



IZUBA

The Sexual Reproductive Health & Rights Training Manual 2024



**STAND
UP** FOR
SRHR



Foreword

Femme Forte Uganda is a feminist and movement-building organization that fiercely promotes, demands, and protects the rights and well-being of young women; mostly those who are excluded, marginalized, and exploited by being women and living in both the urban and rural areas of Uganda. We exist to strengthen pathways between young and older women who aspire to meaningfully contribute to the greater women's movement in Uganda. We envision a world that provides equal opportunity to both men and women and is therefore mobilizing and equipping women to foster effective resilience, break barriers, and reach new heights. Shifting the narrative around women and our issues is our business.

In partnership with Oxfam, Femme Forte Uganda is implementing a project; Stand Up for SRHR (Stand Up) which is a 6.5-year initiative (2021-2027) whose outcome is to increase the enjoyment of sexual and reproductive health and rights (SRHR) for the most marginalized and vulnerable right holders, particularly adolescent girls and young women (AGYW) aged 10-29 years, and including those with intersecting vulnerabilities due to sexual or gender orientation, or status as refugees or internally displaced persons in Uganda and Mozambique.

This training manual aims to enhance efforts by the Stand Up project to address key gender inequality and human rights issues, particularly: harmful social norms, traditional practices, and taboos regarding gender and sexuality; lack of adequate information on or access to comprehensive SRH services; lack of decision-making power by AGYW regarding their health and sexuality; as well as the limited capacity of women's rights organizations (WROs) and youth-led organizations (YLOs) to effectively advocate for SRHR in their communities.

The Izuba manual will be implemented and tested through the peer-to-peer education approach using the community structure known as peer educators.

Acknowledgements

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We extend our sincere and utmost gratitude to the team of experts and staff who have worked tirelessly to ensure that we are all standing up for SRHR. Special thanks to Jacqueline Mukisa who is running point for the program, our Chief Steward, Penelope Sanyu, without whose guidance our work would not be possible and Samantha Agasha for capturing our stories beautifully and delicately.

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“There is a sun within every person” – **Rumi**

List of Acronyms

AGYM - Adolescent Girls and Young Women
CAO - Chief Administrative Officer
CBOs - Community Based Organisations
CSE - Comprehensive Sexuality Education
CSOs - Civil Society Organisations
DDP - District Development Plan
DPU - District Planning Unit
DTPC - District Technical Planning Committee
LG - Local Government
LGA - Local Government Act
LLG - Lower Local Government
NGOs - Non-Governmental Organisations
SRHR - Sexual Reproductive Health and Rights
SWOT - Strengths Weaknesses, Opportunities, and Threats
TOT - Training of Trainers
SGBV - Sexual and Gender-Based Violence

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OVERVIEW OF THE IZUBA TRAINING MANUAL

This Izuba Training manual is intended for training purposes aimed at creating mindset change among peer educators and their fellow peer groups (change agents) on SGBV and SRHR issues in their respective communities. The peer education training manual will be used as a resource material for training of trainers (ToT) on peer education which ultimately supports the development of a pool of peer educators/peer education trainers. The manual will be a ToT manual for 3–4-day training.

The manual will also be used and shared with different women's rights and youth-led organizations that will be capacitated to integrate this component within different pillars and programs for women and girls including boy's empowerment through a peer education approach on SRHR.

Objective of the manual

To equip individuals with a comprehensive understanding of Sexual and Reproductive Health and Rights (SRHR), including concepts like gender, feminist principles, sexual and gender-based violence (SGBV), healthy relationships, human rights, bodily autonomy, decision-making, and gender equality. This will cultivate supportive attitudes and norms towards bodily autonomy, decision-making, and gender equality, hence empowering peer educators by enhancing their confidence, public speaking, communication, facilitation, and leadership skills.

Target group

The target for this manual/training is the youth/peer educators at sub-county and district levels between the age categories of 15-19 years (both in and out of school)

Duration of the training

The training for which this manual has been designed is expected to take 3-4 days.

Training methodology

The training relies on a participatory approach with the trainer acting as a facilitator rather than a teacher. The facilitator should stimulate learning using adult learning principles, drawing from down-to-earth local case studies and allowing participants to share their experiences.

Throughout the training, emphasis should be placed on the practical tips and follow-up activities which the youth leaders should engage in to increase their meaningful participation as key actors in SRHR processes.

Although this is a training manual, it can be used as reference material for peer educators who may or may not have undertaken the training.

Introduction to Peer Education

Peer education concept- translating theory into practice

Peer education is an approach to health promotion, in which selected and trained community members are supported to promote health-enhancing change among their peers. Peer education is the facilitation and or sharing of health information, values, and behavior in educating others who may share similar social backgrounds or life experiences. It's considered to be a strategy whereby individuals from a target group provide information, training, or resources to their peers. These groups can be determined by social or demographic characteristics (e.g., age, education, type of work, or grouping) or by risk-taking behavior (e.g., injection drug use, etc.). It's generally

appreciated that peer networks can increase the credibility and effectiveness of the message being presented as they convey information to often hard-to-reach populations.

Peer education is based on the reality that many people make changes not only based on what they know, but on the opinions and actions of their close, trusted peers. Peer educators can communicate and understand in a way that the best-intentioned adults can't, and can serve as role models for change

Peer educators are typically the same age or slightly older than the group with whom they are working. They may work alongside the teacher, run educational activities on their own, or take the lead in organizing and implementing activities. Peer educators help raise awareness, provide accurate information, and help their peers develop skills to change behavior. Some of the things they are doing around the world include:

- leading informal discussions
- video and drama presentations
- one-on-one time talking with fellow peers
- handing out, leaflets and brochures
- offering counseling, support, and referral to services.

Peer education is therefore rarely used alone in health interventions, but is one strategy in a school wide or community-wide effort. For example, it often complements skills-based health education led by teachers, condom promotion, youth-friendly health services, and local media campaigns. Program experience shows that the presence of a teacher or adult coordinator improves the quality and general

Why peer educators

Young people appreciate and are influenced in positive ways by a peer-led intervention if it is well designed and properly supervised; serving as a peer educator provides a challenging, rewarding opportunity for young people to develop their leadership skills, gain the respect of their peers, and improve their own knowledge base and skills. Young people often change their own behavior after becoming a peer educator; it can foster fulfilling relationships between adults and young people; it can give girls legitimacy to talk about sex without the risk of being stigmatized as sexually promiscuous (particularly when peer-led activities take place in single-sex groups); peer educators can provide a valuable link to health services; peer education has had a positive effect on reported attitudes toward persons living with HIV /AIDS; peer educators have shown in some cases to be more effective than adults in establishing norms and in changing attitudes related to sexual behavior. However, they are not necessarily better at transmitting factual health information. Peer educators and adult-led education can thus complement each other. One study showed that a mixture of classroom-based and peer-led education is more effective than one or the other in isolation. The combined condition showed the greatest gains in information, motivation, behavioral skills, and behavior.

Peer educator roles and responsibilities

Peer educators play a crucial role in influencing positive behavior and providing guidance within their communities or peer groups. Their responsibilities include:

- Peer educators are responsible for sharing accurate and relevant information on various topics, such as teenage pregnancies, growth and relationships, HIV/AIDSs among others
- Peer educators serve as role models, demonstrating positive behaviors, attitudes, and decision-making skills that others can emulate.
- Peer educators advocate for the rights and well-being of their peers, challenging discrimination,

stigma, and harmful practices.

- Peer educators often lead group discussions, workshops, or activities, helping to create a space for open dialogue and learning. They may act as mediators in resolving conflicts or disputes within their peer group, promoting understanding and peaceful solutions.
- For peer educators to be effective, it's important that they continually develop key skills that enhance their ability to lead, educate, and advocate
- Peer educators engage in activities that promote self-awareness and self-esteem, such as positive affirmations, feedback sessions, and celebrating achievements.
- Peer educators provide training on how to plan and lead group activities or discussions, including techniques for managing group dynamics.

Themes

In line with the objectives stated above, this manual covers mainly seven themes including;

- Peer education life skills and facilitation
- Growth and development
- SRHR including sexually transmitted infections, HIV & AIDS
- Existing harmful social norms and values in child early and forced marriages
- Gender and social inclusion concept and gender transformative approach
- Visualizing the future
- Work planning and formation of Stand Up peer educator clubs

THEME 1: PEER EDUCATION LIFE SKILLS AND FACILITATION

Purpose	<p>Participants will gain knowledge and skills about SRHR and also develop their leadership skills among their peers</p> <p>Improve positive mindset change towards SRHR work amongst peers.</p>
Objectives	<p>To facilitate information sharing and knowledge among peers.</p> <p>To improve the participants' communication skills both verbal and non-verbal</p> <p>To help participants develop decision-making skills and responsible choices in various aspects of life</p>
Delivery methods	<p>Training sessions, discussions, and engaging participants in interactive activities</p> <p>Distribution of educational materials to disseminate information to peers</p> <p>Experimental learning activities for example plays, dramas, etc.</p>
Key message	<p>Peer education encourages peers to empower themselves by seeking accurate information about different topics.</p> <p>Life skills will help the program participants to take responsibility for their actions, make responsible choices, and consider the potential consequences of their decisions.</p> <p>Your peers can be a positive influence and a strong support system. Peer education fosters a sense of belonging and helps you navigate challenges with the support of friends who genuinely care about your well-being.</p> <p>Peer education is a powerful tool to break stereotypes and challenge stigmas. By sharing diverse perspectives and experiences, you contribute to creating a more inclusive and understanding community.</p> <p>Engage in peer education to develop leadership skills and become advocates for positive change. Be the voice that inspires others to make informed choices and contribute to creating a healthier and more informed community.</p>
Session plan	<p>Welcome participants and state the objectives of the session</p> <p>Ice breaker</p> <p>Presentation from the team</p> <p>Group activity on decision-making</p> <p>Role play activity</p> <p>Reflection and closing</p> <p>Note : The Peer educators will conduct peer to peer sessions in 3 to 4 sittings per month</p>



Figure 1: Peer education life skills and facilitation

Introduction: In this topic, participants will have the opportunity to reflect on the skills of knowing and living with oneself, knowing and living with others, and making effective decisions. These skills are important in supporting young people in making informed decisions regarding their sexual reproductive health.

