUNTEER 2015 |

PEER EDUCATION TRAINING MANUAL on HIV, Adolescence, and Gender

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Module 1: Introduction

Activity 1: Introduction of Training Program

ACTIVITY CODE: Introduction

TIME: 5 mins

LEARNING OBJECTIVES:

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

1. Understand the importance of learning about HIV, Adolescence, and Gender.
2. Understand the relevance of the topic *HIV and Gender* to Cameroonian Society.

PREPARATION/MATERIALS NEEDED: None Needed

PROCEDURE:

1. Ask the above question: What do you want to be when you grow up? and wait for response. Perhaps talk about your own dreams and goals and discuss the changes your decisions have undergone. Then introduce the Training. The following is a template introduction:

2. Why HIV, Adolescence, and Gender?

HIV, a virus that not only weakens the body but also strains the family, is known to cause many deaths here in Bamenda, in Cameroon, and in the world at large. If infected, it can cause much psychological and emotional harm that may discourage young men and young women from achieving their goals. The period of adolescence is a tender stage where young boys and young girls experience various changes in their bodies and in their relationships. It is during this time that lack of knowledge of these universal changes leads to elevated HIV prevalence in adolescents, and especially adolescent girls.

Cameroon is a deeply gendered society, where cultural norms encourage attitudes and behaviors that ultimately lead to gender inequality. Gender inequality which places more value in men than women manifests itself in high levels of gender-based violence such as rape, domestic violence, and human trafficking. This same gender inequality also lends to girls being denied equal rights to education and property which increases their likelihood of poverty and at the same time decreases their opportunities to achieve their goals.

In short, HIV, Adolescence, and Gender issues can prevent us young people from achieving our goals and dreams. It is therefore important to have proper education on these topics so that each and every one of us may reach the heights of our potentials.

Activity 2: Program Learning Objectives

ACTIVITY CODE: Introduction

TIME: 5 mins

LEARNING OBJECTIVES:

By the end of this sessions, students will be able to:

1. Identify Program Learning Objectives.

PREPARATION/MATERIALS NEEDED: Flip Chart with Program Learning Objectives

PROCEDURE:

1. Define the goal of the student peer educator training program:

Goal for Student Training Program:

If teaching fellow students the goal of the training is: To empower students with knowledge and protection strategies related to HIV and Gender.

2. Present the Program Learning Objectives

By the end of this training program, students will be able to:

1. Identify how gender expectations can limit them and their peers.
2. Identify and practice strong communication skills.
3. Identify resources in their community to help victims of Gender Based Violence.
4. Understand that Gender Based Violence is unwanted, underlying, risky, and diverse.
5. Describe the differences between sex and gender.
6. Describe gender roles for males and females.
7. Recognize that everyone has rights regardless of age, sex, or ethnicity.
8. Understand the physical changes experienced by boys and girls during puberty.
9. Understand what HIV is, how it is transmitted, and how HIV transmission can be prevented.

Module 2: Health is Wealth

Activity 1: Words We Use About the Body

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 15 min

LEARNING OBJECTIVES:

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

1. Feel more comfortable talking about puberty with their peers.

PREPARATION/MATERIALS NEEDED: Flipchart paper, Markers

PROCEDURE:

1. Post six sheets of flip chart paper around the room. Write one of the following words on each sheet of paper: Man, Woman, Breasts, Penis, Vagina, Buttocks.
2. Instruct each student to move around the room and write slang words or phrases for each of the words on the sheets of paper. Encourage them to use any words or phrases they know. Let the students know that it is okay to use words they may think are bad.
3. Read through the lists out loud carefully and slowly.
4. Ask the following discussion questions:
 - Were you embarrassed to see, write, or hear any of these words? Why or why not?
 - When do we use slang words and when do we use words that are more formal? Why?
 - Do some of the words seem harsh or abusive?
 - Do we ever use these slang phrases to talk about women or men, in general? How do you think this makes men or women feel? Why do you think this happens?
 - What does it mean when people use them?

CLOSURE: This exercise is to get us more relaxed when talking about puberty. Emphasize that everyone should be treated with respect and dignity and that boys and girls should be treated equally.

Activity 2: How Our Bodies Have Changed

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 35 mins

LEARNING OBJECTIVES:

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

1. Identify the physical changes that boys undergo during puberty.
2. Identify the physical changes that girls undergo during puberty.

PREPARATION/MATERIALS NEEDED: Flipcharts, Markers

PROCEDURE:

1. Ask the students to draw a picture of themselves at 16 years of age. Give them 5 minutes to do this.
2. Write *Changes in Girls* on one flipchart paper and *Changes in Boys* on another paper.
3. Ask the students to compare the differences in physical appearance they see at their current age to the picture of themselves at age 16.
4. Ask the about other physical changes they cannot see. Ask them “What will happen to your voice by the time you are 16?”
5. Write the changes on the flipchart as in the table below:

MAJOR CHANGES DURING PUBERTY

	Major Changes in Females	Major Changes in Males	Main Messages
Skin	Skin becomes oily, sometimes with pimples or acne.	Skin becomes oily, sometimes with pimples or acne.	This lasts through your teen years and then usually ends. Wash the face each day with soap and water.
Hair	Hair increases on legs, under arms, and in pubic area.	Hair increases on legs, under arms, and in pubic area.	The amount of new body hair that grows is different for each young man and woman.
Breasts	Breasts grow, swell, and hurt just a bit.	Breasts grow, swell, and hurt just a bit.	Both breasts may not grow at the same rate or at the same size. It is normal for one breast to be a bit smaller than the other one.
Body Size	Hips broaden, breasts enlarge, weight and height increase.	Shoulders and chest broaden, weight and height increase.	Girls can reach their full height before boys. However, by the time puberty is complete,

			young men are often taller and weigh more.
Perspiration	Sweat increases and body odor may appear.	Sweat increases and body odor may appear.	This is normal. You can help control this change by washing or bathing daily.
Voice	Voice deepens slightly.	Voice deepens and may crack.	Male voices can suddenly go from high to low or from low to high. This cracking can be a bit embarrassing sometimes. In time, it will stop.
Female Sex Organs	Period or menstruation begins, and there is more wetness in the vaginal area.		Girls might see and feel a white or clear liquid from the vagina. This does not mean anything is wrong. We will talk about this wetness and the menstrual period later.
Male Sex Organs		Wet dreams and erections occur, and penis and testicles grow larger.	Wet dreams and erections are completely normal. We will talk about this more later.

CLOSURE: Puberty is a time when the bodies of boys and girls change-bodies grow bigger and taller, genitals develop, and body hair appears. Puberty happens because new chemicals-hormones-are developing in the body, turning young people into adults. Usually, puberty starts between ages 8 and 13 in girls and between 10 and 15 in boys, although some young people start puberty earlier or later. Typically, but not always, girls begin puberty about two years before boys. During puberty, a girl becomes physically able to become pregnant, and a boy becomes physically able to father a child. Although the physical ability to have a baby is there, it does not mean she is ready to have a baby, or that he is ready to be a father, only that they are physically capable of creating and having a baby. If you are concerned about your developing body, ask to speak with a trusted adult or health provider.

Activity 3: Changes in Feelings and Relationships

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 20 min

LEARNING OBJECTIVES:

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

1. Describe the general emotional and social changes that boys and girls experience during puberty.

PREPARATION/MATERIALS NEEDED: Flipchart Paper, Markers

PROCEDURE:

1. Divide the students into small groups of three to four.
2. Ask each group to think about and discuss for several minutes some of the general emotional and social changes that boys and girls may experience as puberty begins. If they are younger, ask them what they imagine they will feel as they grow older.
3. Ask the students to think about the following:
 - Changes in the way they feel about themselves.
 - Changes in their relationship with their parents.
 - Changes in friendships and feelings of love.
 - Changes in what others expect of them.
4. Ask each group to write the emotional and social changes they discussed on large chart paper. Ask each group to share with everyone three new emotional changes or new feelings a boy or a girl may experience, as well as three relationship changes.
5. Ask each group to share three relationship changes a boy or girl may experience with parents, friends, or others, and how this makes them feel.
6. Ask the students if they think emotional changes and feelings are different between boys and girls. Do adults expect boys and girls to have different emotions and feelings during puberty?
7. Ensure that the following are mentioned as common feelings of those entering puberty:
 - Struggling with a sense of identity and questions about oneself.
 - Moodiness, anger, and depression.
 - Need for more independence and privacy.
 - Relationships with friends and opinions of others become more important.
 - More concern or worry about appearance.
 - Worry about the future (School, family, job, etc).
 - New crushes on movie stars, pop artists, teachers, peers, or fellow students.
 - Curiosity about sexual organs.
 - Feeling sexually attracted to people.

CLOSURE: All of these emotions are normal. Feeling anxious about growing up is normal. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility. All people are sexual beings. Talking to parents and other trusted adults about sexuality can be helpful.

Activity 4: Talking About Puberty

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 20 mins

LEARNING OBJECTIVES:

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

1. Practice communication skills while explaining changes experienced during puberty.

PREPARATION/MATERIALS NEEDED: None Needed

PROCEDURE:

1. Divide the students into pairs, hopefully where one student is slightly older than the other. Assign one of the following role-plays to each pair.


-One person plays the mother (aunt, grandmother); the other plays a 12-year-old girl. The girl is worried because she has not developed breasts, although most of her friends have. The mother (aunt, grandmother) comforts the girl, letting her know that the age when breasts start forming varies and that breast sizes vary.

-One person plays a 12-year-old boy; the other plays the older brother. The boy is sad because everyone at school teases him about his cracking voice. The older brother explains why his voice is cracking and what to say to people when they tease him.

-Both people play 10-year-old girls. One girl teases the other girl because she is taller than all the other girls in the group. The tall girl explains that boys and girls grow at different paces and to different heights. She also explains why she does not like being teased and asks the other girl to be a nicer person. The teasing girl apologizes.

-One person plays a 12-year-old boy; the other plays his father (uncle, grandfather). The boy is worried because he is growing hair under his arms and a little on his face. The father (uncle, grandfather) comforts him and tells him that most boys develop hair in new places as they grow older.

-One person plays an 11-year-old girl; the other plays her friend. The friend is worried because she has not yet started having her period but the 11-year-old girl has. The girl comforts her friend, letting her know that the age when girls start menstruation varies.



-One person plays a 13-year-old boy; the other plays his friend. The friend is worried because he is not as tall or as big as the 13-year-old boy. The boy comforts his friend, letting him know that the age when boys start the physical changes of puberty varies.

-One person plays a 14-year-old boy; the other plays his father. The father tries to talk to his son about relationships, sex, and reproductive health. His son is not very comfortable at the beginning of the conversation. But once he realizes that his father wants to help him, he's happy to have this opportunity.

2. Ask each pair to act out the situation with each other using the information they just learned. Give each pair five minutes to prepare the role plays.

3. Ask the following discussion questions after the role plays are presented:

-How did the role play feel?

-What was it like?

-What did you learn from the role play?

CLOSURE: The physical, emotional, and relationship changes that come with puberty are all natural. Each person develops at an individual pace, some early, some late. It is important not to tease or make fun of others who may develop earlier or later. Young people often feel uncomfortable, clumsy, or self-conscious because of the rapid changes in their bodies but just know that menstruation and wet dreams are normal.

Activity 5: Fertility Myths and Facts

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 20 mins

LEARNING OBJECTIVES:

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

1. Distinguish between myths and facts concerning menstruation and wet dreams.

PREPARATION/MATERIALS NEEDED: Flip Charts, Markers, Myth or Fact Question Sheet

PROCEDURE:

1. Explain that we are going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams, and that this game will help them identify and correct myths around the topic.

2. Divide the students into two teams and place them on opposite sides of the room. Have each team choose a name.

3. Read the first statement on the myth or fact sheet to team A. The team should consult with each other to determine if the statement is a myth or fact. Team A then responds.

4. Say whether Team A was correct and mark the score on the flip chart or chalkboard. If the answer is correct, ask the team to explain why it is correct. If the answer is incorrect, explain the right answer.

5. Read the second statement to Team B and repeat the above steps.

6. Alternate which team gets to answer the myth or fact question.

MYTH OR FACT

Statement	Myth or Fact
The blood coming from a woman during menstruation means that she is sick.	Myth
Warm drinks cause menstrual cramps.	Myth
Women are able to eat spicy or sour foods during menstruation.	Fact
If a woman misses her period, this could mean she is pregnant.	Fact
If men do not ejaculate, sperm will collect and make their penis or testicles burst.	Myth
It is perfectly safe for a woman to wash her hair or take a bath during her period.	Fact
Having menstrual blood means a woman is dirty.	Myth
When a boy or a man has a wet dream, it means he needs to have sex.	Myth
Most boys have wet dreams during puberty.	Fact
If a penis is touched a lot, it will become permanently larger.	Myth
Masturbation causes bacteria to build up in the penis and vagina.	Myth

7. After reading all the myths and facts from the sheet, ask the teams to come up with two things that they have heard about menstruation and wet dreams and share them. Have the opposite team state if it is a myth or fact, and tell them if they are correct and why.

8. Add the scores and announce the winning team.

CLOSURE: There are many rumors that go around in school during this time but it is important to know which of these rumors are true in order to make correct and safe decisions about our changing bodies.

Activity 6: Signs of Fertility—Girls

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 10 mins

LEARNING OBJECTIVES:

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

1. Understand what vaginal secretions are and describe what they may look like.

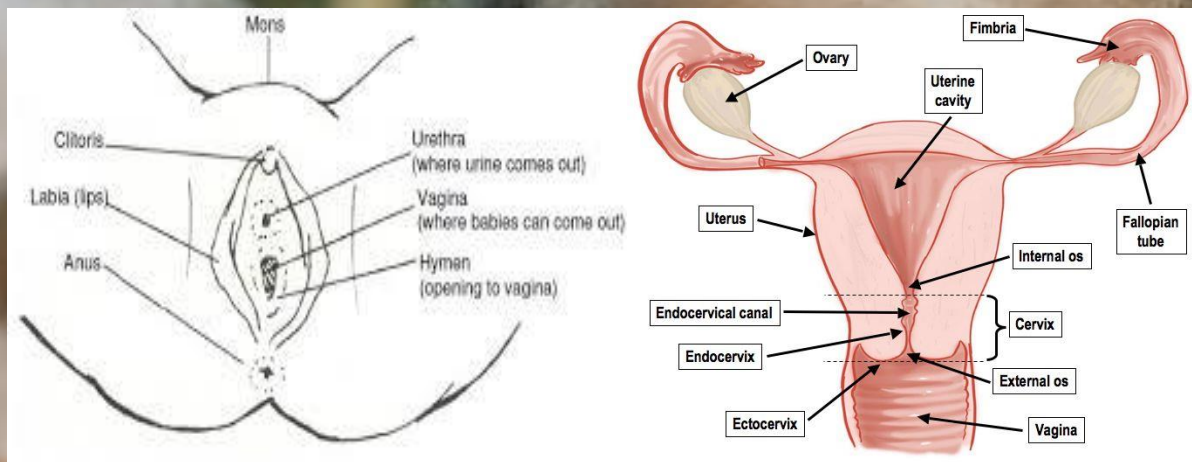
2. Describe the internal and external female reproductive system.

3. Understand the stages of the menstrual cycle.

PREPARATION/MATERIALS NEEDED: Flipchart with drawing of female reproductive system, Slips of paper with Key Terms written on them, Envelop to place the slips of paper in, Bowl, Egg White

PROCEDURE:

1. Get the bowl with the egg white in it. Tell the students that sometimes girls can see a whitish clear fluid on their underpants or experience a feeling of wetness around their vagina.
2. Explain that this fluid or wetness is called a secretion. Secretions do not happen every day—just some days of the menstrual cycle. Tell the students that those secretions from the vagina help sperm travel through the uterus to meet the egg.
3. Start with the drawing of the external female organs and then explain the internal female reproductive system:



External Organs

Internal Organs

Every female is born with thousands of eggs in her **ovaries**. The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, a tiny egg matures in one of her ovaries and then travels down a **fallopian tube** on its way to the **uterus**. This release of the egg from the ovary is called **ovulation**. The uterus prepares for the egg's arrival by developing a thick and soft lining like a pillow. If the girl has had sex in the last few days before she ovulates, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm, fertilization occurs and the egg travels to the uterus, and attaches to the lining of the uterus and remains there for the next 9 months, growing into a baby. If the egg is not fertilized, then the uterus does not need the thick lining it has made to protect the egg. It throws away the lining, along with some blood, fluids, and the unfertilized egg. All of this flows through the **cervix** and then out of the **vagina**. This flow of blood is called menstruation.