Skills of Knowing and Living with Oneself

(Self-esteem, assertiveness, self-awareness, coping with emotions, coping with stress)

Step (a): Introduction

Welcome the participants. and tell them that in this session, we are going to learn about the skills of knowing and living with oneself. These include; self-esteem, assertiveness, self-awareness, coping with emotions, and coping with stress.

Step (b): Session objectives:

In this session, we seek to:

1. Recognize the weak and strong sides of our own behavior.
2. Appreciate ourselves and identify our own unique talents.
3. Learn how to take charge of our personal challenges.
4. Appreciate things that cannot be changed in our lives, and accept them. For example: height, size of breasts, etc.

Demonstrating Skills of Self-Esteem and Self-Awareness.

Read the scenario aloud or write it on a flip chart and share it with the group members and make sure they have understood the story



Figure 2: Demonstrating the skill of self-esteem and self-awareness

Zebra (16) believes that she is not good enough. She always thinks that her friends are better than her, they look more beautiful and intelligent. However, she is very good at plaiting hair, but is convinced that she cannot be employed by anyone because they might find out that she is not intelligent and beautiful. She also feels bad because she overheard her friends saying that she is an orphan and not beautiful.

Step (c) Tell the participants that we are going to role-play Zebra's story. Ask one person to act as Zebra and two more people to act as Zebra's friends. One more volunteer to act as a friend whom Zebra will exercise her skills of plaiting.

Step (d) Ask the rest of the participants to follow the role-play and make critical observations on key issues like life skills, strengths, and weaknesses of Zebra because they will be asked to share

with other members their observations.

Step (e) Write the following questions in a flip chart and share them with group participants. These questions will guide the discussions.

What skills do you think Zebra has and why?

Take note of the participant's observations and list them in a flip chart. Supplement their submission with the observation that Zebra partly knows who she is because she was able to identify her strengths (good at plaiting) and weaknesses (believing that you cannot do anything because you believe you are not beautiful). It is always good to know who you are in terms of the strength you have and the areas that need improvement because your strength builds your confidence. Knowing yourself is called self awareness. Self-awareness and positive self-esteem can help us with confidence to make healthy decisions and choices for ourselves, to be assertive, to become better at communicating with others, and advocate for ourselves.

What skill do you think Zebra is lacking and why?

As a matter of adding to participant observations, Zebra's story shows that she lacks self-esteem, confidence and complete self-awareness as demonstrated by her negative feelings and belief in her ability to utilize opportunities before her. Self-esteem is accepting oneself and being proud of what one is and feeling self-confident. This skill is about an individual's feelings about their personal appearance, abilities, and behaviors and grows on their experience.

What would you do if you were Zebra?

I would build on my strength to appreciate and accept who I am, be proud, and develop self confidence that would enable me to utilize opportunities that come my way. It is also good to be friends to people you believe are your role models and add value to your life.

How can Zebra be helped to improve her skills, Jack?

I would encourage Zebra to set her personal goals in life and stick to them. She needs to know what she wants and feels and how to achieve and communicate it calmly. I would link her to friends and relatives for counseling and motivation lessons to build her confidence.

Assertiveness: Knowing what one wants and feels and how to achieve and communicate it without being aggressive. This skill requires one to understand how to achieve what one needs in life. Assertiveness is relative to significant adults and peers.

Coping with emotions: This is the ability to manage a problem or situation using one's emotional feelings positively in response to internal or external stimuli. Emotions include fear, love, disgust, shyness, anger, and desire to be accepted. It's important to know that emotions are strong reflections of what we are.

Coping with stress: Ability to deal with problems such as; lack of family, family problems, broken relationships, death of a close friend or relative, lack of food, police harassment, and other stressful situations including peer pressure and the offer to use drugs. Stress is an inevitable part of life that has to be dealt with!

Step (f): Tell the group members that these skills are important and affect our relationship. A girl with self-awareness and self esteem can feel confident to engage in school, to have healthy and positive friendships and communicate her needs , desires and boundaries in a healthy romantic relationship

Demonstrating the Skills of Knowing and Living with Others

Read or write the second scenario to participants and make sure they have understood the story



Figure 3: Demonstrating the skill of knowing and living with others

Jane is a 16-year-old girl. Her friends convince her that going to school is a waste of time and resources. They tell her that they can find her a job to earn quick and sweet money! She also feels they are her friends and cannot do without them. She doesn't want to lose her friends, however much her parents support her school needs. She tells some of her 'friends' that she does not want to drop out of school but wants them as friends. They tell her it is not cool to be in school and will no longer be her friends. She continues with school and some of her friends became her enemies.

Step (g) As it was in Zebra's story, tell the group that we are going to role-play Jane's story the same way we did in the previous story. Ask one person to act as Jane and four more people to act as Jane's friend. One more volunteer to act as a parent.

Step (h) Ask the rest of the participants to follow the role-play and make critical observations on key issues like life skills, strengths, and weaknesses of Jane because they will be asked to share with other members their observations.

Step (i) Write the following questions in a flip chart and share them with group participants. These questions will guide the discussions.

What skills do you think Jane has and why?

Jane has decision-making skills because she managed to take a stand and remained in school despite losing some of her friends. Decision-making is an important skill in life, especially those whose benefits outweigh the costs. In sexual reproductive health and gender-based violence protection, it is important to critically think before making informed decisions. For instance, if your peers are pressurizing you to have sex. Should you accept having sex simply because you are worried of losing them?

Peer resistance: Resisting negative peer pressure without necessarily losing your friends.

Examples of abilities in resisting peer pressure

Maintain your own beliefs about for instance; when to become sexually active, refusing alcohol or drugs, remaining faithful to one partner and deciding to stay in school irrespective of what others say.

What skill do you think Jane could build and strengthen ?

Jane did not have negotiation skills to engage her friends whom she lost. She could have convinced her friends that going to school is not a waste of time but a source of income and status in future. Negotiation is a good skill which encourages one to stay safe and maintain friendship.

Negotiation: Ability to bargain, get others on your side without them feeling that you have infringed on their rights.

The keys to successful, non-threatening negotiation are:

Be prepared, have a positive attitude, listen carefully, show respect for other points of view, be firm yet friendly, build trust, persuade and don't coerce as well as warn but never threaten.

What would you do if you were Jane?

- Decide to remain at school
- Try influencing my friends to remain friends throughout negotiation
- Be assertive.

The following are examples or abilities in effective communication:

- The ability to communicate ideas skillfully with appropriate tone and be able to persuade but not bully a friend.
- Being able to use non-verbal methods during negotiations by sustaining eye contact and using appropriate facial expressions.
- The ability to use verbal hints to communicate i.e. "Yes", "I see" etc.

How can Jane be helped to improve her skills?

- I would encourage Jane to set her personal goal in life and stick to it. She needs to know what she wants and feels and how to achieve and communicate it calmly.
- I would link her to friends and relatives for counselling and motivation lessons to build her confidence

Roleplay

Objective

To help peer educators practice decision-making skills when responding to a situation where a girl is experiencing sexual abuse, exploitation, or harassment, ensuring the decision prioritizes her safety and well-being.

Scenario

A girl named Sarah has been experiencing ongoing sexual harassment from a male adult in her community. He has been making inappropriate comments, sending her messages, and even trying to touch her without consent. Sarah is scared but doesn't know what to do because she fears no one will believe her, and she's worried about potential backlash from the community. Sarah confides in her close friend, Grace, for advice. Grace, while shocked, knows she needs to help but isn't sure what steps to take or how to ensure Sarah's safety.

Roles:

- **Sarah:** The girl experiencing harassment.
- **Grace:** Sarah's friend who is helping her decide what to do.
- **Trusted adult (e.g., teacher, counsellor, parent):** Someone who can offer advice and support.
- **Perpetrator (optional role):** The person harassing Sarah, only for understanding the context of harassment but not included directly in the role play.

Key skills to demonstrate

- **Identifying the problem:** Recognizing that Sarah is facing sexual harassment or abuse.
- **Exploring options:** What can Sarah and Grace do to address the situation? Examples include reporting the harassment to a trusted adult, seeking advice from a school counselor, or involving community authorities.
- **Evaluating the possible consequences of each action.** For example, Sarah might fear being disbelieved or judged, but not taking action could lead to continued harassment.
- **Making a decision:** Choosing the safest and most effective course of action that prioritizes Sarah's well being.
- **Reflecting on the outcome:** Understanding the importance of taking action and supporting victims of harassment.

Role Play Process

Part 1: The conversation between Sarah and Grace

- Sarah tells Grace about the harassment and her fear of reporting it.
- Grace listens actively, showing empathy and concern. She suggests different options, such as talking to a teacher, going to a counselor, or informing a trusted adult.
- Sarah expresses her concerns about being judged, not believed, or facing retaliation.
- Together, Sarah and Grace evaluate the possible consequences of reporting the harassment and discuss how best to ensure Sarah's safety.

Part 2: Involving a trusted adult

- Sarah and Grace decide to talk to a trusted adult (e.g., a school counsellor, teacher, or parent) who can offer guidance on what to do next.
- The trusted adult reassures Sarah that the situation will be handled seriously, explains her rights, and offers help on how to formally report the harassment while ensuring her safety.

- Sarah decides, with support, to report the harassment to the appropriate authorities, and they begin taking steps to protect her.

Debrief questions

- How did Sarah feel during the role play, and why was she hesitant to take action initially?
- What options did Grace provide, and how did they help Sarah think through her choices?
- How did the trusted adult offer support, and why is it important to involve a responsible authority in such situations?
- How can Grace continue supporting Sarah after the report is made?
- What did the role play teach about the importance of supporting friends who experience sexual harassment or abuse?

Key Learning Points

- **Recognizing abuse:** Understanding that any form of sexual harassment, abuse, or exploitation is unacceptable and needs to be addressed.
- **Seeking help:** Encouraging victims to speak up and seek help from trusted adults or authorities.
- **Support systems:** The importance of having friends and peers who can offer emotional support and practical advice.
- **Taking action:** Reporting abuse not only helps stop it but also prevents further harm to others.