4. Explain that women are most aware of their secretions during ovulation—when women are most fertile—because the secretions have more water at this time. Women may have other kinds of

secretions during the rest of their cycle, but these are less moist. Some women may have no secretions. It depends on the woman.

5. Take the egg white in the bowl and drip it from your fingers to show what a secretion can look like. Tell the students that not all secretions are exactly like this—some are thicker or thinner.

6. Explain that if girls pay attention to their vaginal secretions, they can learn to recognize what is normal for them. If they see anything different from what they see normally, they should consult a health provider. For example, yellow or strong-smelling secretions are often a sign of infection.

7. Discuss Key Terms concerning menstruation. Write each of the key terms on slips of paper and place them in a hat or bag or envelope.

WHAT IS MENSTRUATION?

It is the healthy shedding of blood and tissue from the uterus. It is also called a woman's period. It usually lasts between 3 and 7 days. It happens for most women about once a month. It is a sign that a woman can possibly become pregnant if she has sexual intercourse. Women stop menstruating during pregnancy but then start again after they have the baby.

AT WHAT AGE DOES A GIRL START MENSTRUATING?

Just as some girls begin puberty earlier or later than others, the same applies to periods. Some girls may begin to menstruate as early as 9 or 10, but others may not get their first period until a few years later.

WHAT IS THE SIGN THAT MENSTRUATION HAS STARTED?

A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly.

WHAT IS THE LENGTH OF THE MENSTRUAL CYCLE?

The length of the menstrual cycle (the time between one period and the next) varies for each woman. For some, the cycle is as short as 21 days. For others, it is as long as 35 days. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place.

WHAT IS OVULATION?


Ovulation is the periodic release of a mature egg from the ovary. This usually happens around the middle of a woman's menstrual cycle.

HOW DOES THE BODY FEEL DURING MENSTRUATION?

Sometimes a woman may experience physical or emotional changes around the time of her period. Not everyone has these feelings—some women do not feel anything. A woman may experience:

Physical Symptoms: cramps, pain, bloating, weight gain, food cravings, swollen or painful breasts, swollen hands or feet, skin problems, headaches, dizziness, irritability.

Emotional Symptoms: short temper, aggression, anxiety, panic, confusion, fatigue, depression. These changes are sometimes referred to as Premenstrual Syndrome and is related to changes in the body's



hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect the way she feels, both physically and emotionally. Comfort lies in hot water baths and herbal teas.

WHAT PRODUCTS DO GIRLS USE DURING MENSTRUATION?

Clean Rags: These are cut to fit in the panty area. The rags must be clean and they must be washed thoroughly and hung in a private but sunny place to dry. They should not be shared with others.

Toilet Tissue: Use a thick, long wad of toilet tissue.

Pads or Sanitary Napkins: After use, these should be thrown down a pit latrine or burned. They should not be thrown down the toilet, as they will cause blockage.

Tampons: These are small, compressed cotton objects, formed into solid, tube-like shapes that are pushed into the vagina. Attached to the tampon is a strong, soft, cotton thread, which hangs out of the vagina. Pulling this thread removes the tampon. A girl must always wash her hands before and after inserting a tampon. One should never leave a tampon in for more than 8 hours.

Whatever a girl uses, she should change it frequently to avoid staining and odor. A girl can usually ask her sister, mother, or other close female relative what she uses. Placing these products in a simple plastic bag in her purse, school bag, or backpack usually prevents friends from seeing her products. If a girl's panties or clothes gets stained with blood, she can soak them in cool, mildly salty water. Hot water will cause the blood to stain.

CLOSURE: Having secretions means that the female body is going through its normal, constant menstrual cycle change. Once a girl begins to see her period, it is a sign that she is physically capable of getting pregnant, but it does not mean that she is ready to become pregnant. If female secretions change color or smell, this might mean that a woman has an infection, and she should see a health provider.

Activity 7: Signs of Fertility—Boys

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 20 mins

LEARNING OBJECTIVES:

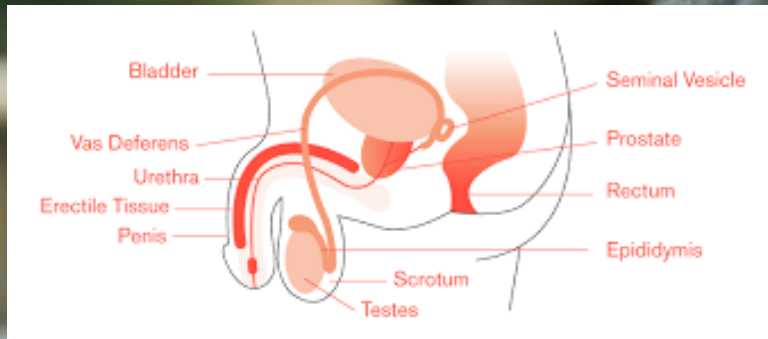
By the end of this sessions, students will be able to:

1. Describe the male reproductive system.
2. Understand and describe erections, ejaculation, and wet dreams.

PREPARATION/MATERIALS NEEDED: Flipchart with Male Reproductive System, Bowl, Egg White

PROCEDURE:

1. Ask the students to volunteer what they have heard about erections, ejaculations, and wet dreams from their brothers, uncles, other male friends, media, school, etc.
2. Discuss “How are sperm produced” using a diagram of the male reproductive system as reference.



Internal/External Organs

From puberty onwards, **sperm** are continuously produced in the **testicles/testes**, which are found inside the **scrotum**. As the sperm mature, they move into the **epididymis**, where they remain to mature for about 2 weeks. The sperm then leave the epididymis and enter the **vas deferens**. These tubes pass through the **seminal vesicles** and the **prostate gland**, which releases fluids that mix with the sperm to make **semen**. During ejaculation, the semen travels through the penis and out of the body by way of the **urethra**, the same tube that carries urine. The urethral opening is the spot from which a man urinates or ejaculates.

3. Discuss “What is an erection?”

An erection occurs when the penis fills with blood and becomes hard and straight. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning. While asleep at night, a boy’s penis will probably become erect and then go down about 5 to 7 times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate.

4. Discuss “What is an ejaculation?”

Ejaculation is when semen comes out of a boy’s or man’s erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the boy grows into a man, he begins making a larger amount of mature sperm, and his ejaculation will probably become more whitish. A boy begins to produce sperm during puberty and continues to produce them through his entire life. If the sperm is ejaculated into the woman’s vagina, she may become pregnant. The ejaculate can also carry diseases that could infect a woman.

5. Discuss “What are wet dreams?”

A wet dream is when a boy's penis becomes erect, and he ejaculates while sleeping. This causes the boy's underwear or the bed to be a little wet when he wakes up. If a boy does not know about wet dreams, he could be worried or confused. Wet dreams are completely natural and normal. A boy cannot stop himself from having wet dreams.

CLOSURE: The onset of wet dreams and erections is a sign that the young boy is capable of getting a girl or woman pregnant but it does not mean that the boy is ready to father a child. It is important to know that these changes are natural and normal and that all boys must experience them in order to grow up.

Activity 8: How Does a Woman Get Pregnant?

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 15 mins

LEARNING OBJECTIVES:

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

1. Understand the steps leading towards fertilization and pregnancy.

PREPARATION/MATERIALS NEEDED: Flip Chart with Egg and Sperm Drawn on it

PROCEDURE:

1. Ask the students "Where do babies come from?" Common stories include babies drop from heaven, babies come from the airplane, or that babies come out of the nurse's or doctor's bag.
2. Ask a student to stand up and demonstrate the real way in which a baby is conceived using their hands. Demonstrate this yourself.
3. Tell the students to hold up their right hand and wave it back and forth like a worm to represent the sperm.
4. Then tell the students to hold up their left hand like a fist to represent the egg.
5. Repeat the following sentence:
I was conceived when my parents had sexual intercourse and the sperm from my father (wave the right hand like a worm or sperm) and the egg from my mother (fist the left hand) came together (join your hands) and created me.
6. Have the students repeat this a few times.

CLOSURE: Emphasize that there are 3 things that must happen for a pregnancy to occur: 1. An egg must be present in one of the woman's fallopian tubes 2. Sperm from the male must join the egg to fertilize it and 3. The fertilized egg must attach itself to the lining of the woman's uterus. Point out that everyone in the room was conceived through the act of sexual intercourse.

Activity 9: Addressing Male Fertility Concerns—Boys

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 45 mins

LEARNING OBJECTIVES:

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

1. Ease themselves of personal doubts or confusions about male sexuality.

PREPARATION/MATERIALS NEEDED: Strips of paper, Flipcharts, Markers

PROCEDURE:

1. Explain that you are reading statements from typical boys like them. Read each of the following statements:

-My first wet dream came to me as a shock because I never had any knowledge about it. Then my brother explained to me what it was.

-I didn't know what an erection was. I was very upset and felt shy both with my parents and my peers. I even prayed and asked God to make that thing go away. I later realized it was a part of life.

-Having these wet dreams made me miserable. I felt so embarrassed.

-My father told me these would happen. I just didn't realize how little control I would have.

2. Ask the students if they can relate to what these boys are saying. State that most boys feel the same and that is why the students have this special time to ask questions.

3. Ask students to write down any questions that they have about puberty on strips of paper or note cards. These questions can be about the material covered in all of the previous sessions or about other things about puberty and fertility awareness heard outside of the course.

4. Collect the strips of paper and then read each question out loud. Ask the students if they know the answer. If no one responds, provide the correct response.

POSSIBLE QUESTIONS AND ANSWERS


Q: Do boys get a period?

A: Boys do not get a period, or menstruate, because they have a different reproductive system than girls. Menstruation is the breaking away of the lining of the uterus—the place where a fetus develops during a pregnancy. Since only women have a uterus, only they have periods.

Q: Do men stop having ejaculations when they get older?

A: When a man gets older, perhaps age 60 or beyond, he may have less sperm in his ejaculate. But if a man is healthy, he should be able to have ejaculations all his life.

Q: Can semen and urine leave the body at the same time?



A: Some boys worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.

Q: What is the right length of a penis?

A: The average penis is between 11 and 18 centimeters long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

Q: Is it normal to have one testicle hanging lower than the other one?

A: Yes. Most men's testicles hang unevenly.

Q: Is it a problem for the penis to curve a little bit?

A: It is normal for a boy or man to have a curving penis. It straightens out during an erection.

Q: What are those bumps at the head of the penis?

A: The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the glands. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

Q: How does one prevent having an erection in public?

A: This is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.

Q: Will wet dreams or ejaculations make a boy lose all of his sperm?

A: No. The male body makes sperm continuously throughout its life.

Q: What do I do if someone touches me in a way that makes me feel uncomfortable?

A: Your body is your own, and no one should touch you in a way that makes you feel uncomfortable. You have a right to ask someone to stop touching you if it makes you feel bad. If this is happening to you, remember it is not your fault, and you should talk to a trusted adult for help and keep talking to as many people as necessary until someone takes action.

Activity 10: Addressing Female Fertility Concerns—Girls

Adapted by Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 45 mins

LEARNING OBJECTIVES:

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

1. Ease themselves of doubts or confusions about female sexuality.

PREPARATION/MATERIALS NEEDED: Slips of paper, Flipcharts, Markers

PROCEDURE:

1. Explain that you are reading statements from typical girls like them. Read each of the following statements:

-My period came to me as a shock because I never had any knowledge about it. Then my mother explained to me why I had to go through it.

-I didn't know what the period was. I was very upset and felt shy both with my parents and my peers. I even prayed and asked God to make that thing go away. I later realized it was a part of life.

-I was unsure of what was going on. I had no information on how to deal with it. Menstruation made me miserable.

-I was happy when I got my period because I knew that meant I was growing up.

2. Ask the students if they can relate to what these girls are saying. State that most girls feel the same and that is why the students have this special time to ask questions.

3. Ask students to write down any questions that they have about puberty on strips of paper or note cards. These questions can be about the material covered in all of the previous sessions or about other things about puberty and fertility awareness heard outside of the course.

4. Collect the strips of paper and then read each question out loud. Ask the students if they know the answer. If no one responds, provide the correct response.

POSSIBLE QUESTIONS AND ANSWERS

Q: How does a girl know when her period is about to start?

A: No one can be sure exactly when this will happen. Most girls begin menstruating between the ages of 12 and 16. The average age is 12 or 13. The best way a girl can know is to look for signs. Underarm hair and a whitish discharge from the vagina are signs that the period probably is not too far away.

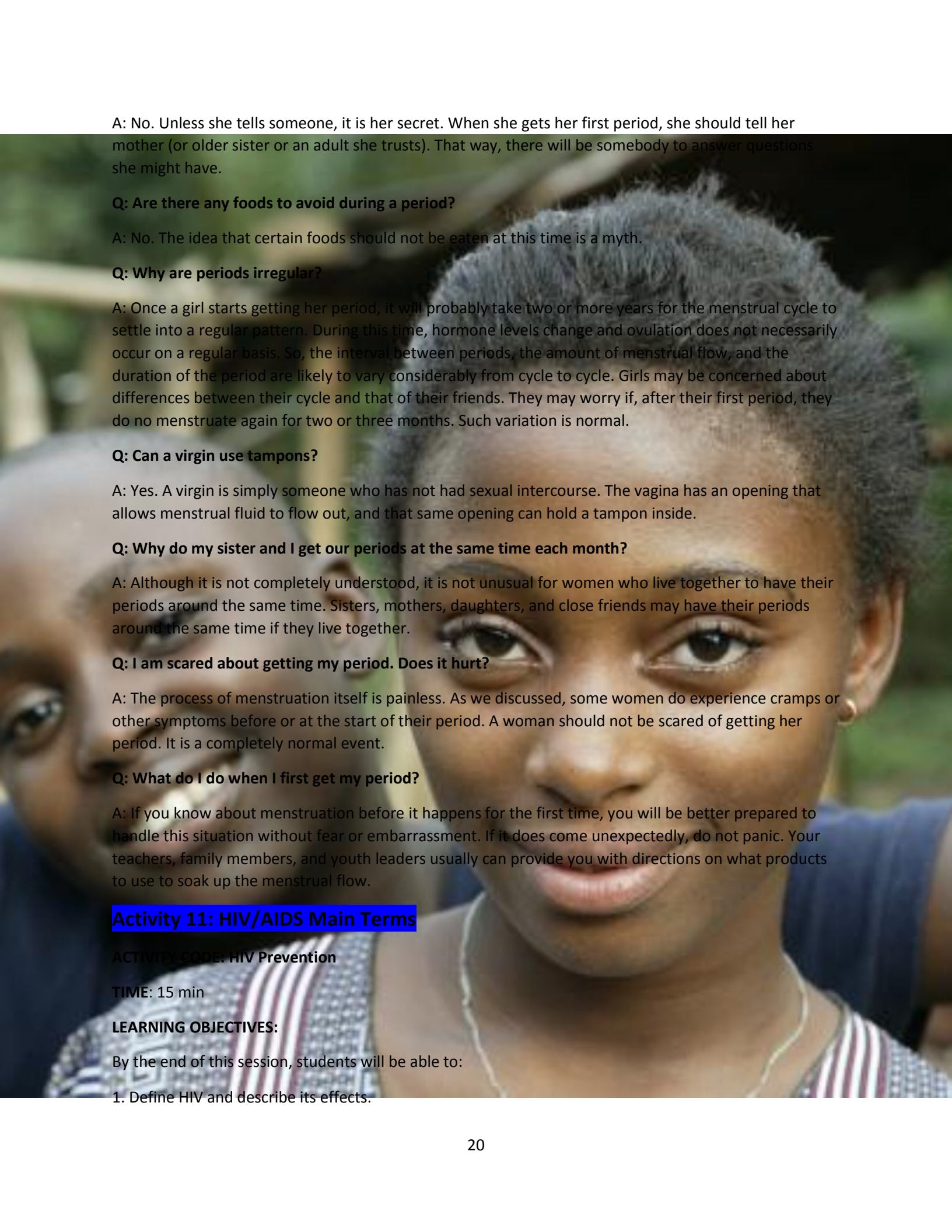
Q: What if a girl's period never starts?

A: Periods will start sooner or later. However, if a girl reaches age 16 and has not yet had her first period, she should visit a health provider.

Q: What causes period pain?