Key Messages for Life Skills

Tell the group members that the above exercise helps us learn about three important skills; critical thinking, creative thinking, and decision-making.

- **Critical thinking:** Ability to think through situations to make appropriate decisions concerning people involved and one's environment.
- **Creative thinking:** Being able to come up with new ways and ideas of doing things or dealing with different situations.
- **Decision making:** As a person evolves, they are frequently confronted with serious choices that require their attention. Decision-making is the ability to utilize all available information to assess a situation, analyze the advantages and disadvantages, and make an informed and personal choice.

Benefits of Life Skills

- Enable vulnerable youth to have greater control over their own lives
- Promote positive healthy behaviors among adolescent youth
- Empower adolescent youth to positively and effectively manage themselves when confronted with difficult situations
- Enable adolescents to manage situations of stress and emotional breakdown
- Improve the relationship between adolescent youth and significant adults
- Enable adolescent youth to contribute to the development of their communities
- Improve job-seeking strategies and satisfaction for working youths
- Improve relations between adolescent youth and their employers
- Contribute to making adolescent youth better citizens in their communities and benefit the entire nation

THEME 2: GROWTH AND DEVELOPMENT

Purpose	<p>Participants will acquire in-depth knowledge of what puberty is and what body changes are happening in during puberty</p> <p>The peer educators will also support the other young people to appreciate growth and development as part of life.</p> <p>The peer educators will also support the adolescents in building self and self-esteem by promoting self-awareness, positive self talk, and self-acceptance.</p>
Objectives	<p>To help the peers develop a deep understanding of themselves</p> <p>To provide knowledge and skills necessary for building and maintaining healthy relationships.</p> <p>To build self-confidence and esteem</p>
Delivery methods	<p>Group work, roleplays</p> <p>Discussions and presentations</p> <p>Case studies</p>
Key message	<p>Growth is part of human existence, we all constantly evolve physically and emotionally.</p> <p>Prioritise self-care practices that support your physical, mental, and emotional well being</p> <p>Puberty is a natural part of growing up. Embrace your body's changes to know your own anatomy and menstrual cycle to better understand your reproductive health.</p> <p>Open and honest communication with trusted adults and friends can help navigate challenges in relationships.</p> <p>Healthy relationships should make you feel safe, respected, and valued.</p>



Figure 4: Growth and development

Facilitator Notes

- Puberty is a transitional stage from childhood to adulthood, this is part of growth and development for every human being.
- These changes are physical, emotional, and social. Puberty happens to everyone although everyone goes through the changes of puberty at different times in their life.
- For example, most girls start noticing the changes of puberty as young as age 8–9. While most boys start noticing the changes of puberty at ages 10–11.

Changes to Both Boys and Girls

Both adolescent girls and boys experience a lot of changes during puberty, which is a period marked by rapid physical, cognitive, and emotional development. Here are some common changes that occur in both genders:

Physical Changes

- Start to grow taller: All children going through puberty experience a growth spurt where they start to grow taller as all of their body grows bigger.
- Develop pubic hair around the genitals and underarms: Pubic hair starts to grow around the genitals, meaning the penis and scrotum on a boy and the vulva on a girl. Hair also starts to grow under the arms. This hair is sometimes a different color than the hair on the top of the head and some people choose to shave their underarm hair, but that is a personal decision.
- Might get acne or pimples: The hormones that cause someone to go through puberty also trigger

more oil to develop on the skin of their face. In some people, this extra oil on their face can cause them to develop pimples or acne.

- Sweat or perspire more: Even though everyone sweats when they are hot, during puberty the sweat glands start to produce sweat when a person is nervous or upset. This sweat also has a strong odor now when it did not before.
- Hormone changes: Girls and boys experience hormonal changes during various developmental stages, like puberty, which result in physical and emotional transformations as their bodies adjust to fluctuating hormone levels.
- Voice changes: Boys experience a deepening of their voice due to the enlargement of the larynx (Adam's apple).

Hormonal Changes

- Increased production of sex hormones such as testosterone in boys and estrogen in girls.
- Hormonal fluctuations leading to mood swings and emotional changes.

Cognitive Changes

- Enhanced cognitive abilities: Both genders may experience improvements in reasoning, problem-solving, and abstract thinking.
- Development of sexual identity: Adolescents begin to explore their own sexual orientation and identity.

Social Changes

- Formation of new social relationships: Both genders may seek out new friendships and romantic interests.
- Increased independence: Adolescents start to assert their independence from their parents and caregivers.

Emotional Changes

- Increased emotional sensitivity: Both boys and girls may experience heightened emotions and sensitivity to criticism.
- Identity formation: Adolescents grapple with questions of self-identity, values, and beliefs

While these changes occur in both genders during adolescence, the timing and intensity of these changes can vary widely from individual to individual.

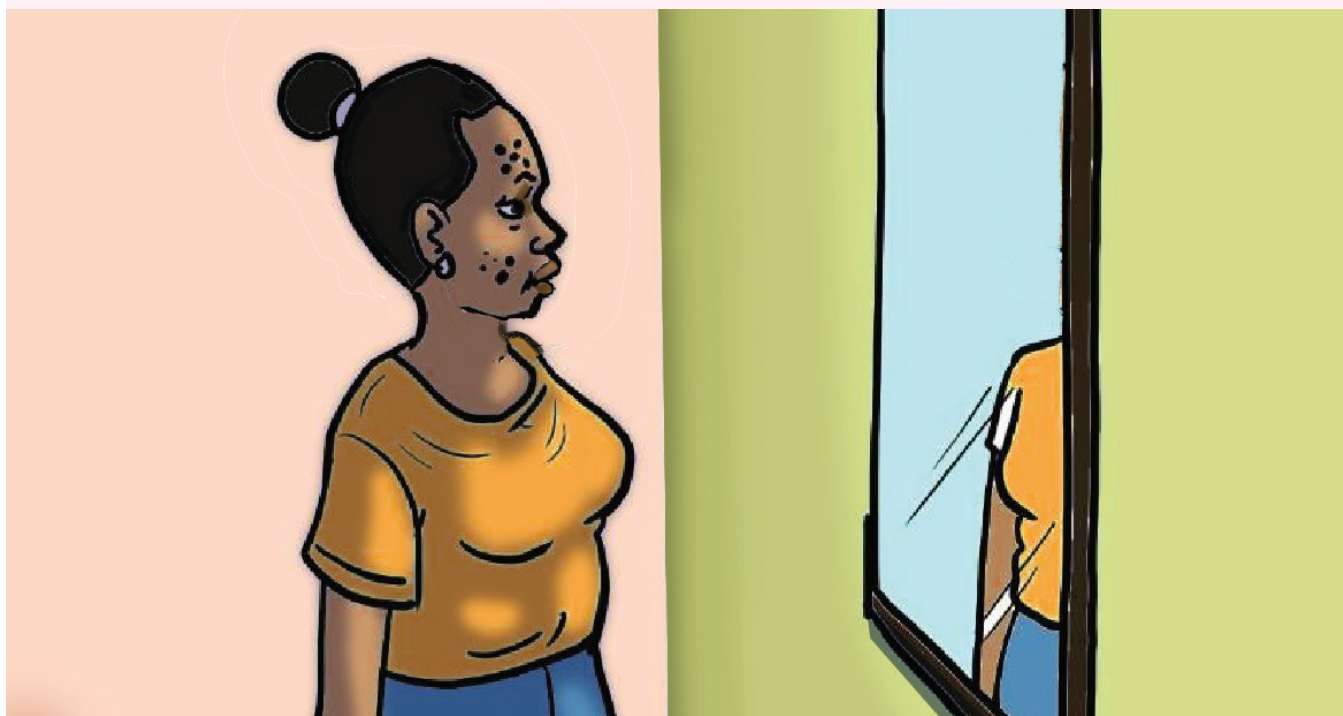


Figure 5: Body changes in girls. "... Oh my!... what is happening to my face?."

Physical changes in girls

1. Breasts develop and may start wearing a bra

Girls' breasts and nipples will grow larger over many months and even years so that if they choose to have a baby later in life, they can feed the baby from the breasts if they want to.

2. Ovulation and menstrual periods begin

As a girl goes through puberty, inside her body the ovaries will start to release an egg or ovum, generally about once every four weeks. It is during this time when the egg is traveling from the ovary, down the fallopian tube, through the cervix, and into the uterus.

3. Daily vaginal discharge

The inside of the vagina cleans itself out every day and during puberty, girls might notice clearer to white discharge in their underwear or on the toilet paper when using the bathroom. This daily discharge, as long as there is no strong odor and it does not change color, is very normal.

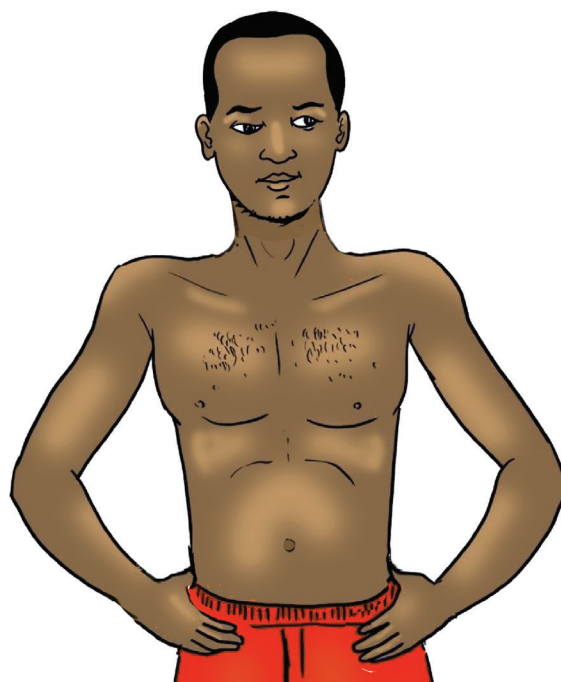


Figure 6: Boys commonly develop chest hair during puberty

1) Grow hair on face/chest

The amount of hair a boy grows on his face and chest is based on his genes, meaning it's determined by his father and likely to be very similar to his other male relatives. Boys generally develop hair around their mouth, cheeks, and neck around the face, and on the chest to some degree.

2) Erections happen more often and for no reason

Erections are when the penis fills with blood and gets harder and bigger, standing away from the body. Although boys get erections from when they are very young, during puberty they get more frequent erections and sometimes for no reason. There is no harm to a boy if he has an erection and does not have vaginal sex as his erection will go away on its own without any physical harm to him at all.

3) Voice gets deeper

As a boy gets taller, the vocal cords get thicker causing his voice to slowly get deeper and maybe crack sometimes. The Adam's apple in the neck will start to stick out a bit and become more noticeable.

4) Sperm production begins and ejaculation is possible

Sperm are the tiny cells a boy makes in his testicles during puberty. They combine with other fluids to create something called semen. Only after a boy has started going through puberty can his body create sperm and semen and release it from the tip of his penis when he ejaculates. Generally, semen is about a teaspoon of whitish fluid containing hundreds of millions of sperm.

Myth vs Fact game – Guide

MYTH! If you do not exercise the penis through sex, it will stop functioning and decrease in size.

FACT! Sex is not “exercise” for the penis. Your penis doesn’t need exercise. It will work just fine without any sex at all. Sexual abstinence or “waiting” can never hurt your penis.

MYTH! A penis increases in size the more you have sex.

FACT! Your penis size is determined by the traits you inherit from your parents—not anything you do with it.

MYTH! You need to have sex whenever you get an erection.

FACT! This is not true, which is a good thing for you. Otherwise, what would you do if you got an erection in class? If you don’t have sex, the erection will just go down on its own. You can’t possibly injure yourself by not having sex when you get an erection.

MYTH! Accumulated sperm causes backache, madness, headache, impotence, and acne.

FACT! Even though your testicles produce millions of sperm, too much sperm can’t build up and cause problems. In addition, sperm cannot move around to different parts of your body.

MYTH! Girls only get their period when they reach a certain weight or body type.

FACT! Menstruation onset is primarily determined by hormonal changes, not body weight or type. While nutrition and overall health can influence menstruation, there’s no specific weight requirement.

MYTH! Irregular periods are always a cause for concern.

FACT! It’s common for adolescent girls to experience irregular periods during the first few years after menarche (first period). Hormonal fluctuations, stress, diet, and exercise can all affect menstrual regularity. However, persistent irregularities or severe symptoms should be evaluated by a healthcare provider.

MYTH! Breast development happens overnight.

FACT! Breast development is a gradual process that typically begins with the growth of breast buds under the nipples. It can take several years for breasts to reach their full size and shape.

MYTH! Girls who start puberty early are more emotionally mature.

FACT! The onset of puberty does not necessarily correlate with emotional maturity. Emotional development is influenced by various factors, including genetics, environment, and individual experiences.

MYTH! Acne is solely caused by poor hygiene.

FACT! Acne during adolescence is primarily driven by hormonal changes, not hygiene. While maintaining good skincare practices can help manage acne, it’s not the sole determinant of its occurrence.

MYTH! Vaginal discharge is a sign of infection.

FACT! Vaginal discharge is a normal physiological process that helps clean and moisten the vagina. It can vary in consistency and amount throughout the menstrual cycle. However, changes in color, odor, or consistency could indicate an infection and may require medical attention.

UNDERSTANDING MENSTRUATION

Purpose	Participants will acquire an in-depth understanding of menstruation, how it occurs, and myths/misconceptions.
Objectives	By the end of this session, the participant should be able to: <ol style="list-style-type: none"> 1. Understand what menstruation is and how it occurs. 2. Breaking stigma and misconceptions around menstruation 3. Managing menstrual pains and other challenges. 4. Myths and misconceptions around menstruation.
Delivery methods	<ol style="list-style-type: none"> 1. Omondi Menstruation game. 2. Plenary discussion. 3. Walking debate (True or False)
Key message	Menstruation is a normal part of life that happens to girls in their reproductive age.
Session Plan	<ol style="list-style-type: none"> 1. Introduce the session. 2. Ask the participants what female reproductive parts they know, assign a small piece of paper, and ask them to write the named part on each paper. Ask participants to volunteer to hold one piece of paper. Additionally, task the participants to stand in the shape of a female reproductive and each part stands where that particular one in the system is. 3. Ask the participants what the parts are in their local language and what their role in menstruation is. 4. Using this structure, as a facilitator clarifies to the participants each of the parts and how menstruation occurs. 5. Close the session by highlighting the management of menstrual pains.



Figure 7: Menstruation

What is Menstruation?

Menstruation is the regular discharge of blood and tissue from the uterus through the vagina.

How Does it Occur?

When the egg is released from one of the ovaries, it moves through the fallopian tube. When it reaches the fallopian tube and there is no sperm to fertilize it, it goes into the uterus (which was ready for implantation of an embryo) and then the uterus lining together with the egg is shed as menstrual blood.

Read this out loud after explaining the above. So why not boys? Why only girls?

Boys and girls are made differently. While girls have a uterus, boys do not. This means that girls can get pregnant and give birth to children but boys cannot. Boys and girls are both special in the way they are created.

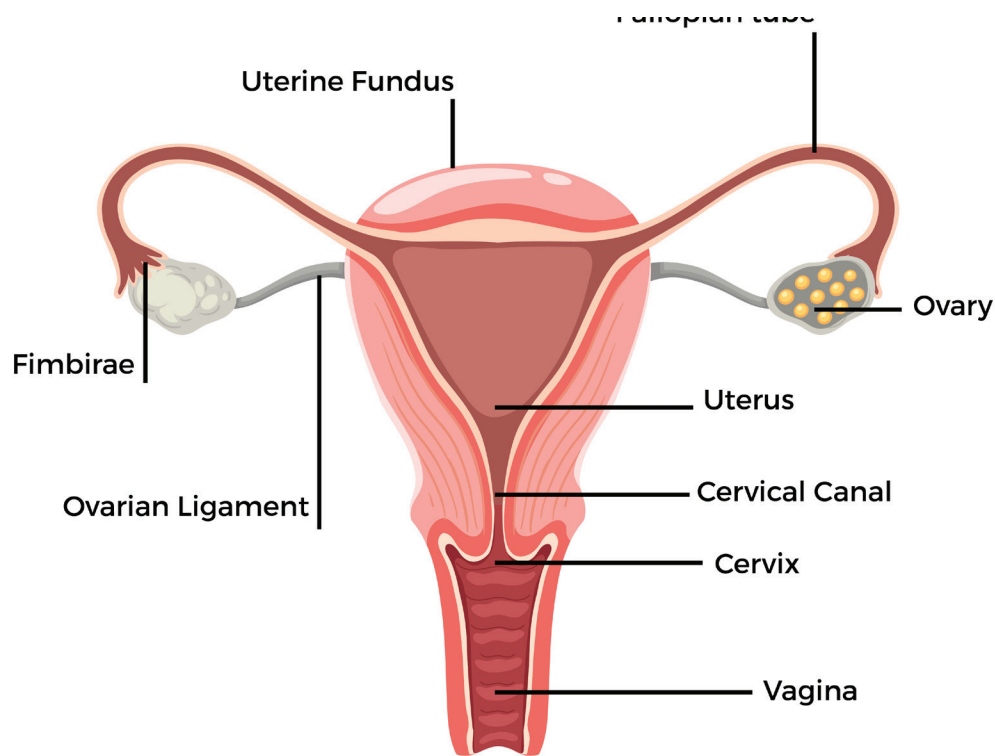


Figure 8: Diagram of the female reproductive system

Ovary

Function: Ovaries are the primary reproductive organ in females. They produce eggs (ova) and hormones such as estrogen and progesterone.

Importance: Ovaries play a crucial role in the reproductive process by producing eggs necessary for fertilization. Additionally, they regulate the menstrual cycle and contribute to overall hormonal balance.

Fallopian Tubes

Function: Fallopian tubes serve as pathways for eggs to travel from the ovaries to the uterus. They are also the site of fertilization, where sperm typically meets the egg.

Importance: Fallopian tubes provide a conduit for eggs to reach the uterus and facilitate fertilization. They are essential for successful conception and pregnancy.

Uterus

Function: The uterus, or womb, is a muscular organ where a fertilized egg implants and develops into a fetus during pregnancy. It also plays a role in the menstrual cycle by shedding its lining (endometrium) during menstruation.

Importance: The uterus provides a nurturing environment for a developing fetus during pregnancy. It supports fetal growth and development and contracts during childbirth to facilitate delivery. Additionally, the cyclic shedding of the endometrium is a vital aspect of the menstrual cycle.

Cervix

Function: The cervix is the lower portion of the uterus that connects it to the vagina. It produces mucus that changes consistency throughout the menstrual cycle to facilitate or inhibit sperm passage.

Importance: The cervix acts as a barrier to protect the uterus from infections and foreign substances. It also plays a crucial role in fertility by allowing sperm to enter the uterus during ovulation while preventing entry at other times.

Cervical Canal

Function: It is the passageway that connects the uterus to the vagina.

Importance: It allows menstrual blood to flow out of the uterus during menstruation and serves as the pathway for sperm to travel from the vagina into the uterus during intercourse. During childbirth, the cervical canal dilates (opens) to allow the baby to pass through the birth canal.

Vagina

Function: The vagina is a muscular canal that connects the uterus to the external genitalia. It serves as a passageway for menstrual blood to leave the body and for sexual intercourse.

Importance: The vagina provides a route for menstrual flow to exit the body during menstruation. It also accommodates the insertion of tampons, menstrual cups, and other menstrual products. Additionally, it is the site of sexual intercourse and plays a role in reproduction.

Fimbriae

Function: Fimbriae are finger-like projections at the end of the fallopian tubes.