A: During a period, the uterus contracts, tightening and relaxing so that the menstrual flow empties from the body. Some girls and women get cramps that are more severe than others. Pain relievers, such as exercise and a hot bath can help this.

Q: Can anyone tell when a girl has her period?



A: No. Unless she tells someone, it is her secret. When she gets her first period, she should tell her mother (or older sister or an adult she trusts). That way, there will be somebody to answer questions she might have.

Q: Are there any foods to avoid during a period?

A: No. The idea that certain foods should not be eaten at this time is a myth.

Q: Why are periods irregular?

A: Once a girl starts getting her period, it will probably take two or more years for the menstrual cycle to settle into a regular pattern. During this time, hormone levels change and ovulation does not necessarily occur on a regular basis. So, the interval between periods, the amount of menstrual flow, and the duration of the period are likely to vary considerably from cycle to cycle. Girls may be concerned about differences between their cycle and that of their friends. They may worry if, after their first period, they do not menstruate again for two or three months. Such variation is normal.

Q: Can a virgin use tampons?

A: Yes. A virgin is simply someone who has not had sexual intercourse. The vagina has an opening that allows menstrual fluid to flow out, and that same opening can hold a tampon inside.

Q: Why do my sister and I get our periods at the same time each month?

A: Although it is not completely understood, it is not unusual for women who live together to have their periods around the same time. Sisters, mothers, daughters, and close friends may have their periods around the same time if they live together.

Q: I am scared about getting my period. Does it hurt?

A: The process of menstruation itself is painless. As we discussed, some women do experience cramps or other symptoms before or at the start of their period. A woman should not be scared of getting her period. It is a completely normal event.

Q: What do I do when I first get my period?

A: If you know about menstruation before it happens for the first time, you will be better prepared to handle this situation without fear or embarrassment. If it does come unexpectedly, do not panic. Your teachers, family members, and youth leaders usually can provide you with directions on what products to use to soak up the menstrual flow.

Activity 11: HIV/AIDS Main Terms

ACTIVITY CODE: HIV Prevention

TIME: 15 min

LEARNING OBJECTIVES:

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

1. Define HIV and describe its effects.

2. Define AIDS and describe its effects.

3. Understand the difference between HIV and AIDS.

4. State methods for “safer sex”.

MATERIALS: Flip charts with the words HIV and AIDS written

PROCEDURE:

1. Introduce the topic of HIV/AIDS: There are over 40 million people living with HIV/AIDS worldwide. Sub-Saharan Africa is the worst affected region in the world. In the year 2003, 3.2 million people in Sub-Saharan Africa became infected with HIV and in that same year, 2.3 million people were killed by AIDS within this region. AIDS is an incurable disease that eventually kills the infected person. It is a disease that can now be controlled with drugs that restrict the activity of the virus, which causes the disease. So let's now talk about the facts concerning HIV and AIDS.

2. Ask the students whether they know what HIV stands for. After a couple of them volunteer, give the following definition:

HIV: Human Immunodeficiency Virus

-Human means this virus is found in humans.

-Immunodeficiency means it makes our immune system lacking in something and therefore weakens it. The immune system is the body's defense against disease. With a damaged immune system the body can get many different infections and diseases. The person gets weaker and eventually dies.

-A virus is the smallest of germs. It can make its home in cells in our bodies.

3. Ask the students whether they know what AIDS stands for. After a couple of them volunteer, give the following definition:

AIDS: Acquired Immune Deficiency Syndrome

-Acquired means you get it from another person that is infected, through contact with that person's infected blood and/or sexual fluids. So a person acquires HIV, which eventually leads to AIDS.

-Immune refers to the body's defense system for fighting off disease.

-Deficiency indicates a weakness in the immune system.

-Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia.

-AIDS is the last and most serious stage of a person's infection with HIV.

4. Ask the students if they know what is meant by a *HIV+* diagnosis. Discuss the following points:

-A person who is HIV+ is infected with the AIDS virus, and their body has produced antibodies to try to fight the infection.

-A special type of blood test tells if these antibodies are in the blood, which indicates that a person has HIV.

-It can take about 4 months to make enough antibodies to show up in the test. This is called the window period.

5. Ask the students if they know what is meant by a *HIV-* diagnosis. Discuss the following points:

-A person who is HIV- is not infected with the AIDS virus. However, it is possible to test HIV- during the window period even if the virus has entered the body.

6. Ask the students for examples of *Safer Sex*. Discuss the following methods for safer sex:

-Abstinence (avoiding sex) is safest

-Hugging, holding hands, kissing, and masturbation (touching your private parts) are also safe practices

-Using a condom during sex is much safer than having sex without a condom.

7. Remind the students of the session's key point: HIV is a VIRUS or germ. AIDS is the DISEASE caused by HIV.

Activity 12: Immune System Games

Adapted from Koleros, Nilon, Sheldon-Desjardins. *HIV/AIDS Training Manual*.

ACTIVITY CODE: HIV Prevention

TIME: 30 mins

LEARNING OBJECTIVES:

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

1. Understand how HIV weakens the immune system, leaving the body vulnerable to opportunistic infections.


PREPARATION/MATERIALS NEEDED: None Needed

PROCEDURE:

1. Ask for one volunteer. Have the volunteer stand in the front of the room. This person is the baby elephant.

2. Ask for 6 more volunteers. These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle and join hands around the baby elephant. To show them the importance of their job, try to hit the baby elephant—you will find that the adult elephants quickly close the ranks to avoid attack. The adult elephants should stand close to the baby elephant.

3. Now, ask for four more volunteers. These people are the lions. Their job will be to attack the baby elephant—they should try to jab, hit, kick—whatever they can do to hurt the baby elephant. (Stress that this is a game so the person playing the baby elephant should not get hurt.)



4. Whenever you say “GO”, the lions should try to attack the baby elephant. Let this go on for a few seconds—until the baby elephant has at least one contact from the lions—but the baby elephant should not be hurt.

5. Ask the volunteers to freeze.

6. Ask the following discussion questions:

-What is the baby elephant? What does the baby elephant represent? A: The Human Body.

-What are the adult elephants? B: The immune system which protects the body from invading diseases.

-So, what are the lions? A: The lions are the diseases, illness, and infections that attack a person’s body.

7. Dramatically, go to each lion volunteer—one by one. Say, “These diseases, such as tuberculosis (touch the first volunteer), malaria (touch the next person), diarrhea (touch another lion), typhoid (touch another lion), and cholera (touch another lion volunteer) may attack the human body but are they able to kill the human body? The answer should be “no”. The human body gets attacked by diseases or germs every day, but the immune system (point to the adult elephants) manages to fight them off and protect the body. The human body might get sick (such as the hit or kick that the baby suffered), but it does not die, because the immune system is strong.

8. Continue by saying “But Suppose I am HIV. I come to this body (the baby elephant), and I attack and kill the immune system”. At this point, you should touch all but two of the adult elephant volunteers and ask them to sit down. Touch each person as you remove them, acting as if HIV is killing the immune system.

9. Continue by saying “Now, will the baby elephant be protected? Will the human body be safe with the immune system gone?”

10. Tell the lions to attack the baby elephant (touch only) on the word “GO”. The lions are able to easily get to the baby elephant this time.

CLOSURE: Summarize that HIV has killed the immune system. State that this lack of immune system makes it possible for diseases like tuberculosis, diarrhea, and so forth to actually kill the person, rather than just make the person sick. Ask the students, “Does HIV kill the person”. They should say “No, the diseases kill the person”. Emphasize the difference between HIV and AIDS.

Activity 13: Responding to Myths about HIV and AIDS

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-olds on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

ACTIVITY CODE: HIV Prevention

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Understand facts concerning HIV and AIDS in order to respond to common HIV myths.

PREPARATION/MATERIALS NEEDED: Flip charts, Markers.

PROCEDURE:

1. Share the session objectives with the students. Ask what is meant by a myth or misconception. Explain that not everyone understands how and why HIV is transmitted. Some people have long established myths and misconceptions about HIV that have never been challenged. If these myths are allowed to prevail it could lead people to adopt unsafe behaviors.

2. Ask students to brainstorm some of the common myths about HIV. Write them on the flip chart. Some examples of common misconceptions in Sub-Saharan Africa are:

- ARVs cure HIV.
- The status of my partner is also my HIV status.
- You can tell a person is HIV positive by looking at them.
- You can be infected with HIV by sharing a meal with an infected person.
- HIV can be transmitted through saliva.
- HIV is transmitted by mosquitoes.
- It is ok for two HIV-infected partners to have unprotected sex.
- HIV is contagious like a cold or flu. You can be infected through casual contact.
- Condoms do not prevent transmission of HIV.
- Only people who have sex with a lot of people can be infected with HIV.

3. For each myth, supply and discuss the accompanying fact. Use the below table to discuss.

DISPELLING HIV MYTHS

Myth	Fact
A healthy looking person doesn't have HIV.	The only way to tell if a person is infected with HIV is by testing their blood at a clinic or hospital. It is never safe to assume that anyone is HIV free.
You can get HIV from kissing.	HIV can only be transmitted through four body fluids—blood, semen, vaginal secretions, and breast milk. HIV is not transmitted through saliva. Kissing is a safe activity.
Condoms have worms.	Condoms do not contain worms nor do they give users worms. Some condoms are pre-lubricated with a gel. This shouldn't be confused with worms.
An HIV positive person does not need to use condoms.	Even HIV positive people need to condomize to prevent HIV transmission to their partners or to avoid re-infection. Having unprotected sex while

	being HIV positive can increase your viral load, expose you to other STIs and render ARV ineffective.
Only those who have many sexual partners get HIV.	People get HIV from having unprotected sex with someone who is positive. Having sex with one infected person is enough to become infected.
Men need to have sex frequently to remain healthy.	Sexual feelings are normal for both men and women, but having sex does not keep you healthy. In fact, having unprotected sex is unhealthy because it puts you at risk for STIs and HIV. Men who abstain from sex are just as healthy, if not more healthy than men who are sexually active. A man's penis will not stop working if he abstains from sex.
Women taking birth control pills do not need to use condoms.	Birth control pills are not HIV control pills. Birth control pills may prevent HIV or STI transmission. Women taking birth control pills should also use condoms to avoid STI and HIV transmission.
HIV can be transmitted by mosquitoes.	HIV can only be passed from one human being to another. Malaria is transmitted by mosquito, but not HIV.

CLOSURE: It's important to use your learned knowledge about HIV and AIDS to distinguish between sexual myths and facts.

Activity 14: HIV Transmission

Adapted from International HIV/AIDS Alliance. 2005. *Peer Education Outreach Communication and Negotiation Training Module*.

ACTIVITY CODE: HIV Prevention

TIME: 45 mins


LEARNING OBJECTIVE:

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

1. List the four main fluids that can transmit HIV.
2. Define the term "portal of entry".
3. Explain the relationship between STIs and HIV.
4. Understand why women are more vulnerable to HIV infection.
5. Identify the ways that HIV is not transmitted.

PREPARATION/MATERIALS NEEDED: Flipcharts, Markers.

PROCEDURE:



1. Ask the students to name the four fluids in the body that contain and can transmit HIV. [Blood, semen, vaginal fluids, breast milk]. Explain that once you are infected with HIV, there will be a viral load present in all bodily tissues and fluids.

2. Ask the students to define the term portal of entry. [The way that HIV enters the body.] Explain that this is either through a cut, sore, or opening in the skin. State that portal of entry also refers to mucous membranes located in the vagina, the tip of the penis, the anus, the mouth, the eyes, or the nose.

3. Discuss the ways that HIV is not transmitted:

- Kissing

- Shaking hands

- Hugging/touching

- Sharing towels/linen

- Using the same toilet

- Sitting in the same place

- Eating from the same plate

4. Brainstorm with the students the biological and cultural/social risk factors that make women more susceptible to HIV transmission in Sub-Saharan Africa.

BIOLOGICAL RISK FACTORS

- Women receive greater quantities of possibly infected fluid during sex.

- Women have a greater surface area of mucous membrane than men which acts as a portal of entry.

- Sex, especially in young women often causes bleeding which increases the risk of a portal of entry.

- It is difficult for women to tell if they have genital sores since the vagina is an internal organ.

CULTURAL/SOCIAL FACTORS

- Extreme poverty which encourages the exchange of sex for money, particularly with young girls.

- Gender roles that do not permit women to participate in decisions involving sex including condom usage.

- Young girls have sex with older men.

CLOSURE Refer back to the learning objectives and ask the students to qualify each objective by expressing knowledge that they have acquired.

Activity 14B: Stop, Go, Think

Adapted from Family Health International. 2007. *Life Skills Education Toolkit for Orphans and Vulnerable Children in India*. India.

ACTIVITY CODE: HIV Prevention

TIME: 20 min

LEARNING OBJECTIVES:

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

1. Learn how HIV is transmitted and how it is not.

PREPARATION/MATERIALS NEEDED: Three slips of paper: a red one with “Stop! This is high risk for HIV”, a yellow one with “Think! This may have some risk of HIV”, and a green one with “Go! This activity has no HIV risk.”

PROCEDURE:

1. Paste the three signs in different parts of the room.
2. Read the following statements and ask the students to stand under the sign they think is the best response/answer. Then ask them to explain their choices.

Statements:

Donating Blood	Green
Having oral sex without condom	Red
Eating food made by someone who is living with HIV	Green
Hugging someone	Green
No sex, abstinence (Emphasize that this is the only fool proof method of eliminating sexual transmission of HIV)	Green
Using a public toilet	Green
Kissing	Yellow only if there is a sore, otherwise Green
Having sex without a condom (for children above 14)	Red
Having anal sex without a condom (for children above 15)	Red. The blood vessels inside the anal canal can easily tear allowing entry of HIV virus.
Shaking hands with a person who has HIV.	Green
Getting pregnant when you have HIV.	Yellow. 30% chance that the baby will be infected. ART drugs during pregnancy are effective two-thirds of the time.
Being bitten by a mosquito	Green
Sharing needles	Red
Drinking Alcohol	Yellow
Using a condom correctly and consistently with all sexual acts (only for children above 15).	Green. Condoms can prevent sexual transmission of HIV significantly to an extent of 80-99% if used correctly and consistently with all sexual acts.
Sitting next to someone with AIDS.	Green
If a person living with HIV coughs or sneezes on you.	Green

If a person living with HIV cries and the tears come in contact with you.	Green
Having sex with many people with or without using a condom (only for children above 15).	Red
Having sex without a condom with only one sex worker (only for children above 15).	Red
A man and woman have sex only between themselves.	Green. If you are faithful to your only sex partner you are absolutely safe. But you must make sure that your partner is faithful too.

3. Ask the following discussion questions:

- Did you have to think or did the answer come very quickly?
- How did the rest of the group answer?
- How can young people prevent HIV Transmission? Discuss abstinence, faithfulness, and condom use.
- What should you do if you know something is not safe?
- Even if you know it is risky, why do people indulge in that behavior?

Activity 14C: If I Were a Person Living with HIV/AIDS

Adapted from Family Health International. 2007. *Life Skills Education Toolkit for Orphans and Vulnerable Children in India*. India.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 20 min

LEARNING OBJECTIVES:

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

1. Identify and define elements of stigma.

PREPARATION/MATERIALS NEEDED: Sign that says “I have HIV”, four reaction cards.

PROCEDURE:

1. Discuss how society discriminates for different reasons such as quarter, gender, and profession (for example, sex workers). Ask if anyone has experienced discrimination and how s/he felt. Ask if the stigma experienced by these groups is different from the stigma of having HIV/AIDS?
2. Ask for a volunteer to be a person living with HIV. Give this person a sign that says, ‘I have HIV’ and make the volunteer sit in the middle of the room.
3. Make four reaction cards and distribute them to four people:

Reaction Card 1: You start shaking the hand of the person with HIV, read the sign “I have HIV” and quickly pull your hand away. Run to a sink and wash your hands.

Reaction Card 2: You go to the person with HIV, read the sign, and say, “You must be joking! You have HIV! Then why have you come here to work/school? Leave the room quickly.

Reaction Card 3: You go to the person, read the sign and say, “You must be a former injecting drug user/sex worker. You should be locked up somewhere where you cannot harm us”. Leave the room.

Reaction Card 4: You go to the person, read the sign and shake the person with HIV’s hand and say, “It is nice to meet you. My name is....” Sit down next to him/her.

4. Remind the persons with the cards to act out the scene in slow motion. To make it dramatic, they can freeze the acting like a picture while you ask the audience what is happening and then continue with the scene.