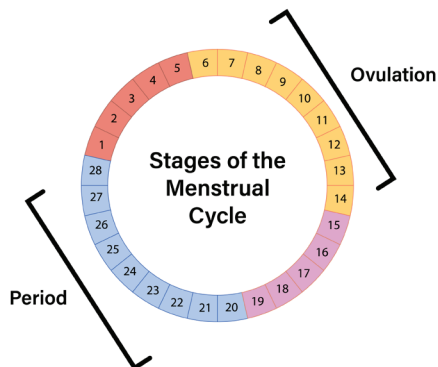
Importance: They help capture and guide the released egg (ovum) from the ovary into the fallopian tube after ovulation. Fimbriae also facilitate the movement of sperm towards the egg for fertilization to occur. Additionally, they play a crucial role in the prevention of ectopic pregnancies by ensuring that the fertilized egg is transported into the uterus for implantation.

Make content on flip charts

Menopause and Menarche	The menstrual cycle
<p>Menarche: This is the first menstruation and it happens between 9 - 16 years of age</p> <p>9 - 16 years</p> <p>Menopause: The cessation/end of menstruation . It occurs between 45 - 55 years of age. The average age is 49 years.</p> <p>45 - 55 years</p> <p><i>[Side note: It can start earlier or later]</i></p>	<p>This is the process the body goes through to prepare for the possibility of a pregnancy. If a pregnancy does not occur, the lining of the uterus and the egg are shed through the vagina(menstruation)</p> <p><i>[Side note: It can start earlier or later]</i></p> <p>Menstruation does not mean that girls are ready to get married. The body is still developing and it is recommended that girls are not married before the age of 18 years</p>

The menstrual cycle continued...

This takes between 21 days to 35 days. That means it takes about 21 to 35 days before a girl sees her next period/ menstruation.



Hygiene

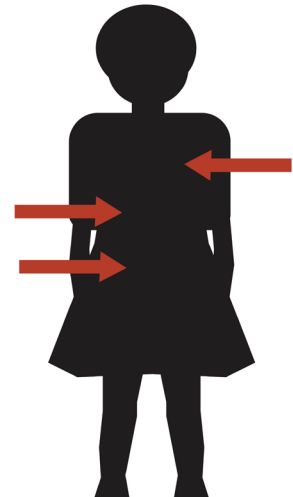
Girls need to bathe regularly (at least twice a day) when menstruating i.e in the morning before school and in the evening after school,

It is NOT bad/wrong for a girl/woman to maintain the normal bathing frequency during menstruation. However some girls/women find it more comfortable to bathe more times during menstruation than when they are not on their periods.

Menstruating girls are not dirty and don't need to be isolated. They won't contaminate water when they touch it.

Discomfort during menstruation can be due to

- Cramps
- Back pain
- Bloating
- Breast tenderness



How to overcome the discomfort (cramps)

- Exercise
- Painkillers
- Hot water bottle

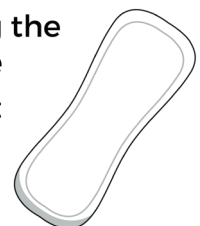
If the pain persists, you are advised to see a doctor



Having sex doesn't relieve cramps

Challenges faced by girls during menstruation

- Lack of sanitary facilities
- Lack of pads/ sanitary materials to collect or absorb the blood
- Shame, especially when laughed at
- Myths and taboos making the entire process unbearable
- Lack of information about menstruation



Misconceptions of Menstrual Hygiene and Management

Misconceptions that are false	Demystifying the misconception
Menstruation is something dirty that comes out of the body	Menstruation and menstrual blood are not dirty. It is a sign of health. It happens because the uterus sheds its lining if an egg is not fertilized
The pain that comes with menstruation is dangerous	<p>The pain is normal; it happens because the uterus is contracting. Most women and girls experience pains related to their menstruation such as; abdominal cramps, nausea, fatigue, feeling faint, headaches, backache, and general discomfort. These pains are normal and have no connection to hygiene around menstrual practices.</p> <p>When women and girls experience severe cramps that are not relieved by painkillers or other remedies or cause them to throw up, it is better to go see a doctor as it can be a sign of a menstrual disorder</p>
Menstruation can happen as soon as you turn 13 years old.	Menstruation can start between 10 and 15, sometimes even 16 or 17 years of age.
Girls will menstruate until they die.	Menstruation ends between 45 and 55 years old. This is called menopause
Menstruation happens every month on the same date.	Menstruation happens every 25 to 35 days, depending on the woman. Tracking the menstrual cycle can be useful to monitor health and predict when menstruation starts.
Menstruation is an illness	Menstruation is a normal and healthy bodily function
Having menstruated means a girl has already had sexual relations with a man.	No, menstruation is a physical sign that a girl can get pregnant if she has sexual relations with a man. A girl's body is still developing after she has started menstruation. Getting pregnant before the age of 18 can lead to health problems for the mother and child.
Bathing is bad for you if you are menstruating	A girl can bathe without worry if she is menstruating
A girl who is menstruating can wash her hands but not her genitalia.	On regular days, it is important to wash your vulva (the area around the opening of the vagina) at least once a day when you are menstruating.
Menstrual blood makes the inside of the vagina dirty and it should be washed after menstruating	The inside of the vagina is self- cleaning and does not need to be washed. In fact, the practice of 'douching' (forcing water inside the vagina in order to clean it) can make infections more likely
The menstrual cloth should never see the sun, you have to wash them under other clothes to hide them	There is no need to be ashamed of your menstrual cloth. If a girl uses menstrual cloth, she has to wash them with detergent and dry them in the mid morning sun


Hands-on Skills on Making Reusable Pads

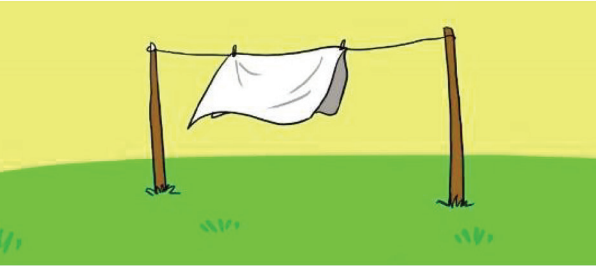
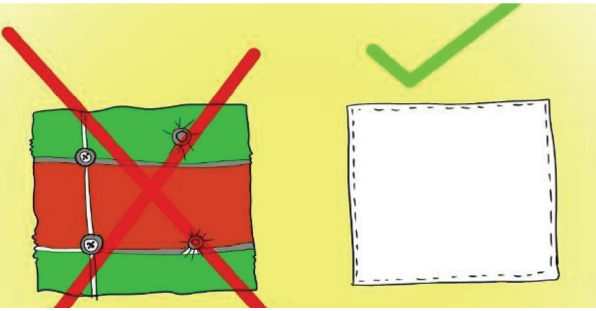
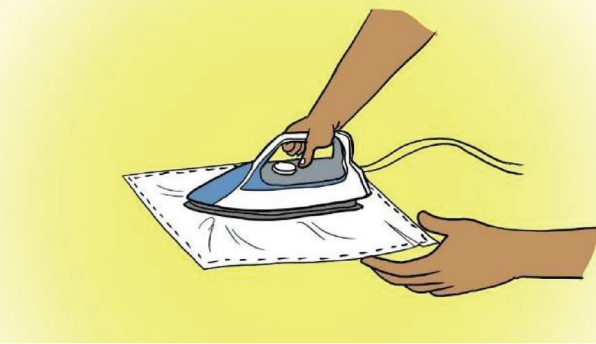
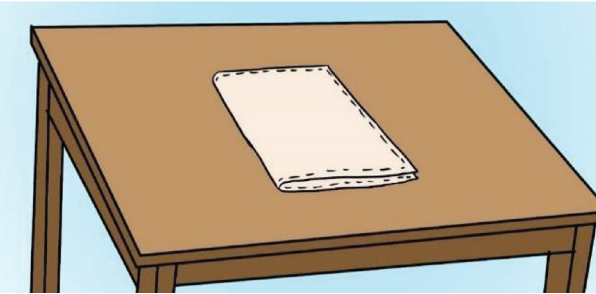
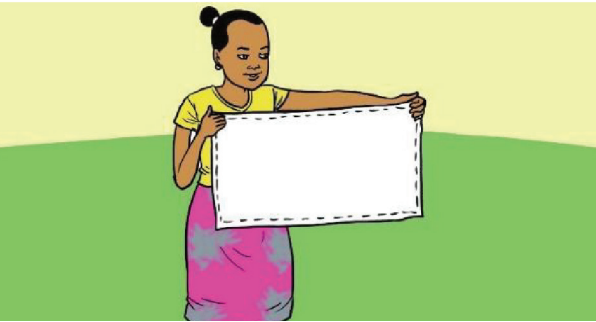
Purpose	Participants will acquire hands-on skills in making reusable pads and how to care for them.
Learning Objectives	By the end of this session, the participant should be able to: <ul style="list-style-type: none"> • Get to know the different materials that are used to make the pads. • Get to know the different available menstrual health products in the market • Have practical skills in making the pads.
Delivery methods	<ul style="list-style-type: none"> • Practical training. • Plenary presentation, brainstorming
Session Plan	<ul style="list-style-type: none"> • Introduction of the activity and showcase of the different available menstrual commodities in the district and country. • Kickstart the practical sessions by giving the materials to all participants either in groups or individuals and taking them through step by-step of the process. • Summarize the session by sharing how they can take care of the pads.


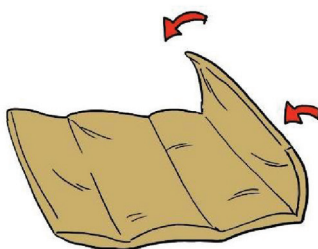
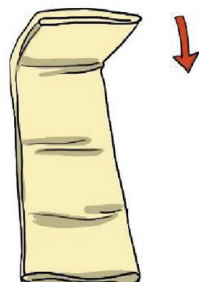
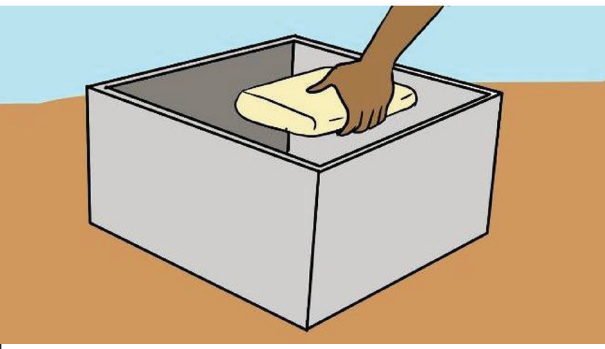
Facilitator Notes

Materials needed

Reusable pad	<ol style="list-style-type: none"> 1. Cotton cloth 2. Flannel 3. Polythene paper. 4. Elastic 5. Buttons 6. Scissors 7. Thread and needle
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Step	Illustration
Step 1: Clean a piece of cloth with warm water and detergent. If the cloth is old and has been lying unused for a long time, use an antiseptic solution to clean/sanitize (bear in mind that many participants cannot afford antiseptic solutions).	

Step	Illustration
<p>Step 2:</p> <p>Dry the cloth in direct sunlight to ensure it is free of any infection causing germs or organisms</p>	
<p>Step 3:</p> <p>Important: make sure that any embroidery, hooks, buttons, metal or any extraneous materials are removed as any material remaining on the cloth can be very dangerous.</p>	
<p>Step 4:</p> <p>If necessary, iron the cloth to make sure that it's moisture-free.</p>	
<p>Step 5:</p> <p>Place the cloth in a clean area.</p>	
<p>Step 6:</p> <p>Measure the cloth to approximately one arm's length and half an arm's width. (Modify size based on personal comfort and convenience.)</p>	

Step	Illustration
<p>Step 7:</p> <p>Save the cuttings from the cloth to fill the pad to provide comfort and better absorption.</p>	
<p>Step 8:</p> <p>Put the cuttings in the center of the pad and fold 1/3rd of the cloth along the length over the cuttings from one side then repeat on the other side to make one long rectangle.</p>	
<p>Step 9</p> <p>Fold the open ends along the breadth of the pad to finish it off.</p>	
<p>Step 10:</p> <p>Wrap the pads in paper and store in a clean and dry place, ideally inside a clean box or container. Make sure the pads are not vulnerable to mice, termites and other insects.</p>	

Making Pads Using a Plate

Step one: Get a round plastic plate to use as a guide for the measurement and place it on a large piece of paper to cut out the space.

Step two: Using the cut-out to make similar circular spaces, place the cut-out on the cotton materials and use a marker to trace it. Do the same for the polythene materials and the pollster. Use one cotton material, one polythene, one polythene, and 2-3 polyester materials.

Step three: Using a scissor or razor blade, cut off following the marked part.

Step four: Arrange all the cut-out parts together while ensuring the cotton material is next to the polythene.

Step five: Screw all the parts together and ensure that the stitch used is tight to hold all parts together.

How Do I Manage my Reusable Menstrual Cloth or Pad?

Products such as clothes and reusable pads can be used multiple times. Therefore, it is important to take certain hygiene measures into account during the washing, drying, and storing of the product.

- **Soak:** Soak the cloth or reusable pads in cold water. Soaking helps prevent staining but is not necessary for cleaning the pads.
- **Wash and scrub:** Use cold water to wash your clothes and pads. Hot water will set in stains, shrink your pads, and ultimately shorten their lifespan. Scrub using mild soap to get stains out.
- **Dry your cloth or reusable pad in the sun.** The sun kills bacteria, so this is a very important step!
- **Store:** Store your cloth or reusable pad in a clean, dry area until it's time to use it again.

Roles of boys

- Boys should play a significant role in supporting girls who are menstruating by combating myths, ending stigma, and encouraging and supporting menstruating girls to stay in school
- Boys should challenge and correct common myths and misconceptions about menstruation. This includes dispelling beliefs that menstruation is “dirty” or that women should be isolated during their periods.
- Boys should normalize menstruation by participating in and encouraging open conversations about it. This helps break the taboo and reduces the stigma associated with periods.
- Boys should avoid teasing or making jokes about periods, as this can contribute to the stigma.
- Boys should offer practical support, such as helping a friend access menstrual products if they need them, or simply be considerate if a girl needs to rest or take care of herself.
- Boys should speak up and challenge negative attitudes towards menstruation. This helps create a more respectful and supportive environment.
- Boys should advocate for better access to menstrual hygiene products in schools and communities.

THEME 3: RELATIONSHIPS AND FRIENDS

Purpose	Participants will acquire an in-depth understanding of relationships and how to build positive networks and friends.
Objectives	By the end of this session, the participant should be able to: <ol style="list-style-type: none"> 1. Understand the difference between healthy and unhealthy relationships. 2. Understand the dangers of unhealthy relationships 3. Discuss various life skills to build good networks.
Delivery methods	<ol style="list-style-type: none"> 1. Brainstorming 2. Role play
Key message	The circles that we are part of define who we become, choose your circle carefully.
Session plan	<ol style="list-style-type: none"> 1. Introduction of the activity. 2. Using role play, ask the participants to play out a scenario where they made a decision based on the influence of a friend. Ask them at the end of the play to share what they learnt. 3. Based on the scenario chosen, conduct a plenary discussion and further delve into the topics of the session.

Facilitator Notes

Definition of term relationship. Means a link/contact/dealing/association between two people

Friendship means a relationship between two people who know and like each other and behave in a kind and pleasant way to one another.

A romantic relationship means a loving association between two people that is appealing to the imagination and affects emotion.

A sexual relationship is an intimate relationship that involves sex between people in love.

Note: In our everyday life, we build and form relationships, which could range from a family relationship or friendship among others, it's a core of human existence.

Building a Relationship

Actual contact is made to get together

Each person tries to be who she/he thinks the other wants her/him to be.

Each person learns to accept another for who they truly are. This stage may be characterized by multiple break-ups and make-ups. They disagree a few times and the comfort level is greater between the partners. They learn to complement each other in their strengths and weaknesses.

Building trust: Feelings of jealousy are reduced. .

Healthy relationship	Unhealthy relationship
Is ready to be there for you at any time of your life	Not available especially at bad times
Is open and trustworthy	Not open
Is reliable	Not reliable
Helps you when you have problems	Does not share in your problems
Gives you good advice	Gives you bad advice
Never leaves you when you are in trouble	Leaves you when you are in trouble
Helps you and encourages you to work hard for a great future	Does not help you
Does not waste your time	Wastes your time
Does not deceive you to do bad things	Leads you astray
Cares about your feelings	Doesn't care about your feelings
Share with you the little he/she has	Doesn't share his/her things
Makes you happy	Makes you unhappy
Loves you no matter what	Pretends to love you during your best times
Expresses disappointment in you assertively and guides you to be better	Does not express his/her disappointment – talks behind your back

Skills Necessary to Have a Good Relationship With Yourself

- The ability to cope with emotions.
- Self-esteem.
- Assertiveness
- Self-awareness.
- The ability to cope with stress

Skills Necessary to Have a Good Relationship With Others

- Good social manners
- Friendship formation skill.
- Effective communication
- Negotiation

Skills Necessary for Making Good Decisions

- Critical thinking
- Creative thinking
- Decision making
- Problem-solving

DRUG AND ALCOHOL ABUSE

Step (a) Introduction to this session: helps us reflect on our knowledge, attitudes, and practices with substance abuse, and alcohol and assess our risk behavior of using drugs and the effects of those drugs

Step (b) Ask your peers to form 5 groups of 6 members ask them to answer the following questions in their groups; Give pairs 4 minutes to answer and give some brief points

- **What is Drug Abuse?**

Tell your peers that drug abuse is an inappropriate use of psychoactive drugs. Substance abuse can cause emotional and psychological problems. – Drugs and alcohol have addictive tendencies



Figure 9: Drug abuse

- **What is alcohol?**

Tell your colleagues that alcohol is a legal, sedative drug that changes the way we feel; pure alcohol is a colorless, odorless, and inflammable fluid

- **Is it easy to get involved in drug abuse?**

Tell them that while as young people they can avoid alcohol and drugs, peer influence plays a big role in making young people start using the drugs

How can Alcohol and Drug Abuse have Consequences for Our Lives and Our Families?



Figure 10: Alcohol and some of its effects



Figure 11: Alcohol and some of its effects



Figure 12: Alcohol and some of its effects.

Getting drunk on alcohol can lead to poor health and violence in relationships. Often, when people get drunk, they are unable to make healthy decisions. They may have unprotected sex that exposes them to infections like STIs, HIV/AIDs, teenage pregnancy, violent fights, accidents or hurt themselves or others. Remember that these substances are not good for the body or the mind. They may make a person feel good, but this is only for a short while, and they create a dependency that makes it hard to quit.

• How can we resist peer pressure? How can we make the right decision about our future?

Resisting peer pressure calls for a strong love of ourselves and a commitment to be true to our values and ourselves. – Our decisions and choices affect us first, so it is important to make the right decisions for ourselves.

• Ask them if there are any drugs and substances that students in their schools or communities take;

Tell your peers that these include; alcoholic drinks (e.g., spirits, beer, home brew) other substances, which may be locally grown or produced (e.g., khat, marijuana, mairungi, cannabis and njaga). Chemical products (e.g., caffeine, glue, mouth wash with alcohol, aerosol), thinner, petrol, aviation fuel; tobacco products (e.g., cigarettes, chewing tobacco and cigar Medicines (obtained with a prescription or over the counter);

• What they think could be the possible causes and consequences of those irresponsible drug and substance abuse;

Tell your colleagues that some causes of drug abuse include; peer pressure & experimentation, hunger, physical pain, social isolation, examination pressure, changes in physical growth, loss of a dear one. Some of the consequences of irresponsible drug and substance abuse include; increase in risk of cancers and heart disease. It can also lead to emotional disorders like dizziness, drowsiness, mental disorders, confusion and other criminal tendencies like stealing.

Step(c) What have you learnt from this session? (Take some 5 responses from the participants and then read the key messages in step d below).