5. Ask the following discussion questions:

-How did the person with the sign “I have HIV” feel during each scenario?

-What did the audience think of the different reactions? What would they have done?

-Do such situations occur in real life? Have you observed such situations?

-If you were a person living with HIV, how would you like to be treated?

CLOSURE: Just because someone has been diagnosed HIV+ doesn’t mean that this person deserves to be treated as less of a person. It is important to recognize the behaviors and attitudes that stigmatizes people living with HIV so that we try to avoid such negative and unfair practices.

Activity 15: Prevention Strategies (A-B-C)

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-old on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

ACTIVITY CODE: HIV Prevention

TIME: 30-45 min

LEARNING OBJECTIVES:


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

1. Identify the three strategies to avoid infection with HIV- Abstain. Be Faithful. Condomize.

PREPARATION/MATERIALS NEEDED: Slips of paper that has the letter “A”, the letter “C”, the letter “U”, or a plus sign “+” on it. (Have more “U”s than “A”s and “C”s. Fold each slip to hide its content and place it in a bowl, hat, or bag.)

PROCEDURE:

1. Allow the students to draw the slips of paper from the bowl, hat, or bag. Tell them not to look at what is written on their slips. Ask them to walk around the room, greet three people and then return to their seats. Tell the students to remember who they greeted.



2. Once the students have returned to their seats, tell them to look at their slips of paper. Ask the participants with a plus sign on their slips to come to the front of the class. Explain that these people are HIV positive. In real life, all the people who have had unprotected sexual contact with those persons could have been infected with the virus.

3. Ask the first HIV positive person to identify the three people they greeted. Have those identified stand up and move into three separate groups based on their slips of paper. “A”, “C”, or “U”. Continue until all of the HIV positive students have been separated into the three groups.

4. Direct attention to those standing in the “A” group. Ask students what “A” stand for (abstinence). Tell those in the “A” group that they had contact with an infected person, but no sexual contact. Are they safe from HIV infection? Yes, so tell them they can sit down.

5. Now ask students what the “C” stands for. (Correct and consistent condom use). Ask those in the “C” group “Are you safe from HIV infection?” Emphasize that they would be safer—but not 100 percent safe—than those who took no precautions. Ask one of the “C” students what would happen if the condom broke. Does condomizing make you feel completely safe? Then have the “C” group sit down.

6. Move over to the “U” group and explain that their slip represents having unprotected sex with one of the HIV positive people (“+”). Explain that unprotected sex with an infected partner is the most common form of HIV transmission in Sub-Saharan Africa. Those with a “U” could have been infected with HIV.

7. Point out that abstinence, being faithful, and condomizing are all strategies use to avoid HIV infection. Different people choose different strategies depending on their beliefs and situations in life. There are advantages and disadvantages to each strategy.

8. Ask the following discussion questions:

-Were you comfortable with the strategy assigned to you in the activity? If not, how would you have chosen differently?

-Why do some people choose abstinence/being faithful/condomizing as their strategy to avoid HIV? What are the pros and cons for each?

-What are the obstacles that keep people from sticking to their selected strategy? (For example, Why do people not abstain? Or why do they not use condoms?)

-What are reasons why someone would choose to change their strategy? (For example, abstinence to faithfulness) Is it ok for people to change their strategy?

CLOSURE: A.B.C. Abstain. Be Faithful. Condomize. These three methods are used to prevent against HIV transmission depending on personal choice and partner agreement.

Activity 16: Correct and Consistent Condom Use

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-old on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

ACTIVITY CODE: HIV Prevention

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Use condoms to their maximum effectiveness.

PREPARATION/MATERIALS NEEDED: Flip charts, Markers, Condoms, Penis models.

PROCEDURE:

1. Tell the students that the session will focus on male condoms only and not female condoms. Ask the students to define the terms in the title: Correct, Consistent, and Condom after writing them on the flip chart. Note responses, which should be similar to the following:

-*Correct*-the proper, accurate, or right way of doing something.

-*Consistent*-regular, usual, or doing something repeatedly.

-*Condom*-a device used during sex to prevent the exchange of body fluids.

2. Explain that initially condoms were used to protect against pregnancy, but that they also protect against STIs, including HIV, because they prevent the exchange of sexual fluids.

3. State that even if somebody has no plans to use a condom now, it is good to know exactly how to use one. Then you can use one properly and safely should you ever decide to.

STEPS FOR CORRECT CONDOM USE:

-Check the package for the expiration date and for any tears or punctures.

-When the penis is already erect, open the package with your fingers.

-If a condom rips or if you begin putting it on wrong, consider it contaminated. Throw the condom away and use a new one.

-Only unroll the condom while placing it on one end of an erect penis.

-Squeeze the reservoir tip while placing it on the end of the erect penis.

-Always put the condom on before entering your partner and make sure it stays on during the entire time of penetration.

-After ejaculating, hold the rim of the condom and pull the penis out before it gets soft.

-Avoid spilling any semen in your partner and dispose of the condom properly in a trash or pit latrine.

-After removing the condom, genital contact should still be avoided.

-Use a new condom for each act of intercourse. A condom should never be washed and reused as it will weaken the latex.

-Try to avoid keeping condoms in your pocket.

CLOSURE: Condoms must be used consistently and correctly in order for them to be effective at preventing pregnancy and HIV/STI transmission. And remember no condoms, no sex. You and your partner should engage in other safe activities instead.

Activity 17: Condom Relay Race

Adapted from United Nations Group on Young People's Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 30 mins

LEARNING OBJECTIVES:

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

1. Practice the proper way to use a condom by feeling and touching a condom in a non-threatening atmosphere.

PREPARATION/MATERIALS NEEDED: Prepared flip chart with the correct steps for condom use written on it, Two bananas/Penis demonstration models, Condoms for each participant, Markers.

PROCEDURE:

1. Grab a banana/penis model and ask the students "Who knows how to correctly use a condom?"

2. Describe the correct steps of condom use, referring to the flip chart.

-Check the expiry date printed on the package.

-Open the package carefully so that the condom does not tear. Do not unroll the condom before putting it on.

-Squeeze the tip of the condom, so that you leave a centimeter of empty space at the top for semen.

-Still holding the tip, unroll the condom until it covers the entire erect penis.

-After ejaculation, pull the penis out before erection is lost, holding the rim of the condom to prevent spilling.

-Dispose the condom in a safe space.

3. Divide the students into two teams. If you have equal numbers of male and female participants, consider making single-sex teams. Have two volunteers holding the two penis models.

4. Tell the teams that each member will demonstrate correct condom use. Each student on the team should open the condom package, put the condom on the model and remove it. After one member finishes, it is the turn of the next person on the team. The winner is the first team in which everyone has completed the task.

CLOSURE: Emphasize that with a little practice, putting on a condom correctly can be done very quickly.

Activity 18: STI Challenge

Adapted from United Nations Group on Young People's Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: HIV Prevention

TIME: 20-40 min

LEARNING OBJECTIVES:

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

1. Recognize the symptoms of various STIs.
2. Understand appropriate prevention methods for various STIs.

PREPARATION/MATERIALS NEEDED: Flipchart, Markers, STI challenge sheet

PROCEDURE:

1. Divide the students into two, three, or more teams and tell each group to select a name and speaker for their team.
2. Explain that all team members can work together to come up with an answer, but only one person will be allowed to say the answer out loud.
3. Explain that you will be asking the teams true or false questions. If the first team does not know or does not give the correct answer, the next team will get a chance to answer it. Each team will have about 3 minutes to come up with the answer. The team with more points at the end wins the challenge.
4. Begin asking the questions. After each correct answer, ask the students to explain why it is correct. Address the incorrect answers, especially if they are common misconceptions.

STI CHALLENGE SHEET

1. Condoms are the most effective protection against the spread of sexually transmitted infections (STIs).

FALSE- Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best prevention method, but only complete sexual abstinence is 100 percent effective.

2. Biologically, both men and women have an equal risk for acquiring an STI from a sexual partner.

FALSE- Women are more vulnerable to STIs than men are because the area of the mucous membranes is both larger and more sensitive in women. Small tears are common in the vagina.

3. Women who take the birth control pill are protected from pregnancy and STIs.

FALSE- Fluid exchange puts you at risk of contracting STIs. The pill is not a barrier that protects fluids from being exchanged. When taken consistently, the pill is an effective hormonal method for preventing pregnancy.

A close-up, slightly blurred photograph of a young woman with dark skin and curly hair, looking directly at the camera with a neutral expression. She is wearing a striped shirt. The background is out of focus, showing other people in a group setting.

4. Using two condoms at once (double bagging) provides more protection against STIs.

FALSE- Condoms are made to be used alone-friction between two condoms can cause breakage. Do not combine a male condom with a female condom.

5. Condoms are not always effective in preventing HPV (Human Papilloma Virus which causes genital warts).

TRUE-Intercourse is not necessary to transmit HPV. HPV can also be transmitted by touching (hand to genital or genital to genital) an infected person's lesions. Genital warts can be found on other parts of the genitals (testicles), which are not covered/protected by a condom. Genital warts are transmitted during an outbreak. However, you may not be aware that you are having an outbreak, since warts are not always visible to the naked eye.

6. Someone infected with chlamydia usually has noticeable symptoms.

FALSE-Most people infected with chlamydia show no symptoms (the same is true for gonorrhea). If left untreated with antibiotics, chlamydia/gonorrhea can cause infertility, pelvic inflammatory disease in women, and prostatitis in men. In women, symptoms include pain/dull ache in cervix, heavy feeling in pelvic area, pain when urinating or during intercourse, heavier menstrual flow, heavy cervical discharge. In men, symptoms include discharge from urethra and pain when urinating.

7. A person with herpes can infect a partner even if they don't have any visible lesions.

TRUE- Transmission is possible in the absence of lesions. The contagious time is at the beginning of the outbreak, during shedding, when the infected person feels pain and/or a tingling/burning/itchy sensation. The least contagious period is when the infection is dormant and there are no visible lesions.

8. Only women can be tested for STIs.

FALSE- Both men and women can be tested for most bacterial and viral STIs. The tests differ for men and women, depending on a person's sexual history with regard to behaviors (oral, cervical, urethral, and anal cell cultures). There are three types of STI tests: blood tests (HIV); cell cultures (chlamydia, gonorrhea); visual inspections (HPV, herpes).

9. A woman can sexually transmit a yeast infection to her partner.

TRUE- Symptoms of a yeast infection: thick, white vaginal discharge, yeasty odor, severe itching, and inflammation. If one partner is not treated, the infection can be passed back and forth.

CLOSURE: Ask students if they have any questions now that the game is over or if they are confused about any of the questions or answers. If so, deal with them immediately.

Activity 19: Am I Ready for Sex?

Adapted from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 60 mins

LEARNING OBJECTIVES:

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

1. Understand the reasons that youth engage in sex.
2. Understand the consequences of having sex.

PREPARATION/MATERIALS NEEDED: None Needed

PROCEDURE:

1. Ask two students—a male and a female—if they would be willing to role-play a couple trying to decide whether to engage in sex. If no students are willing to do this, then do the role play with a co-facilitator.
2. The role playing couple should leave the group to prepare for their roles. Things they will need to discuss include the names of their characters, how long they have known each other, how they met, where they met, how they feel about each other, and why they are thinking about having sex.
3. While this couple is preparing for their role-play, the rest of the group should get into single sex pairs and imagine that they are a young person thinking about having sex with someone. What questions would help them make a good decision? For example, “Why do I want to have sex with this person?” What questions will help them consider the consequences of their decision? For example, “What will you do if the girl gets pregnant?” Each pair should write down their questions so that they can ask the role-playing pair when they rejoin the group.
4. Remind the students about how to ask good questions. Take care that you ask open questions that do not tell the couple the answers you want to hear. For example, don’t ask “Don’t you think that it is wrong to have sex before marriage?” Instead ask “What do you think about having sex before marriage?” Ask follow up questions.
5. Invite the role-playing couple back into the group. Remind them that they are at an important decision point and that they should consider all of the possible consequences of their decision. CLAP twice and tell them that their class members are going to help them make the decision on whether or not to have sex by asking them some questions. Their fellow students will be helping them make a “thinking” decision and not just a “feeling” one.
6. Ask the couple to introduce themselves, giving only their names. They should stay in their roles while the group ask them questions.
7. Tell the students to ask questions of both the boy and girl since they should be making this decision together.
8. When the group has finished asking questions, add any of the following questions that have not yet been asked:
 - Why are you thinking of having sex with this person?
 - If you are thinking of having sex as a way of showing your love, have you thought of all the other ways that you can show love besides sex?

-Have you talked with this person about having sex?

-Are you feeling pressured by the other person to have sex?

-Are you sober or are you high from drinking alcohol? If you are high, would you still want to have sex if you were sober?

-Will you stay together as boyfriend and girlfriend or marry?

-If you don't want to have a child, what will you do to avoid pregnancy?

-How would your life change if you had to bring up a child at this time? Will you be able to continue your education?

-What will you do to protect yourself from HIV/STIs? How safe will you be?

9. When the couple has answered all of the questions, they go away for 5 minutes and discuss:

-Given all they have heard, will their characters decide to have sex or not?

-What are the good and bad consequences about this decision?

-What questions influenced their decision the most?

10. While the couple is away, the class discusses the same questions and votes on whether the couple should have sex or not.

11. The couple returns and gives their decision and the reasons for it. The group tells them how they voted.

CLOSURE: Ask the following questions:

-What were the most persuasive reasons you heard for having/not having sex?

-Do you think most young people stop and ask themselves these kinds of questions before having sex?

-How will this discussion influence your decision making?

Thank the role-play couple for their performance!

Activity 20: Responding to Persuasion

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-old on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

ACTIVITY CODE: HIV Prevention, Life Skills

TIME: 60 mins

LEARNING OBJECTIVES:

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

1. Learn and practice ways to respond to sexual persuasion from partners, friends, and family members.

PREPARATION/MATERIALS NEEDED: Prepared flip chart with *Responding to Persuasion*, Flip Charts, Markers, Slips of paper

PROCEDURE:

1. Ask the students “What are the ways that people try to persuade you?”. Note responses on a flip chart and then group them into the following categories:

- Getting you off topic (You know I love you.)
- Putting you down (You’re just being silly.)
- Understating the problem (You can’t get HIV if you have sex just one time.)
- Reasons (But we’re getting married anyway!)
- Threaten (If you don’t, I will find someone else who will.)

2. Discuss with students the different ways to respond to such persuasion:

RESPONDING TO PERSUASION

Responding to Persuasion	
Refuse	Say no clearly and firmly, and if necessary, leave: -No, No, I really mean no. -No, thank you. -No, no—I am leaving.
Delay	Put off a decision until you can think about it. -I am not ready yet. -Maybe we can talk later. -Let’s go for a walk. -I’d like to talk to a friend first.
Bargain	Try to make a decision that both people can accept. -Let’s do ____ instead. -I won’t do that, but maybe we could do.... -What would make us both happy?

3. Select three judges from the students. Divide the rest of the students into groups of 3-4 people and have each group come up with a team name. Write the name of each team on the flip chart for score keeping.

4. Explain how the game works:

- I have collected a list of different “pressure lines” that a person might try to use to get his or her partner to have sex.
- I will read one of the pressure lines out loud. Each team has two minutes to come up with the best response to that line. (What would you say if someone used this line on you?)
- The team should agree on the best response and write the idea on the small slip of paper.

-Collect slips of paper and read them out loud to the whole group.

-Each judge will vote for the team they think has the best response. One point will be awarded for each judge's vote.

-Ask each group which of the three approaches the response follows: Refuse, Delay, Bargain. Let the students know that different situations require different responses.

-The team with the most points at the end of the game wins!

PRESSURE LINES

-Why not, everybody is doing it.

-I know you want to—you're just afraid.

-Don't you trust me? Do you think I have HIV?

-Girls need to have sex. If not, they develop rashes.

-We had sex once before, so what's the problem now?

-I love you so much.

-No one will know about it, it's just you and me.

-But I have to have it!

-If you don't want to have sex with me, I won't see you anymore.

-Practice makes perfect.

-You can't get HIV if you only have sex one time.

-Nothing will happen, it's all right.

-If you really loved me you would do it.

-You don't think I have a disease do you?

-But I love you. Don't you love me?

-Nothing will go wrong. Don't worry.

-Aren't you curious?

5. Ask the following discussion questions:

-Did you find it easy to come up with the responses?

-Will you be able to give such responses in a real life situation? If so, how?

-Why do people find it difficult to respond to peer pressure?

-How can we encourage others to be assertive?

CLOSURE: In life, you may encounter situations where friends or partners may pressure you to do something you do not want to do. Be assertive in your response and act accordingly for the situation.



Module 3: Gender

Activity 1: Act Like a Man

Taken from Safe Schools Program. 2009. *Student Training Manual: On School-Related Gender-Based Violence Prevention and Response*. Supported by United States Agency for International Development Office of Women in Development.

ACTIVITY CODE: Gender Norms

TIME: 60 mins

LEARNING OBJECTIVES:

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

1. Understand the difference between sex and gender.
2. Identify some key sexual characteristics.
3. Identify some characteristics related to gender roles.
4. Understand that gender expectations impose limitations on everyone's lives.

MATERIALS: Flip charts, markers, tape, maybe two boxes.

PROCEDURE:

1. Pair boys with boys, and girls with girls. Ask the students to complete the following sentences.

-I'm happy to be a boy because
-I'm happy to be a girl because
-I wish I were a girl because
-I wish I were a boy because

2. Ask volunteers to share.
3. Write answers on a flipchart and ask students which of the roles can be changed. All those that can be changed go under one column.
4. Then ask which of the roles cannot be changed. All those that cannot be changed go under one column.
5. Explain that the roles that can be changed go under the term *gender*. Write 'gender' above the column with the terms that can be changed.
6. Explain that the roles that cannot be changed go under the term *sex*. Write 'sex' above the column with the terms that cannot be changed.
7. Explain that some of these examples refer to **gender roles**. With the examples, we can begin to see how society creates very different rules for how men and women are supposed to behave. These rules

are called gender norms because they define what is normal for men and women to think, feel, and act. **Sex** refers to the biological differences between males and females.

8. Divide the students into two groups. The first group presents what happens if a son is born, how he is treated at the age of 12 by the family/community, and what responsibilities and behaviors are expected from him at the time of marriage.

9. The second group presents what happens if a daughter is born, how she is treated at home/community when she is 12, and what responsibilities and behaviors are expected of her when she gets married.

10. Draw a picture of a boy on a flipchart. Ask the students to name the boy. Write the answers presented by the first group on the flipchart paper around the drawing. Ask the following questions.

-What messages does your community send to this boy when he is told to act like a man?

-What is he expected to do?

-How is the boy encouraged to act?

11. Now draw a picture of a girl on a flipchart. Name the girl. Write the answers presented by the second group on the flipchart paper around the drawing. Repeat the same questions.

10. Draw a box around the messages, drawings and answers. Explain that this is **gender box**. This is how we expect people to act, depending on society's idea of what is considered masculine or feminine behavior.

11. On the outside of the box, write the answers to the following question: What is the child discouraged from being or doing?

12. Ask the following discussion questions:

-Is it possible to change our attitudes concerning gender? If so, which behaviors do we plan to change after this session?

-What if a boy or girl acts out in a way that is outside of the gender box? What happens to them? How are they treated by their family, peers, and the community?

-What are some things girls are told they cannot do? Can a girl be a mechanic? What are some things boys are told they cannot do? Can a boy be a nurse?

-How can these expectations influence your goals and dreams? How can you handle these expectations and still achieve your goals?

-How does living in the box impact a woman's health and the health of others, including in relation to HIV/AIDS?

-How does living inside the box limit women's lives and the lives of those around them?

-How can living outside the box help women/men positively address HIV/AIDS?

CLOSURE: As we become more aware of how some gender stereotypes can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles in our lives and communities. Therefore, we are all free to create our own gender boxes and how we choose to live our lives as men and women.

Activity 2: Work and Gender

Taken from United Nations Group on Young People's Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: Gender Norms

TIME: 30 min

LEARNING OBJECTIVES:

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

1. Understand that gender roles and expectations impose limitations on everyone's dreams/goals.

MATERIALS: Box, Flip chart with controversial jobs listed, markers

PROCEDURE:

1. Explain that we are going to be playing a game about work and jobs that students might possibly have in the future.
2. Put pieces of paper with jobs written on them in the box.

Sample Jobs:

- Mechanic
- Construction Worker
- Truck Driver
- Business Person
- Police Officer
- Football Player
- Parliamentarian
- Okada Man
- Teacher
- Secretary
- Nurse
- Social Worker
- Housekeeper
- Farmer

3. Pick a student to remove a paper from the box. Ask the student if a woman can do that type of work. After the student answers, ask the group to agree or disagree and record the number on both sides.
4. Call on different students to give the reasons for their answers.
5. Repeat steps 3 and 4 until all of the paper is gone and the box is empty.

6. Ask the following discussion questions:

- Do you think the reasons that a woman/man cannot do these various occupations are because of the person's sex or because of society?
- What situations prevent men and women from doing certain kinds of work? Why? Can these circumstances be changed?
- What kind of work has more 'yes' responses? What do they have in common?
- What kind of work do the 'no' responses have in common?
- Who do you think makes more money, women or men?
- What are some examples of occupations women are doing today that they did not do in the past? (Use this to show how gender roles change with time)

7. Show pictures of women who are currently doing jobs that are considered "man's" jobs. Make sure to say their names and titles.

Sample Pictures:



Left: Judith Neng Chia from Njinikom, First Okada Woman in Cameroon. Right: Ellen Johnson Sirleaf, President of Liberia and First Female President in Africa.



Left: Solange Besong, One of the Firsts Female Taxi Drivers in Bamenda, Cameroon. Right: Coumba Mboup, Owner of Female AutoBody Shop in Dakar, Senegal.

CLOSURE: In some cultural contexts, girls are expected to perform household chores in addition to their school work, which often places heavier burden on them. Boys are allowed to play or are excused from housework because it is “girl’s work”. This can have a detrimental effect on girls and their educational outcomes. Girls and boys can instead work together and help each other. But change begins slowly and with small steps. You should not feel constrained by gender norms but realize that you have the power to change them even if it is on a small scale. Attaching fixed roles to girls and boys can limit your opportunities to achieve what you want in life. Strive for whatever you can imagine.

Activity 3: Media Images Analysis

Taken from United Nations Group on Young People’s Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: Gender Norms

TIME: 25 min

LEARNING OBJECTIVES:

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

1. Understand that there is evidence of gender expectations in schools, in homes, and in the media.

MATERIALS: Pictures, Flip charts

PROCEDURE:

1. Divide the participants into groups and give each group 2 images to analyze.

Sample Images:



These images are placed together because they show how men are portrayed as strong and dominant while the women are portrayed as soft and motherly.



These images are placed together because they show both men and women as strong individuals who are capable of achieving many things at the same time. However, these messages are portrayed differently between the two pictures.



These images are placed together because although they both are advertising fashion and clothing, the image of the man portrays him as a professional while the image of the woman portrays her as an object of sexual desire.

2. Explain that stereotypes are beliefs or assumptions that seem so natural many of us do not question them. Even if we don't hold these beliefs, we hear or see them expressed over and over, for example, in the media. We need to understand how stereotypes can affect our attitudes and behavior.

3. Ask the participants to look at the images in their groups and answer the following questions for each image in turn:

- What is the main message the image gives about men or women?
- Does the image show women or men in a good or bad way?
- Does the image reinforce or challenge gender-based stereotypes?
- Would you like yourself or your mother or your father or your brother or your sister to be shown this way in public? Why or why not?

CLOSURE: Point out that both adolescents and adults continue to learn about gender roles through the media and that these roles are important in determining our sexual and reproductive behavior as well as the consequences of that behavior.

Activity 4: Looking At Our Attitudes

Taken from United Nations Group on Young People's Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: Gender Norms

TIME: 45 min

LEARNING OBJECTIVES:

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

1. Explore common thoughts and conceptions about gender norms, gender roles, and gender expectations.

MATERIALS: “Strongly Agree”, “Strongly Disagree”, “Agree”, and “Disagree” Cards

PROCEDURE:

1. Start by saying this activity is designed to give a general understanding of the students’ values and attitudes about gender. Remind the participants that everyone has a right to his or her own opinion, and everyone’s opinions should be respected.
2. Read the following statements and ask the participants to stand near the sign that says what they think about the statement. Ask a couple of participants to explain why they are standing there and why they feel this way about the statement. After, ask if anyone would like to change their minds and move to different signs.

Sample Statements:

- It is easier to be a man than a woman.
- When a woman is pregnant, preventing HIV from passing from her to her child is her responsibility since she carries the child.
- A man is more of a man if he has many sexual partners.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of a relationship, if his partner does not know about it.
- A woman who carries a condom in her purse is a whore.
- Men are more intelligent than women.
- Women who wear revealing clothing are asking to be raped.
- Homosexuality is natural and normal.
- Those infected with HIV have only themselves to blame.

3. Play devil’s advocate by walking to the side opposite to that that is most popular and ask why would someone be standing on this side of the room? What values would that person have that would put them here?

4. Ask the following discussion questions:

1. How do you think peoples’ attitudes about the statements might affect the way they deal with men and women in their lives?
2. How do you think people’s attitudes about the statements help or do not help to reduce the spread of HIV/AIDS?

CLOSURE: It is important to respect other people’s attitudes about gender, but to also challenge them if their attitudes and values can be harmful to them and to others.

Activity 5: What is Gender Equality/Equity?

ACTIVITY CODE: Gender Norms

TIME: 10 min

LEARNING OBJECTIVES:

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

1. Define Gender Equality.
2. Define Gender Equity.
3. Understand that Gender Equity and Gender Equality are two different goals.

MATERIALS: None Needed.

PROCEDURE:

1. Ask students if they have heard of gender equality and ask them what they think it means.
2. Give the following definitions for Gender Equality. Expand on the definitions using examples.

Gender Equality: Men and women enjoy the same status. They share the same opportunities for realizing human rights and potential to contribute and benefit from all spheres of society (economic, political, social, cultural).

Gender Equality: The same (equal) resources and the same (equal) opportunities are open and available equally to men and women.

3. Ask students if they have heard of gender equity and ask them what they think it means.
4. Give the following definitions for Gender Equity. Expand using examples.

Gender Equity: Process of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses may be gender equitable because it leads to ensuring equality rights among men and women.

Gender Equity:

Leveling the playing field and being fair to both men and women. This means acknowledging and understanding the differing circumstances between men and women and ensuring that ultimately both reach the same standing.

5. Ask the following discussion questions:

- Why should men work towards achieving gender equality?
- How can gender equity contribute to preventing HIV?

Activity 6: Debate

ACTIVITY CODE: Gender Norms, Legal Protection, Income and Productive Resources, Education

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Understand how gender expectations is linked to gender based violence and elevated HIV prevalence in girls/women.
2. Understand how gender expectations lead to gaps/disparities in education between boys and girls.
3. Understand how gender expectations lead to women's limited access to property rights in Cameroon.
4. Understand how gender expectations lead to lower income earnings for women.
5. Understand that education of girls/women leads to development of the family and development of Cameroon.

MATERIALS: Paper slips with debate questions written on them.

PROCEDURE:

1. Divide the students into four groups, with each group handling a single question.
2. Explain that each group will be given a question that they have to analyze and prepare a presentation for. Each group will have 7 min to present their ideas in front of the class. Explain that each presentation will be judged based on organization, eloquence, clarity, completeness, creativity, and time management.

3. Say the following blurb:

According to nationwide statistics published by the Ministry of Women's Empowerment and the Family, for children between the ages of 6 and 14, only 80 percent of girls attend school compared to 94 percent of boys. Disparity between boys and girls varies from urban areas to the rural hinterlands, and especially in predominantly Muslim and polygamy-friendly communities. In the Far North, for example, more than 98 percent of boys are enrolled in school compared to only 69 percent of girls. Source: Voice of Africa.

4. Distribute the debate questions.

Debate Questions:

- How does this disparity in education lend to gender based violence and HIV prevalence?
- How would allowing women to be educated help the development of Bamenda? Of Cameroon?
 - What are the short term/long term impacts?
- How would allowing women to be educated help the family?
 - What jobs are appropriate for women to hold?
 - Should there be any difference between men and women in the types of jobs they can hold?
 - Should there be any difference in the amount that men and women get paid for doing the same job?
- Women in Cameroon dedicate much time and energy farming land that they do not have rights to. How do such limited legal rights for the female population relate to an elevated HIV prevalence in women?

5. Summarize the major points brought up in the presentations.

CLOSURE: Educating the woman is educating the nation. Since women spend more time with children, they would be better able to educate these young ones if they themselves are educated. If young girls are not allowed to attend school, they are more likely to get married early, and are therefore more likely to get married to an older man. This itself exposes these uneducated young girls to HIV and other sexually transmitted diseases. Keeping women away from the basic human right to own property limits their options when their husbands die and often forces them to resort to risky means of earning income. These women sometimes resort to prostitution in their desperate situations which leaves them more open and vulnerable to HIV and other STIs.



Module 4: Life Skills for Preventing and Responding to Gender Based Violence

Activity 1: Persons and Things

Taken from Engender Health, Instituto Promundo, ACQUIRE. 2008. *Engaging Men and Boys in Gender Norm Transformation*. Mozambique.

ACTIVITY CODE: Gender Based Violence

TIME: 45 min

LEARNING OBJECTIVES:

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

1. To understand the different roles people play in situations involving gender based violence.

PROCEDURE:

1. Ask for 6 volunteers and then divide them into two groups. Choose at random two people to be things, two to be persons, and two to be observers. Read the following directions:

THINGS: You cannot think, feel, or make decisions. You have to do what the persons tell you to do. If you want to move or do something, you have to ask the person for permission.


PERSONS: You can think, feel, and make decisions. You can tell the objects what to do.

OBSERVERS: You just observe everything that happens in silence.

2. Assign each person a thing and tell them that they can do what they want with them. After 5 minutes, tell the persons and things that they will switch and that now the persons will be things and vice versa.

3. Ask the following questions:

- How did your persons treat you? Did you feel powerless?
- How did you treat your things? How did it feel to treat someone this way?
- In your daily lives, do you treat others like things? Who? Why?
- In your daily lives, do others treat you like things? Who? Why?
- For the observers, how did it feel not doing anything? Did you feel like interfering with what was happening? If yes, what do you think you could have done?
- In our daily lives, are we observers of situations in which some people treat others like things? Do we interfere? Why or why not?
- If you had been given a chance to choose between the three groups, which would you have chosen to be in and why?
- What are the consequences of a relationship where one person might treat another like a thing?
- How would being treated like a thing impact a person's vulnerability to HIV?
- In your communities, do men most often belong to one of these 3 groups? Which? Do women most often belong to one of these 3 groups? Which? Why do you think this is?
- How does society/culture perpetuate or support these kinds of relationships?



CLOSURE: The unequal power balances between men and women in intimate relationships can have serious repercussions for the risk of STIs, HIV/AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters. In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like an object.

Activity 2: What is Consent?

Taken from Engender Health, Instituto Promundo, ACQUIRE. 2008. *Engaging Men and Boys in Gender Norm Transformation*. Mozambique.

ACTIVITY CODE: Gender Based Violence

TIME: 10-15 min

LEARNING OBJECTIVES:

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

1. Understand what qualifies as consent when sex is concerned.

MATERIALS: None Needed

PROCEDURE:

1. Have everyone stand in front of their chairs. Introduce the activity by saying “To start this exercise, you all need to stand in front of your chairs. I’m going to read out some statements and ask one question after each statement. If your answer to the question is ‘yes’, you have to sit down on your chair. As long as you can reply ‘no’, you remain standing. Once you have sat own, you remain seated.”