Solutions

- If you found a friend who is addicted to drugs refer them to the senior woman teacher or male senior teacher for any help and guidance.
- Be able to create awareness about how to overcome drug abuse through engaging in co-curricular activities
- Refer victims of drug addiction to a health centre for medical assistance and help

Step (d) Key messages: Inform participants that

1. Prescribed drugs should be taken as they are prescribed (be – cautious of self-medication).
2. Herbal and other preparations should be taken very carefully.
3. Although peers are important in our lives, like in everything else, we are responsible for ourselves and the decisions we make.
4. Using alcohol and drugs is a major contributor to broken relationships and families.
5. Instead of drinking alcohol, we can find other ways to manage stress, like talking to people, playing music, or participating in sports.

THEME 4: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Sexual and reproductive health and rights (SRHR) is an important topic that relates to our bodies and our choices. It's all about making sure we have the information, tools, and resources we need to take care of our sexual and reproductive health and to make decisions about our bodies. -

Sexual and reproductive health means having a positive and respectful approach to sexuality and health processes related to our reproductive systems e.g., menstruation. It involves being informed about our bodies, sexual anatomy, and how to prevent infections and unplanned pregnancies. Reproductive rights are the rights of individuals to make decisions about their own bodies and reproduction without coercion, discrimination, or violence. This includes the right to access information, services, and education about reproductive health.

SRHR is all about making sure that everyone has the information, resources, and rights to make choices about their own bodies and reproductive lives, without fear or shame. It's important to talk about these issues openly and honestly so that we can all make informed choices and lead healthy and fulfilling lives.

Rights-Based Approach to Sexual and Reproductive Health

Everyone has the right to make their own choices about their bodies and health. This includes the right to say no to sex and the right to access contraception and healthcare without discrimination.

Barriers to Exercising Sexual and Reproductive Rights

Barriers can include social stigma, lack of access to information and services, and discrimination based on gender or other factors. Overcoming these barriers requires addressing inequality and promoting education and awareness.

CHILD EARLY AND FORCED MARRIAGES

Purpose	<p>Creation of awareness among the participants about the causes and consequences of early and forced marriages</p> <p>Empower the students with the knowledge, and skills to recognize and resist early and forced marriages</p>
Objectives	<p>To increase awareness among 15-19 year olds about harmful social norms related to children's early and forced marriages and SRHR and to provide strategies to eliminate them and promote improved SRHR</p> <p>To learn as much as we can from each other about the harmful social norms</p>
Delivery method	Discussions, experimental learning i.e. role plays, team building activities
Key message	<p>Early and forced marriages rob young girls of their right to education</p> <p>Young girls have right to make informed decisions about their own lives including marriages</p> <p>Break free from gender stereotypes. Everyone deserves equal opportunities, regardless of gender. Question traditional roles. Boys and girls can aspire to anything they dream of. Your future is not predetermined by your gender.</p> <p>Your consent matters. Say 'no' to forced marriages, and seek help from trusted adults, teachers, or community leaders if you feel pressured.</p> <p>Early and forced marriages can have serious health consequences. Delaying marriage allows you to prioritize your physical and mental well-being. Your dreams deserve a healthy start.</p>
Session Plan	<p>Welcome the participants and introduce the session and an ice breaker</p> <p>Have an overview about early and forced marriages and the harmful social norms and values</p>

Objectives of the session

1. To create a safe and supportive space where everyone feels heard and valued
2. To ensure that everyone's opinions and experiences are heard and respected
3. To encourage open and respectful communication throughout the session
4. To learn as much as we can from each other about harmful social norms
5. To brainstorm and come up with new ideas that will help team building

Activity: Ask students to share how they felt about the statements. Were they surprised by how many people stood up?

Briefly introduce the concept of harmful norms and practices (e.g., gender stereotypes, body shaming, etc.).



Figure 13: Early forced marriage

Introduction

Key Definitions and setting the context on social norms, child, early, and forced marriage (CEFM), sexual and reproductive health and rights (SRHR)?

Definitions and Setting the Context

a) What are social norms?

Social norms are like the rules of a game, but instead of a game, it's how people should behave in society. They're the unwritten rules that tell us what's acceptable or unacceptable behaviour in a certain situation or group.

For example, when you're in a classroom, a social norm is to raise your hand before speaking. When you're meeting someone for the first time, it's customary to shake their hand. When you're at a restaurant, it's polite to say "please" and "thank you" to the waiter or waitress. These norms vary depending on the culture, community, or even the group of friends you're with. They provide a shared understanding of what's expected, on how people should operate and work together in society.

Good social norms help us understand how to behave and interact with others, so we can avoid causing offence or discomfort. However, sometimes norms can be restrictive, unfair or even harmful so it's also important to question and challenge the harmful social norms when necessary. Overall, social norms play a big role in shaping how we interact with others and navigate the

world around us.

b) What is child, early, and forced marriage (CEFM)?

Child, early, and forced marriage (CEFM) is when a child or a young person, typically under the age of 18, is married off to someone without their free and full consent. It is a practice that has been going on for centuries in many parts of the world, and it affects mostly girls.

Early marriage means that girls are taken out of school and are not allowed to continue their education, which limits their future opportunities and perpetuates a cycle of poverty. Forced marriage means that the child or young person is not given a choice about who they marry or when they get married, and are often subjected to physical and emotional abuse.

In many cases, girls are married off to older men who they do not know, which puts them at risk of early pregnancy and childbirth, and exposes them to sexually transmitted infections, violence, and exploitation.

Statistics:

1. 34% of girls in Uganda are married before their 18th birthday and 7% are married before the age of 15.
2. 6% of boys are married before their 18th birthday.
3. Uganda has the 14th highest absolute number of women married or in a union before the age of 18 in the world – about 723,000.
4. Customary marriages or informal marriages, where a girl lives with an older man, are significantly more common than registered civil or religious marriages. In addition, 10.6% of currently married 15-19 year old girls are married to men who have two or more wives.

Child, early, and forced marriage can have devastating consequences for the children involved, as well as their families and communities. It often leads to a cycle of poverty, illiteracy, and poor health outcomes. Girls who are married at a young age are more likely to drop out of school, suffer from domestic violence, and experience health problems during pregnancy and childbirth.

It is important to know that child marriage is not a cultural or religious practice, but rather a harmful tradition. Every child, regardless of their gender or background, deserves to be protected from child, early, and forced marriage.

Child, early, and forced marriage is a violation of human rights, and it is important to raise awareness about this issue, to speak out against it, and to take action to prevent it from happening. This can be done through education, advocacy, and community engagement. By empowering girls and young people to stay in school and make their own choices about their lives, we can help break the cycle of child, early, and forced marriage.

We must all work together to protect the rights and well-being of children and young people and ensure they can reach their full potential.

Harmful Social Norms Related to CEFM and SRHR

Child marriage denies children a right to childhood by taking up adult responsibilities

Children, who are not yet adults, are forced to get married before they are ready. This means they have to take on adult responsibilities like being a spouse, a parent, or even managing a household when they are still children themselves.

It denies children their right to a childhood, which is an important time for them to learn, play, and grow. Child marriage can lead to several negative consequences for children, including increased risk of domestic violence, health problems, and limited access to education because they are forced to drop out of school.

Another harmful social norm that exists in many societies is the belief that girls who hit puberty are “promiscuous” and “immoral” and at risk of losing their virginity before marriage. This harmful belief can be particularly damaging for young girls who are just beginning to learn about their sexuality. It’s important to understand that a person’s worth and value as a human being is not determined by their sexual activity or lack thereof.

This harmful belief can cause them to feel ashamed or embarrassed and blamed for being married off early. It can also lead to unequal treatment of boys and girls, where boys are often praised for having a keen interest in sexual topics, while girls are judged and stigmatized.

Lack of comprehensive sex education for adolescents (branded taboo topics)

In many African societies, girls and young women are not given adequate information and support related to sexual and reproductive health. Sex education is when you learn about sex, relationships, and your body. Our culture makes it difficult for many adolescents to receive comprehensive sex education.

Some adults believe that certain topics related to sex are taboo or inappropriate to talk about openly. Without comprehensive sex education, young people may feel ashamed or embarrassed to ask questions about sex, which can make it harder for them to seek help if they need it. This stigma isn’t helpful.

This can lead to unintended pregnancies, unsafe abortions, and the spread of sexually transmitted infections (STIs) including HIV/AIDS. We can help ensure that all young people have the knowledge and resources they need to make informed decisions about their health and their future.

Sexist gender norms/beliefs

- Gender norms in many African societies dictate that girls and women should be submissive to men and that they exist to fulfill the needs and desires of men in their lives above anything else.
- Girls and women are expected to conform to traditional gender roles and are not allowed to pursue their interests or career aspirations. This can lead to a lack of agency and autonomy in decision-making related to their own lives, bodies, and sexuality.

The expectation that girls and women should be submissive to men can have a wide range of negative consequences. It doesn’t encourage consent and can lead to being forced in regards to marriage, sex (rape), and other aspects of their lives.

Girls who are not encouraged to assert their own needs and desires may feel like they have no control over their own lives leading to a lack of confidence and self-esteem.

FGM (Female genital mutilation/cutting) as an initiation culture

FGM is still practiced in some parts of Africa, including Uganda. It is a harmful social norm that involves the cutting or removal of a girl’s external genitalia as an initiation practice, similar to circumcision. This practice is often carried out on girls between the ages of 0-15 years old, and it can cause serious physical and emotional harm.

FGM is often performed because of cultural or religious beliefs, but it has no medical benefits and can cause severe health problems. Girls who undergo FGM may experience pain, bleeding, and infections. They may also have difficulty urinating and have long-term problems with sexual and reproductive health.

It’s important to know that FGM is illegal in many countries and that it is a violation of human rights. Everyone has the right to be free from harm and to make choices about their bodies.

Rape culture and victim blaming

In some African societies, there is a culture of victim-blaming and excusing sexual violence, particularly against girls and women. This can lead to a lack of accountability for perpetrators and a normalization of rape and sexual assault.

Rape culture: refers to a society or environment that normalizes, trivializes, or even justifies sexual violence, including rape. It can take many forms, such as media that glamorizes sexual violence, sexual harassment, jokes or comments that make light of rape or sexual assault, or even just a general acceptance of sexual violence as a common occurrence.