2. Read the following statements and after each statement ask the question: Did she give consent?

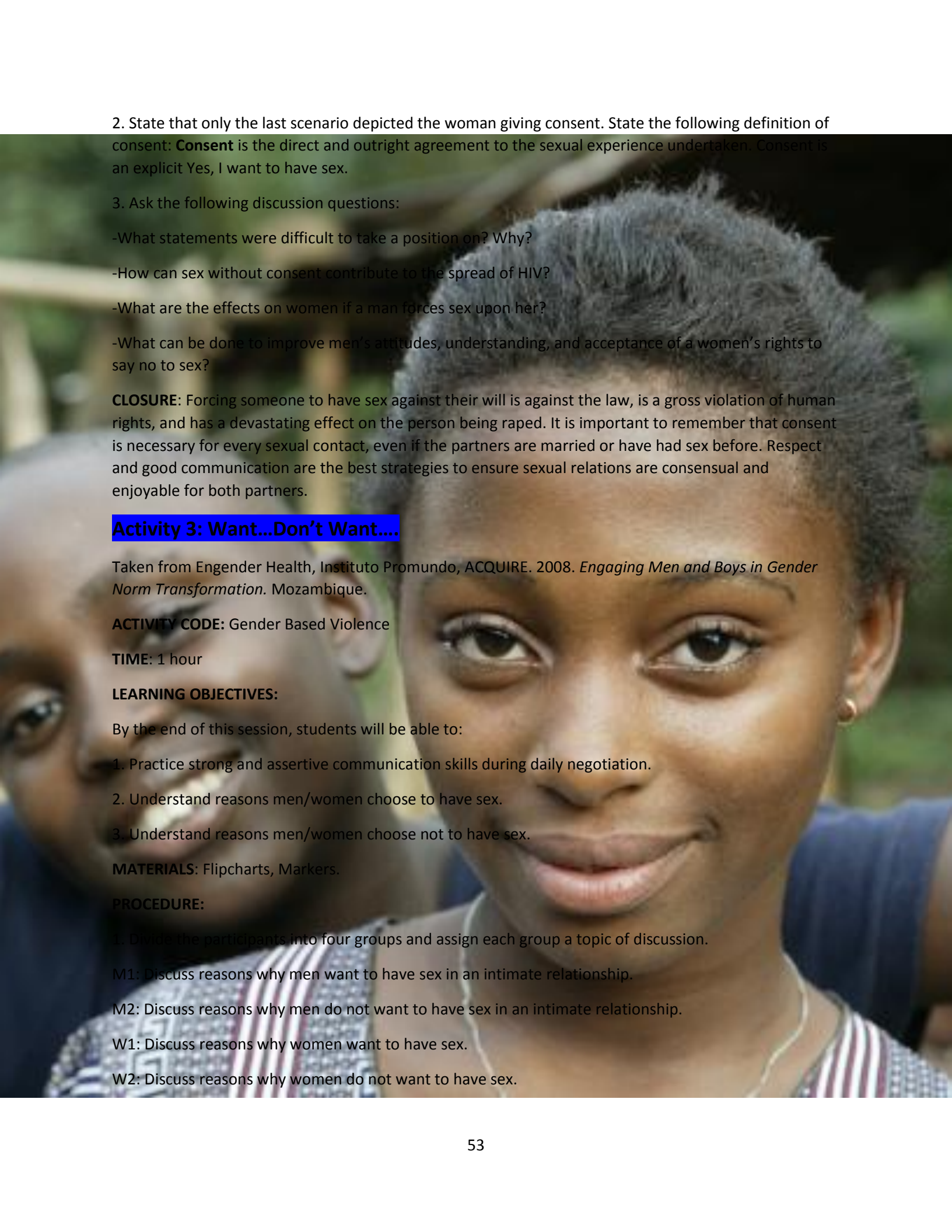
-A woman does not want to have sex. Her partner threatens to beat her if she does not sleep with him. She does not say anything as her partner has sex with her. (*No consent*)

-A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man inserts his penis inside her vagina and she asks him to stop. He doesn’t. (*No consent*)

-A man has married a woman after paying bride price. They have had sex regularly, but the woman tells her husband that she does not want to have sex on this occasion. They have sex anyway. (*No consent*)

-A young woman gets drunk at a party. She is flirting with and kissing a young man. After dancing with him, she passes out in a bedroom and the young man has sex with her while she is sleeping. (*No consent*)

-A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man asks if it is ok if he inserts his penis inside her vagina and she says it is ok. They continue and have intercourse. (*Consent*)



2. State that only the last scenario depicted the woman giving consent. State the following definition of consent: **Consent** is the direct and outright agreement to the sexual experience undertaken. Consent is an explicit Yes, I want to have sex.

3. Ask the following discussion questions:

- What statements were difficult to take a position on? Why?
- How can sex without consent contribute to the spread of HIV?
- What are the effects on women if a man forces sex upon her?
- What can be done to improve men's attitudes, understanding, and acceptance of a women's rights to say no to sex?

CLOSURE: Forcing someone to have sex against their will is against the law, is a gross violation of human rights, and has a devastating effect on the person being raped. It is important to remember that consent is necessary for every sexual contact, even if the partners are married or have had sex before. Respect and good communication are the best strategies to ensure sexual relations are consensual and enjoyable for both partners.

Activity 3: Want...Don't Want....

Taken from Engender Health, Instituto Promundo, ACQUIRE. 2008. *Engaging Men and Boys in Gender Norm Transformation*. Mozambique.

ACTIVITY CODE: Gender Based Violence

TIME: 1 hour

LEARNING OBJECTIVES:

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

1. Practice strong and assertive communication skills during daily negotiation.
2. Understand reasons men/women choose to have sex.
3. Understand reasons men/women choose not to have sex.

MATERIALS: Flipcharts, Markers.

PROCEDURE:

1. Divide the participants into four groups and assign each group a topic of discussion.

M1: Discuss reasons why men want to have sex in an intimate relationship.

M2: Discuss reasons why men do not want to have sex in an intimate relationship.

W1: Discuss reasons why women want to have sex.

W2: Discuss reasons why women do not want to have sex.

2. Explain that volunteers from each group will be paired together to negotiate abstinence and sex. Allow the groups 5 minutes to prepare.

3. Group M1 negotiates with W2.

4. Group M2 negotiates with W1.

5. Ask the participants what they learned from the exercise and write the most important points on a flip chart.

Sample Reasons why men/boys and women/girls do not want to have sex: (Taken from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland.)

-We can wait to have sex in a loving relationship with someone we trust.

-If we wait until we are ready, our first sex will likely be better because we will be prepared and can enjoy it in a good way.

-We will be in less danger of being badly treated or used.

-We will be less likely to regret having had sex with someone who does not love us.

-Saying no to sex is the only 100% safe way of protecting ourselves from pregnancy and STIs, including HIV. Condoms are around 90% safe if correctly used every time you have sex. They can sometimes break and no contraceptive is 100% safe. If we say no to sex, we will not have any worries about these problems.

-If we value sex as something to be done only in marriage, we will feel happy with ourselves for keeping our values.

-If our friends and parents value sex as something to only do in marriage, they will think that we are good people.

-If we say no, we will have more time and education, studies or skills training.

Example Reasons why men/boys and women/girls do want to have sex: (Taken from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland.)

-We will miss the enjoyment of sex.

-We may feel sad and left out if all of our friends are having sex and we are not.

-We may feel afraid that our boy or girlfriend will leave us if we say no to sex.

-We do not want to hurt our boy or girlfriend's feelings.

-Our peers may insult us.

-Young men may see girls who refuse sex as a challenge and force them to have sex.

-We may feel that we are not grown up if we do not have sex.

6. Ask the following discussion questions:

- How are the negotiations done in the groups similar to what happens in real life?
- What positive communication strategies were used?
- What negative communication strategies were used?
- What happens if the negotiation occurs in the heat of the moment? Does it become easier or more difficult?
- How does a man react if a woman takes the initiative in asking for sex?
- Can men ever say no to sex? Why or why not?
- Can women ever say no to sex? Why or why not?
- How can men and women deal with pressure from peers and partners to have sex?
- If the couple decides to have sex, what should they discuss before they have sex?

CLOSURE: People make decisions about sexual activity throughout their lives. In the case of women, fear of losing their partner, societal expectations, or low self-esteem might lead them to agree to sex. Among men, the decision to have sex might come from peer or social pressure to prove their manhood. But all individuals have a right to make their own decisions about sex and decide if and when they want to become sexually active with their partner.

Activity 4: Saying NO

Taken from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland.

ACTIVITY CODE: Gender Based Violence

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Practice strong and assertive communication skills.
2. Understand the difference between aggressive, passive, and assertive ways of communication.

MATERIALS: None Needed

PROCEDURE:

1. Read the following scenario to the students: Blessing is standing in line to receive a snack that a local NGO gives out to all the children in her school. She has been waiting patiently for almost 30 minutes and is very hungry. Just as she is given her snack, an older girl walks in front of her and snatches it away. Blessing becomes very angry. What should she do?
2. Tell the students to join one of the following groups based on what they think Blessing should do:
Group 1: Blessing should not do anything.
Group 2: Blessing should express her feelings directly to the girl, even if she is angry.

Group 3: Blessing should speak up calmly and tell the girl to give her snack back to her.

Group 4: Blessing should go and ask for help from another teacher or adult.

3. Ask students to share their answers to the following questions within their groups:

- How will Blessing feel after responding the way you described?
- How will the girl react if Blessing responds this way?
- What is the worst thing that can happen if Blessing responds in the way you described?
- What is the best thing that can happen if Blessing responds in the way you described?
- When should you get help in a situation?

4. As a group, review Blessing's choices again. Explain the following.

Group 1: This is a passive response. Communicating passively means not expressing needs or feelings, or expressing them so weakly that they will not even be heard or addressed. Remaining silent is often not the best option. If Blessing behaves passively by just standing there and not saying anything, she will probably feel angry with the young lady and with herself for not saying anything.

We behave in a weak or passive way when we:

- Take no action to stand up for ourselves.
- Give in to what others want.
- Remain silent when we disagree or feel unhappy about something.
- Put up with anything.
- Say sorry a lot.
- Hide our feelings.
- Do not start something new in case we fail.
- Allow others to make all of the decisions.
- Follow the crowd and give in to peer pressure.

Group 2: This is an aggressive response. Communicating aggressively means responding in a threatening or offensive manner. An aggressive response may have a negative outcome. If Blessing insults or threatens the girl, she may feel strong for a moment, but the girl and her friends may also respond aggressively and physically attack Blessing.

We show fighting or aggressive behavior when we:

- Taken action with no thought for the other person.
- Say we will do something bad to a person to get what we want.
- Put ourselves first even though others lose.
- Make demands without listening to other's ideas and needs.
- Become angry quickly when others disagree with us.
- Shout, push, or force people.
- Make people look small so that we look big.

Group 3: This is an assertive response. Communicating assertively means making a request in an honest and respectful way that does not offend the other person. An assertive response is often the best way to communicate. If Blessing tells the girl that she needs to get her own snack, she is not insulting her but merely stating the facts of the situation. The other people in the line will probably support her. Assertiveness is Blessing's best chance of getting her food back.

We behave in an assertive way when we:

- Stand up for ourselves without putting others down.
- Respect ourselves and the other person.
- Say our thoughts and feelings clearly and honestly; say I think and I feel.
- Stick to our values and our principles.
- Match our words to our body language.
- Act confident but respectful.
- Say no without feeling bad.
- Disagree without getting angry.

Group 4: This is an assertive response. Depending on the situation, getting help may be the best option if one's personal safety is at risk.

5. Ask the group if there is a time that passive communication is the better choice. Point out that being assertive is the best response in most situations, but students should always keep their safety in mind. Remind students that due to the way society expects girls to act, it is often more difficult for them to be assertive, since they are taught to be passive and accepting of what happens to them.

6. Ask the students to think of a situation, which occurred when they were young, in which someone of the same age asked them to do something they did not want to do.

Sample Examples:

- A friend asks you to cheat on an exam. The friend has never cheated, but the friendship is a very good one. Besides, the child is pestering again and again to pass answers.
- A friend asks you to skip school/take a day off from school.
- A husband comes home drunk. He has not given any money to his wife, and the two children are hungry. When he returns home, he begins to abuse his wife and insists on having sex (for children 15 year and above).
- A group of boys have collected for fun time at a small restaurant. They force a friend to have a drink assuring him that it is safe and anyway everyone is drinking. The friend does not want to drink.
- A gang of street children has not eaten the whole day, and the gang leader asks the younger ones to go steal some food while they distract the shop-owner. One of the younger ones does not want to get into trouble, but the gang leader coaxes him a lot.

7. Ask two volunteers to act the situations out. Discuss the way the person in the role play said 'no'.

8. Ask the actors how they felt refusing what the other asked. Was it easy?

CLOSURE: It is not always easy to say no, especially to a friend. But you can learn different ways of refusing to do something you don't like or don't want to do, while remaining true to yourself and to the

things you believe in. You now have good skills for saying no to sex and to situations that you are not comfortable with. However, the arguments used by the other side can also be strong so be prepared.

Module 5: Confronting Gender Based Violence in Today's Society

Activity 1: Sexual Violence in the Daily Routine

Taken from Engender Health, Instituto Promundo, ACQUIRE. 2008. *Engaging Men and Boys in Gender Norm Transformation*. Mozambique. (To Be Used Only in Structured Peer Education Led By Qualified Teachers/Educators)

ACTIVITY CODE: Gender Based Violence

TIME: 45 min

LEARNING OBJECTIVES:

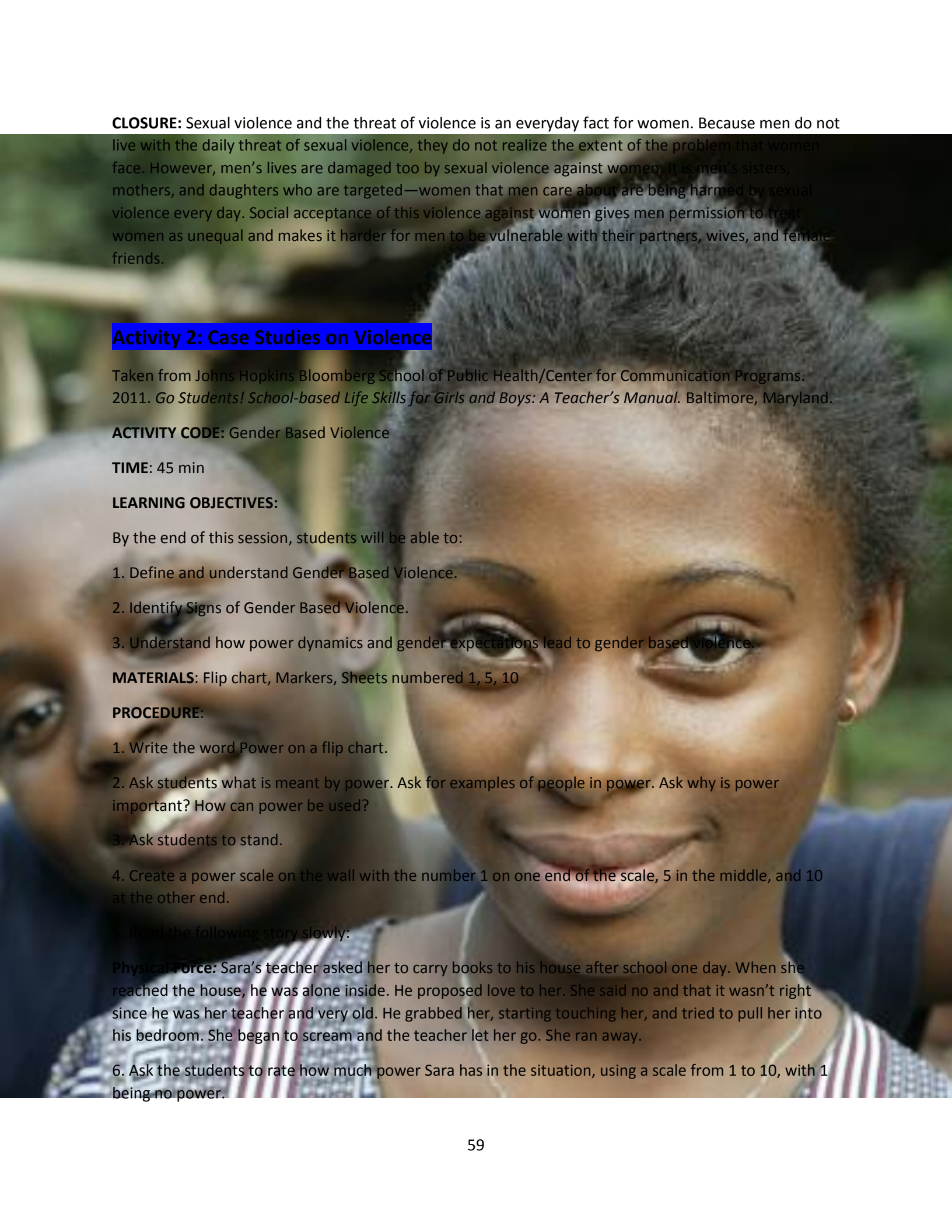
By the end of this session, students will be able to:

1. Understand that sexual violence is a threat to most young women on a daily basis.
2. Understand that sexual violence is a direct result of gender norms, gender expectations, and gender inequality.

MATERIALS: Flip Chart, Markers.

PROCEDURE:

1. Draw a line down the middle of a flip chart or chalk board. On one side, draw a picture of a man and on the other, a woman.
2. Let the participants know that you want them to reflect on a question in silence for a moment. Ask them: What do you do on a daily basis to protect yourself from sexual violence?
3. Ask the boys/men to share their answers to the question.
4. Ask the girls/women to share their responses.
5. Break the group into pairs and tell each pair to ask each other the following question: What does it feel like to see all the ways that women limit their lives because of their fear and experience of men's violence?



CLOSURE: Sexual violence and the threat of violence is an everyday fact for women. Because men do not live with the daily threat of sexual violence, they do not realize the extent of the problem that women face. However, men's lives are damaged too by sexual violence against women. It is men's sisters, mothers, and daughters who are targeted—women that men care about are being harmed by sexual violence every day. Social acceptance of this violence against women gives men permission to treat women as unequal and makes it harder for men to be vulnerable with their partners, wives, and female friends.

Activity 2: Case Studies on Violence

Taken from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland.

ACTIVITY CODE: Gender Based Violence

TIME: 45 min

LEARNING OBJECTIVES:

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

1. Define and understand Gender Based Violence.
2. Identify Signs of Gender Based Violence.
3. Understand how power dynamics and gender expectations lead to gender based violence.

MATERIALS: Flip chart, Markers, Sheets numbered 1, 5, 10

PROCEDURE:

1. Write the word Power on a flip chart.
2. Ask students what is meant by power. Ask for examples of people in power. Ask why is power important? How can power be used?
3. Ask students to stand.
4. Create a power scale on the wall with the number 1 on one end of the scale, 5 in the middle, and 10 at the other end.
5. Read the following story slowly:

Physical Force: Sara's teacher asked her to carry books to his house after school one day. When she reached the house, he was alone inside. He proposed love to her. She said no and that it wasn't right since he was her teacher and very old. He grabbed her, starting touching her, and tried to pull her into his bedroom. She began to scream and the teacher let her go. She ran away.

6. Ask the students to rate how much power Sara has in the situation, using a scale from 1 to 10, with 1 being no power.

7. Ask the students to stand on the scale representing the amount of power the teacher has in the story. Have them explain their responses.

8. Read the following story slowly:

Coercion: Ndifor's mother has a widowed friend who has always taken interest in his school work and studies. When his parents could not pay his school fees one semester, this friend offered to pay if he helped her with her garden. Ndifor agreed. At first, everything was fine but then she started to ask personal questions about his girlfriends and what he liked. At another visit, she began to touch him. When he complained, she said that if he were ever going to be a real man he would need to practice sex with a mature woman. She also promised to pay his next semester's school fees. Ndifor did not want to have sex with his mother's friend but he wanted to go to school. Now Ndifor regularly has sex with the widow but he still doesn't feel good about it.

9. Ask the students to rate how much power Ndifor has in the situation, using a scale from 1 to 10, with 1 being no power.

10. Ask the students to stand on the scale representing the amount of power the widowed friend has in the story. Have them explain their responses.

11. Ask the students what are some of the reasons that people had power in the stories?

Some examples are:

- The person with more power was bigger and stronger physically.
- The person with power was someone trusted to protect the young person like a friend, relative or teacher.
- The person with more power has money.
- The person with more power is a teacher and a person of authority.
- Men are usually more powerful than women physically, financially, and culturally. Men generally fill more powerful roles in society than women do, as local leaders, in the government, in the military, and in business.

11. Explain that you will be sharing another story. Share the following case study:

You are dancing with a group of friends at the night club. When you are about to leave, you see a couple (presumably a boyfriend and girlfriend) arguing at the entrance. He calls her a 'bitch' and asks her why she was flirting with another guy. She says, "I was not looking at him...and even if I was, aren't I with you?" He shouts at her again. Finally, she says "You don't have the right to treat me like that". He calls her worthless and tells her to get out of his face, that he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

12. Ask the following discussion questions:

- What would you do? Would you leave? Would you say something? Why or why not?
- Would it be different if it were a guy hitting another guy?

-What can you do in situations like this one? What are your options?

-What is our responsibility to prevent others from using violence?

CLOSURE: In many settings, most laws and policies use “family violence” or “domestic violence” to indicate acts of violence against women and children by an intimate partner, usually a man. However, there has been an increasing shift toward the use of “gender-based violence” or “violence against women” to encompass the broad range acts of violence that women suffer from intimate partners, family members, and other individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women.

Below is a definition of gender based violence: any act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. This violence is understood to encompass battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, forced early marriage, marital rape, rape, trafficking of women, and forced prostitution.

Activity 3: Human Rights

Taken from Safe Schools Program. 2009. *Student Training Manual: On School-Related Gender-Based Violence Prevention and Response*. Supported by United States Agency for International Development Office of Women in Development.

ACTIVITY CODE: Legal Protection

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Understand that human rights are to be enjoyed by everyone, no matter age, sex, ethnicity, or religion.
2. Identify examples of human rights.

MATERIALS: Flipcharts, Markers.

PROCEDURE:

1. Write “What are Human Rights” on a flipchart.
2. Ask students if they have ever heard of human rights. Records answers.
3. Explain that everyone has rights and that human rights are about respect for everyone. It does not matter if the person is old or young, a man or woman, a girl or boy or where he or she lives. Everyone has a right to have his or her needs met, to be safe and to have a say in what happens in his or her life.
4. Now ask for examples of human rights. Record answers on flipchart paper. The following are example rights students might list:

-Education

-Employment

-Movement

-Ownership of Property

-Government services

-Clean water

-Access to information

-Practice religion

-Live free from violence

-Health care

-Vote

-BE protected from economic or sexual exploitation

5. Tell students that there are many rights and that they fall into three basic categories:

-Rights to things they need, such as a home, food, health care, and places to stay and learn.

-Rights to keep them safe from harm.

-Rights to take part in decisions that affect their lives.

6. Divide the students into groups of three or four. Give each group one of the rights discussed to illustrate on a poster (flipchart paper). Tell the students that they are going to create informational posters that will be put up around the school to inform their peers about human rights. Remind them to include information on responsibilities too.

Key Rights to Present on Posters:

-The Right to Education

-The Right to Healthcare

-The Right to Clean Water

-The Right to Live Free from Violence

-The Right to Own Property

-The Right to be Employed

7. With the permission of your teacher, put the posters up on the school walls.

CLOSURE: Human rights are about respect for everyone. Everyone has the right to have his or her needs met, to be safe, and to take part in decisions that affect him or her. Everyone has rights as well as responsibilities. With rights come responsibilities. Students have rights, but they also have responsibilities to themselves, their peers, their parents, and other adults.

Activity 4: Sexual Violence and Youths

Taken from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2011. *Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual*. Baltimore, Maryland. (To Be Used Only in Structured Peer Education Led by Qualified Teachers/Educators.)

ACTIVITY CODE: Gender Based Violence

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Understand why some young girls have sex with older men.
2. Identify signs of gender based violence.
3. Identify ways to prevent date rape and unwanted sex.

MATERIALS: A picture of a young girl and an older man.

PROCEDURE:

1. Show the picture of a young girl and an older man.



2. Ask the following discussion questions:
 - What do you see happening in this picture?

-Does this happen in our community?

-Why does it happen?

-How does the girl benefit from the situation?

-How does the man benefit from the situation?

3. Break the students into two groups and tell them that they are going to tell two make believe stories of two girls in their school.

4. Tell the groups that their stories should be detail oriented, animated, lively, and engaging as they see their parents and grandparents tell stories.

5. Ask one group to imagine the life of a school friend, Rejoice, who is going to accept the love proposal of an older man. In making up Rejoice's story, their group should discuss the following questions:

-What is Rejoice like?

-Is she good in school?

-What are the good consequences of accepting the proposal for Rejoice?

-What might be the bad consequences for Rejoice?

-Who was in control/has the power in this situation? What choices did Rejoice have?

-How can Rejoice minimize the risks now that she has accepted the love proposal?

-How can Rejoice refuse sex or insist on condom use?

6. Tell the other group that they are going to tell the story of a school friend, Immaculate, who is going to refuse the proposal of an older man. In making up the story, the group should discuss the following questions:

-What is Immaculate like?

-Is she good in school?

-What helped Immaculate refuse the man's proposal?

-Who has the control/power in the situation? What choices did Immaculate have?


-What are the good consequences for Immaculate refusing?

-Are there any bad consequences for Immaculate refusing?

-How can Immaculate deal with any bad consequences of refusing?

-How can Immaculate reduce her risks even further?

7. Tell the students that they should be prepared to share their stories with the next group, making sure they answer all the questions. They can also role play it if they prefer.



8. Explain that sometimes young people have sex when they do not want to. They may feel pressurized to have sex as a proof of love. They may be pressured to have sex in order to pay back for gifts or money they received. Or, they may be forced to have sex by someone who can overpower them. Any sexual contact that is not wanted is abusive and wrong. Unwanted sex is also very dangerous. It puts you at great risk for pregnancy and sexually transmitted infections, including HIV/AIDS. When you have sex against your will, your body is not ready for sex. For girls, you may experience more rips and tears that are entry points for HIV or other sexually transmitted infections. Rape can also make you depressed, mistrustful of other people, or fearful of being touched.

9. Ask youths: What ways can you think of to prevent date rape? Call on 2-3 volunteers.

10. Present the following important tips for preventing date rape:

- Avoid private places if you are not sure you want sex.

- Communicate clearly and directly about your sexual limits. Say something like: I will do this, but I will not do that.

- Listen to your date. Do not keep pushing for sex if your date says that he or she is not ready.

- Ladies, if you go out on a date or to a party, make sure you have a means of getting home so you do not depend on your date if something goes wrong.

- Avoid alcohol/drugs if you are not comfortable with the company you are with.

Below are tips and guidelines for reporting cases of rape/gender based violence:

- When possible, speak to the perpetrator and tell the abuser that his or her violent behavior is unacceptable.

- Keep a record of incidents. For example, if anyone hits you or threatens you on the way to school, write down where it happens, the time, and the date.

- If a friend has experienced violence, you can support him or her by going with the friend to tell a trusted adult such as a trusted teacher, a trusted health care worker, or a trusted guidance counselor.

- Sometimes adults might dismiss you when you tell them you have been abused. That might make you feel bad, but you should keep trying until someone helps you. This can take resiliency and courage.

- If a teacher, principal, or anyone at school asks you to come to meet them after school or when no one is around, make sure you tell someone where you are going. You should tell your parents, another teacher, or a classmate.

- Be careful when accepting gifts or favors from teachers or other adults. Sometimes teachers or other adults could use this to attract you, and this can lead to sexual violence or abuse.

- If you have been abused or experienced violence, never blame yourself. It is not your fault. You should talk to a counselor or a trusted adult to help you with your feelings.

-If you or a friend has experienced sexual violence, you should tell someone. You do not have to keep it to yourself

-You should always speak up when you feel as though you are in danger or someone you know is in danger.

CLOSURE: In this session, we discussed why some girls have sex with older men, consequences (good and bad) involved with having sex with older men, and finally how to reduce the risks. In addition to being risky, sex between an adult and child can also be against the law. In our country of Cameroon, the law says that a child younger than 16 cannot legally agree to have sex with anyone. If the girl in this picture is younger than 16, then the man is breaking the law by having sex with her.

Module 6: Training Assessment Tools

PRE/POST TEST ON PREGNANCY/PUBERTY/LIFE SKILLS

Adapted from Institute for Reproductive Health. 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition*. Washington, DC.

		Answer Key	
NO	Statement	True	False
1	Sperm are produced in the penis.		X
2	“Wet dreams” are common for boys during puberty.	X	
3	Semen contains seminal fluid and sperm.	X	
4	When a boy or man has an erection, he always needs to ejaculate.		X
5	A boy’s breasts never change during puberty.		X
6	Men usually stop having ejaculations when they are around 60 years old.		X
7	During puberty a boy’s shoulders broaden and he begins to grow taller.	X	
8	Circumcision is an operation performed only on boys.		X
9	New thoughts and feelings accompany the physical changes of puberty.	X	
10	At puberty, a boy is capable of becoming a father.	X	
11	If a girl does not get her period by the time she is 14, there is something wrong with her.		X
12	If a woman misses a period, she could be pregnant.	X	
13	The period of menstruation always last 5 days.		X
14	All women have a menstrual cycle that lasts 28 days.		X
15	Ejaculation happens only during sexual intercourse.		X
16	Both men and women masturbate.	X	
17	Masturbation can cause people to go crazy.		X
18	A girl can get pregnant the first time she has sex.	X	
19	Sexual intercourse is a physical act in which the man’s penis enters the woman’s vagina.	X	
20	During puberty, body hair grows in new places.	X	

21	During puberty, rapid changes in height and weight take place in boys and girls.	X	
22	Having sex and being in love are the same thing.		X
23	Washing your genitals with soap and water is necessary for good hygiene.	X	

PRE/POST TEST ON HIV, AIDS, AND STIS

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-old on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

SECTION 1

NO	Statement	True	False
1	You can get HIV by sharing a meal with someone who is infected.		
2	People taking ARV therapy can still infect their partners with HIV through unprotected sex.		
3	You can tell if someone is infected with HIV by looking at them.		
4	There is no cure for AIDS.		
5	Condoms can prevent the transmission of HIV and STIs.		
6	Only people who have sex with a lot of people can be infected with HIV or STIs.		
7	There is a difference between HIV and AIDS.		
8	A person can always tell if they have an STI.		
9	Oral intercourse is a safe way to have sexual intercourse if you do not want to get HIV or STIs.		
10	You cannot transmit STIs if you do not have any symptoms.		
11	HIV is an STI.		
12	HIV can be transmitted through kissing or exchange of saliva.		
13	Traditional healers can cure HIV.		
14	You cannot be infected with HIV if you are taking birth control pills.		

SECTION 2

1. List the "ABC"s of HIV Prevention:

A:

B:

C:

2. List the four bodily fluids that can transmit HIV:

1.

2.

3.

4.

3. Write the following terms in full:

HIV:

AIDS:

STI:

SECTION 3: Attitudes Related to HIV, AIDS, and STIs. (Circle the appropriate answer)

1. I am afraid of becoming infected with HIV.

Strongly Agree Agree Disagree Strongly Disagree

2. I am more afraid of getting an STI than being infected with HIV.

Strongly Agree Agree Disagree Strongly Disagree

3. Abstinence and faithfulness are effective ways to prevent HIV infection.

Strongly Agree Agree Disagree Strongly Disagree

4. You should disclose your HIV status to your partner.

Strongly Agree Agree Disagree Strongly Disagree

5. Who should initiate condom use in a relationship?

Men Women Either Not Sure

6. It is important for everyone to know their HIV status.

Strongly Agree Agree Disagree Strongly Disagree

7. I would be comfortable discussing HIV/AIDS and STIs with my current or future partner?

Strongly Agree Agree Disagree Strongly Disagree

8. I would be comfortable discussing HIV/AIDS and STIs with my family and friends.

Strongly Agree Agree Disagree Strongly Disagree

9. I would be comfortable discussing HIV, AIDS, and STIs with strangers.

Strongly Agree Agree Disagree Strongly Disagree

10. I have the ability to negotiate having safer sex or no sex with my current or future partner.

Strongly Agree Agree Disagree Strongly Disagree

11. I have difficulty asserting my opinions.

Strongly Agree

Agree

Disagree

Strongly Disagree

12. I have the necessary skills to support my decision to avoid STI and HIV infections.

Strongly Agree

Agree

Disagree

Strongly Disagree

ANSWER KEY

Section 1	Section 2	Section 3
1. False 2. True 3. False 4. True 5. True 6. False 7. True 8. False 9. False 10. False 11. True 12. False 13. False 14. False	1. A: Abstain from sex B: Be faithful C: Condomize 2. Blood, Semen, Vaginal Secretion, Breast Milk 3. HIV: Human Immunodeficiency Virus AIDS: Acquired Immunodeficiency Syndrome STI: Sexually Transmitted Infection	<i>There are no correct answers for this section. Instead, this section is used to gauge the mentalities of the participating students before and after the training.</i>

PRE/POST TEST ON HIV AND GENDER

1. Which of the following is *not* a consequence or manifestation of gender inequality?

- a) High HIV prevalence in girls.
- b) No jobs for young people.
- c) No legal rights for women to own land in Cameroon.
- d) Early marriage for girls.