Sexual harassment is a practice where individuals are subjected to unwanted and unsolicited sexual advances, comments, or behaviors that make them feel uncomfortable or unsafe.

Victim blaming, on the other hand, is the tendency to blame the victim of sexual violence for what happened to them, rather than holding the perpetrator accountable. For example, someone might suggest that the victim was “asking for it” because of what they were wearing or because they were out late at night. These harmful social norms can have serious consequences for survivors of sexual violence, including making it harder for them to come forward and report what happened to them.

Bride price

Bride price is a traditional practice in many cultures where the groom or his family must pay money or gifts to the bride’s family in exchange for the right to marry her. This practice is often harmful because it treats women as property that can be bought and sold, rather than as equal partners in a marriage.

Bride price can also lead to financial and social pressure on families to marry off their daughters at a young age, even if the girl is not ready or willing to get married. In some cases, families may force their daughters to marry for the sake of receiving the bride price, which can be a form of exploitation and can lead to child, early, and forced marriage. It is important to recognize that bride price is a harmful social norm that perpetuates gender inequality and restricts the freedom and autonomy of women.

Believing that girls should be married off as soon as they reach puberty to protect their chastity

Stigma surrounding menstruation

This is a social norm where menstruation is considered shameful or dirty, and individuals are stigmatized for it, leading to limited access to menstrual products and poor menstrual hygiene. Even though this is a normal bodily process, there are a lot of negative attitudes and beliefs about it in many cultures.

Stigma means that people are made to feel ashamed or embarrassed about something that is completely normal. This stigma around menstruation can cause people who have periods to feel like they need to hide it or be secretive about it.

For example, some people may not want to talk about their periods or even mention that they have them because they’re afraid of being teased or judged. They may feel like they need to use code words or secret signals to talk about menstruation, which can be confusing and isolating.

This stigma can also lead to discrimination and exclusion. In some places, people who are menstruating are not allowed to participate in certain activities or go to certain places because it is believed that they are “impure” or “dirty.” This can harm their education and social lives.

It’s important to remember that menstruation is a natural and normal part of life for people with periods. Every girl deserves to feel comfortable and supported when it comes to her body and her

health, and have access to the information and resources she needs to take care of herself during this delicate time.

Forced virginity testing

This is a practice where individuals, often girls, are subjected to invasive and medically unnecessary tests to determine if they are virgins, perpetuating harmful and patriarchal beliefs about female sexuality. Forced virginity testing involves testing a person's virginity without their consent. It's a practice that has been around for a long time, but it's important to understand that it's not only invasive and humiliating, but it's also completely unnecessary and unreliable.

Virginity testing is often done by inserting a finger, speculum, or other object into the vagina to see if the hymen (a thin membrane of tissue that surrounds the vaginal opening) is intact. However, the hymen can be torn or stretched for many reasons other than sexual activity, such as exercise, or even just normal growth and development.

This harmful practice is often used to control and shame young women, and it reinforces harmful gender stereotypes and inequalities. It can also have serious negative consequences for a person's mental health and well-being, causing them to feel violated, ashamed, and traumatized. It's important to recognize that nobody has the right to test someone else's virginity and that a person's worth and value is not determined by whether or not they have had sex.

Discrimination against individuals living with HIV/AIDS

Individuals living with HIV/AIDS are discriminated against and stigmatized, leading to social exclusion and limited access to healthcare and support services. Discrimination against individuals living with HIV/AIDS is a harmful social norm that unfairly targets and stigmatizes people who are already dealing with a serious health condition.

Unfortunately, many people who are living with HIV/AIDS face discrimination and prejudice from others who believe in myths and misconceptions about the virus. This discrimination can take many forms, such as bullying, exclusion, or even violence.

For example, some people may avoid socializing with someone who is HIV positive because they think they could catch the virus, even though HIV is not transmitted through casual contact. This kind of discrimination is not only unfair and hurtful, it also undermines efforts to prevent and treat HIV/AIDS.

By creating a culture of fear and stigma around the virus, we discourage people from getting tested and seeking treatment, which can lead to further transmission of the virus and more deaths. Everyone needs to understand that people living with HIV/AIDS are not a threat to others and that they deserve the same rights and opportunities as anyone else. HIV/AIDS, treating people with respect and kindness regardless of their status, and advocating for policies and laws that protect the rights of people living with HIV/AIDS.

Harmful masculinity

The expectation that men should be tough, aggressive, and sexually dominant, can lead to unhealthy attitudes and behaviors towards girls and women like sexual objectification. This can also include forced marriage, sexual violence, and lack of respect for women's SRHR.

It can be harmful to both men and women. It is also the idea that men should always be tough, strong, and dominant and that showing emotions or vulnerability is a sign of weakness. This can lead to men feeling pressure to act a certain way and not express themselves fully, which can be harmful to their mental health.

Harmful masculinity can also lead to toxic behaviors like aggression and violence, as men feel

they need to prove their dominance over others. This can cause harm to those around them and can create a culture where violence and aggression are seen as acceptable ways to handle other people. Additionally, harmful masculinity can contribute to gender inequality, as it reinforces the idea that men are superior to women and should be in positions of power. This can limit opportunities for women and create barriers to equality.

It is important to challenge harmful masculinity by encouraging men to express their emotions, supporting healthy relationships based on mutual respect and consent, and promoting gender equality.

Lack of respect for consent

The lack of education about consent and respect for boundaries can perpetuate harmful practices such as child marriage and sexual violence. Young people may not fully understand the importance of consent in relationships, leading to coercion, manipulation, and abuse.

Consent means agreeing to something, like when you say “yes” to doing something or letting someone do something to you. It’s important to respect consent because everyone has the right to make decisions about their bodies and what they do with them. It is never okay to ignore someone’s lack of consent. This can happen in all kinds of situations, from sexual activity to sharing personal information or photos. It can be hard to stand up for yourself when you feel pressured or uncomfortable, and people who don’t respect consent often use this to their advantage.

Not respecting someone’s NO is not only disrespectful, but it can also be harmful and even illegal. It’s important to understand that no one owes anyone else their time, attention, or bodies. Everyone has the right to say no, and everyone deserves to have their boundaries respected.

This social norm is harmful because it can lead to young people being forced into situations that are not safe or healthy for them. It is important for young people to know their rights and be able to make decisions for themselves. Everyone has the right to choose who they marry, when they have sex, and what happens to their body. Consent should always be given freely and without pressure or coercion.

Types of GBV (Gender-Based Violence)

Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender. It encompasses a wide range of abuses, typically rooted in unequal power relationships and societal norms. Here are the primary types of gender-based violence:

1. **Physical violence:** This is abuse by an intimate partner or family member and it includes hitting, slapping, choking, assault and battery and homicide
2. **Sexual violence:** This refers to non-consensual sexual intercourse or penetration, often involving physical force, threats, or coercion for example including touching, groping, or kissing without consent.
 - **Sexual harassment:** Unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, often in workplaces or public spaces.
 - **Sexual exploitation:** Taking advantage of an individual for sexual purposes, often in exchange for money, goods, or services, including trafficking for sexual exploitation.
 - **Incest:** Sexual abuse by a family member or close relative.
3. **Psychological/emotional violence:** this refers to manipulation, intimidation, or humiliation designed to control or degrade the victim, often within intimate relationships
 - **Verbal abuse:** Use of words to belittle, demean, or psychologically harm the victim,

including threats, insults, and derogatory language.

- **Stalking:** Persistent, unwanted attention that causes fear or distress, including following, monitoring, or harassing the victim.

4. Economic violence

- **Financial control:** Withholding money, denying access to financial resources, or controlling all household finances, often to exert power over the victim.

- **Economic deprivation:** Preventing someone from working, gaining education, or accessing opportunities to improve their economic status.

- **Property destruction:** Deliberately damaging or destroying the victim's property, often as a means of control or punishment.

5. Cultural/traditional violence

- **Female genital mutilation (FGM):** The practice of partially or completely removing the external female genitalia for non-medical reasons, often as a rite of passage.

- **Honor-based violence:** Acts of violence committed to protect or restore the "honor" of a family or community, often targeting women for perceived transgressions like premarital sex or rejecting arranged marriages.

- **Child marriage:** Marrying off girls (and sometimes boys) before they reach adulthood, often leading to a range of physical, emotional, and psychological harms.

6. Digital/online violence

- **Cyberstalking:** The use of technology to stalk or harass someone, often involving threats or invasions of privacy.

- **Revenge porn:** The non-consensual sharing of intimate images or videos, often to humiliate or blackmail the victim.

- **Online harassment:** Targeting individuals with abusive messages, threats, or harmful content based on their gender.

Personal Safety and Self-Defense Techniques

Personal safety awareness: Always be aware of your surroundings. Pay attention to people, places, and objects around you, trust your instincts, use assertive communication to establish boundaries and deter potential threats.

Travel safety: Plan your routes, avoid isolated areas, and keep your phone accessible. Share your location with trusted contacts when traveling alone.

Apply self-defense techniques: Pay attention to strike zones. Aim for vulnerable areas like the eyes, nose, throat, and groin.

Physical training: Regular exercise can improve your strength, agility, and overall confidence.

Emotional and mental preparedness

Confidence building: Self-defense training can boost confidence and reduce the likelihood of being targeted.

Stress management: Learn techniques to manage stress and stay calm in high-pressure situations.

Support networks: Engage with community groups or organizations that focus on safety and self-defense, providing a support system.

Legal considerations: Familiarize yourself with local laws regarding self-defense to ensure your actions are legally justified and

Reporting incidents: Understand the importance of reporting any incidents to authorities and know how to do so effectively.

Understanding Power and Consent

Power means having control or influence over someone else. In healthy relationships, power should be balanced and shared.

Consent means agreeing to something freely and willingly. It's important to always get consent before doing anything physical with someone else.

Supporting Survivors of GBV

It's important to listen to survivors without judging them, believe them, and support them in getting help.

Survivors of GBV can go to trusted adults, hotlines, or organizations that specialize in helping survivors.

Changing cultural norms:

We