2. What is the difference between sex and gender?

- a) Sex is an action that occurs between a man and a woman; Gender describes attraction towards a man or a woman.
- b) Sex is not allowed until marriage; Gender is allowed before and after marriage.
- c) Sex describes the biological differences between males and females; Gender describes society's expectations for a man and a woman.
- d) Sex leads to Sexually Transmitted Diseases; Gender is a form of safe sex.

3. Rachel is a female/girl. What is a characteristic that can be related to her sex?

- a) She is a housewife.
- b) She is a Muslim.
- c) She has breasts.
- d) She lives in Bafut.

4. Rachel is a female/girl. What is a characteristic that can be related to her gender expectations?

- a) She is a housewife.
- b) She is a Muslim.
- c) She has breasts.
- d) She lives in Bafut.

5. What is an example of Gender Based Violence?

- a) Rape
- b) Theft
- c) Corruption
- d) Marriage

True or False

6. There are signs of gender inequality in homes, at work, in schools, and in the media.

- a) True
- b) False

7. Paul is a male/boy. What is a characteristic that can be related to his gender expectations?

- a) He is in Form 5.
- b) He is strong.
- c) He has a penis.
- d) He has brown eyes.

8. Which of the following is an example of a human right?

- a) Education
- b) Clean Water
- c) Employment
- d) All of the above

9. In which of the following situations does the woman give consent to have sex?

- a) A woman does not want to have sex. Her partner threatens to beat her if she does not sleep with him. She does not say anything as her partner has sex with her.
- b) A man has married a woman after paying bride price. They have had sex regularly, but the woman tells her husband that she does not want to have sex on this occasion. They have sex.
- c) A young woman gets drunk at a party. She is flirting with and kissing a young man. After dancing with him, she passes out in a bedroom and the young man has sex with her.
- d) A woman and man are kissing on a bed with their clothes off. They have never had sex before. The man asks if it is ok if he inserts his penis inside her vagina and she says it is ok. They continue and have intercourse.

True or False

10. Gender equity and gender equality are one in the same. There is no difference between the two.

- a) True
- b) False.

ANSWER KEY

1. B
2. C
3. C
4. A
5. A
6. True
7. B
8. D
9. D
10. FALSE



Module 7: Peer Education Tools

Activity 1: Program Learning Objectives

ACTIVITY CODE: Peer Education

TIME: 5 mins

LEARNING OBJECTIVES:

By the end of this sessions, students will be able to:

1. Identify Program Learning Objectives.

MATERIALS: Flip Chart with Program Learning Objectives

PROCEDURE:

1. Define the goal of the student peer educator training program:

Goal for Peer Educator Program:

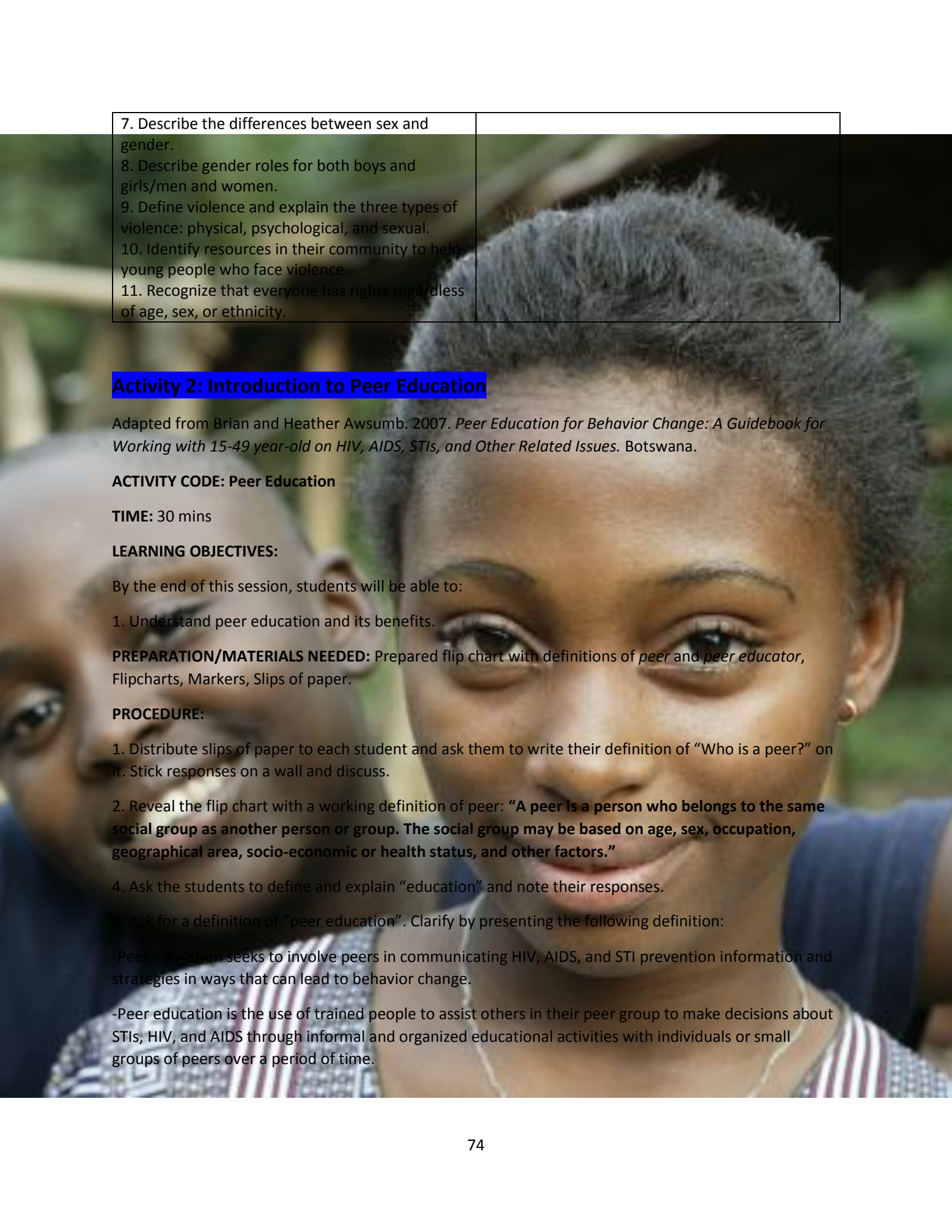
If teaching future peer educators the goal of the training is: To empower and build the capacity of peer educators in delivering a training program to their peers on the topic of HIV and Gender (Used when training future peer educators).

Goal for Student Training Program:

If teaching fellow students the goal of the training is: To empower students with knowledge and protection strategies related to HIV and Gender.

2. Present the Program Learning Objectives

If teaching future peer educators, the following are the learning objectives for your program:	If teaching fellow students, the following are learning objectives for your program:
By the end of this training program, students will be able to:	By the end of this training program, students will be able to:
<ol style="list-style-type: none">1. Identify how gender expectations are life limitations.2. Identify and teach others how to practice strong communication skills.3. Identify and teach others about HIV risk factors for youth and adolescents.4. Explain that sex brought on by either emotional/mental coercion or physical force is unwanted sex.5. Explain why young girls sometimes have sex with older men.6. Identify the risks involved with young girls having sex with older men.	<ol style="list-style-type: none">1. Identify how gender expectations can limit them and their peers.2. Identify and practice strong communication skills.3. Identify resources in their community to help victims of Gender Based Violence.4. Understand that Gender Based Violence is unwanted, underlying, risky, and diverse.5. Describe the differences between sex and gender.6. Describe gender roles for males and females.7. Recognize that everyone has rights regardless of age, sex, or ethnicity.



7. Describe the differences between sex and gender. 8. Describe gender roles for both boys and girls/men and women. 9. Define violence and explain the three types of violence: physical, psychological, and sexual. 10. Identify resources in their community to help young people who face violence. 11. Recognize that everyone has rights regardless of age, sex, or ethnicity.	
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Activity 2: Introduction to Peer Education

Adapted from Brian and Heather Awsumb. 2007. *Peer Education for Behavior Change: A Guidebook for Working with 15-49 year-old on HIV, AIDS, STIs, and Other Related Issues*. Botswana.

ACTIVITY CODE: Peer Education

TIME: 30 mins

LEARNING OBJECTIVES:

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

1. Understand peer education and its benefits.

PREPARATION/MATERIALS NEEDED: Prepared flip chart with definitions of *peer* and *peer educator*, Flipcharts, Markers, Slips of paper.

PROCEDURE:

1. Distribute slips of paper to each student and ask them to write their definition of “Who is a peer?” on it. Stick responses on a wall and discuss.

2. Reveal the flip chart with a working definition of peer: **“A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, occupation, geographical area, socio-economic or health status, and other factors.”**

4. Ask the students to define and explain “education” and note their responses.

5. Ask for a definition of “peer education”. Clarify by presenting the following definition:

-Peer education seeks to involve peers in communicating HIV, AIDS, and STI prevention information and strategies in ways that can lead to behavior change.

-Peer education is the use of trained people to assist others in their peer group to make decisions about STIs, HIV, and AIDS through informal and organized educational activities with individuals or small groups of peers over a period of time.

6. Ask the students “Who is a peer educator”. Note their responses and clarify as appropriate. Explain, if need be, that a peer educator is a person who has volunteered and or been selected and trained to assist others in a peer group to make decisions about behavior change with respect to STIs, HIV, and AIDS.

7. Ask the following discussion questions:

-How is peer education different than other forms of education?

-What are the advantages or benefits of peer education?

-What does it mean to you to be considered a peer educator?

-What challenges do you expect to encounter as a peer educator?

8. Discuss the following. *The Peer Educator model builds a pool of competent student instructors who can then teach the health material to fellow students within the same age bracket. Instead of having just one instructor who teaches the material, multiple student instructors teach the same material at various institutions and to various communities at the same time.*

Sample advantages/disadvantages of Peer Education:

Advantages	Disadvantages
<ul style="list-style-type: none">• Trainee gains skills which are important for their further personal development.• Peer Education is a community-level intervention.• Peer Education saves on costs	<ul style="list-style-type: none">• It is difficult to evaluate the impact of peer education.• If educators are not well trained, peer education can have a harmful effect (misinformation, unprofessional advice).

CLOSURE: State that the purpose of these sessions is to make the students effective HIV and STI peer educators. Emphasize that as peer educators they will be motivating and supporting peers to make behavior change. This will be done through activities that the peer educators will develop and participate in.

Activity 3: Identifying the Qualities of a Peer Educator

Adapted from International HIV/AIDS Alliance. 2005. *Peer Education Outreach Communication and Negotiation Training Module*.

ACTIVITY CODE: Peer Education

TIME: 60 min

LEARNING OBJECTIVES:

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

1. Understand the qualities of a peer educator.

PREPARATION/MATERIALS NEEDED: Slips of paper, Flipcharts, Markers.



PROCEDURE:

1. Explain that a peer educator must have or develop qualities that allow him/her to work with people. Explain that this exercise will enable the students to discuss and list the essential qualities of a good peer educator.
2. Ask the students to close their eyes and to think of a person they love and can talk with.
3. After five minutes, ask them to open their eyes, and write the one quality they like the most in the person they just thought of.
4. Ask the students to place their slips of paper on the floor after they finish writing or place them at the front of the room. Invite the students to read the slips of paper and group those that are similar.
5. Discuss the main qualities that arise in the slips of paper and emphasize that it is important for each participant to hone and build these qualities in themselves in order to be good peer educators.

CLOSURE: Re-read all of the main qualities discussed and encourage each student to work towards these qualities in order to be effective peer educators.

Activity 4: Monitoring and Evaluation in Peer Education Programs

Taken from United Nations Group on Young Peoples Health Development and Protection in Europe and Central Asia. *Peer Education Training of Trainers Manual*.

ACTIVITY CODE: Peer Education

TIME: 30 min

LEARNING OBJECTIVES:

By the end of this sessions, students will be able to:

1. Understand the difference between monitoring and evaluation.
2. Understand what an indicator is.
3. Understand the difference between outcome and impact evaluation.

PREPARATION/MATERIALS NEEDED: Two flip charts

PROCEDURE:

1. Pose the question: What is the difference between monitoring and evaluation?
2. Discuss the following definitions:

Monitoring is the regular collection, analysis, and use of information to help guide a project. Monitoring compares the way things are actually done with the way they were originally planned. Examples of monitoring tools are attendance sheets and pre/post tests.

Evaluation is the careful examination of an ongoing or completed project. The goal of evaluation is to find ways to make a program more efficient and effective. Examples of evaluation tools are quality surveys and feedback forms.

3. Ask the students: What is outcome evaluation and impact evaluation?

4. Present the below definitions:

Outcome evaluation determines the immediate effects of the intervention in the target population (such as increased knowledge or changes in attitudes shown by pre/post tests and observation).

Impact evaluation is an assessment of longer-term effects due to the program's efforts and measures sustained changes (such as behavior change shown by interviews, focus group discussions, and follow up).

Outcome and impact evaluations measure a program's results and effects.

5. Ask the students: What are indicators?

6. Give the following definition:

An indicator is a measure of the progress made towards meeting the program objectives. Indicators should be measurable and verifiable. Before a program is implemented, a set of measureable objectives or indicators need to be determined. One set of indicators is related to the monitoring of the process, the other set is related to outcome evaluation and the last is related to impact evaluation.

<i>Typical Training of Trainers/Peer Education Indicators</i>	
<i>Process Evaluation (Monitoring)</i>	<i>Outcome/Impact Evaluation</i>
-Number of students/trainers trained	-Number of trained student peer educators
-Attendance at meetings	-Number of schools with HIV education
-Gender of students/trainers	-Child/School knowledge of Gender Roles
-Number or percentage of target reached	

CLOSURE Good evaluation can make the difference. It is cost effective and allows decision makers to continue successful programs and improve unsuccessful ones. It can provide support for future funding requests. It can contribute to the development of new programs. If the evaluation shows project failure, it can explain why. In short, monitoring and evaluation, if done well, can be very beneficial.

Sample Monitoring and Evaluation Tool

SAMPLE PARTICIPANTS LIST for HIV, Adolescence, and Gender Trainings Led by Peer Educators

Training Title: Peer Educator Program- HIV, Adolescence, and Gender in Cameroon's Society

Location: Bamenda, North West Region

Peer Educator Name:	Write Your Name If You're Leading the Session				
Peer Educator School:	GBHS Bamenda				
Session Topics: (Check If Discussed)	Gender Norms	Use the ACTIVITY CODES to Choose Which Topics to Select			
	GBV Prevention				
	Legal Protection				
	Income and Productive Resources				
	Education				
Session Activities:	Write the Names of the Activities Done : For Example "Act Like A Man"				
Date:	Each Peer Educator Needs to Train Fellow Students for at least 10 hours on HIV and Gender.				
Time Start:					
Time End:					

NO	NAME	SEX	VILLAGE, REGION	PHONE NUMBER	AGE					SIGNATURE
					0- 9	10- 14	15- 19	20- 24	25+	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

This is a sample participant attendance list to demonstrate what information is necessary for each section. The attendance sheet in the following module should be photocopied and used for each training session held by peer educators.

Module 8: Monitoring and Evaluation Tools

PARTICIPANTS LIST for HIV, Adolescence, and Gender Training

Training Title: Peer Educator Program- HIV, Adolescence, and Gender in Cameroon's Society

Location: Bamenda, North West Region

Peer Educator Name:	
Peer Educator School:	
Session Topics: (Check If Discussed)	HIV Prevention
	Life Skills
	Gender Norms
	GBV Prevention
	Legal Protection
	Income and Productive Resources
	Education
Session Activities:	
Date:	
Time Start:	
Time End:	

NO	NAME	SEX	VILLAGE, REGION	PHONE NUMBER	AGE					SIGNATURE
					0- 9	10- 14	15- 19	20- 24	25+	
1										
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20										

Monitoring and Evaluation Tool: Quality of Training Survey

How would you score your knowledge in HIV, Adolescence and/or Gender before this training?
(Check the box next to the appropriate number)

LOW	MEDIUM	HIGH
<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6

How would you score your knowledge in HIV, Adolescence, and/or Gender after this training?
(Check the box next to the appropriate number)

LOW	MEDIUM	HIGH
<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6

Overall, how would you score the quality of this training? (Check the appropriate box)

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

How would you score the usefulness of this training as an adolescent girl/boy?

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Would you recommend a similar training to a friend or class mate?

☐ Yes ☐ No ☐ Don't Know

Who was your favorite trainer or session leader? _____

Why was this session leader your favorite?

Comments: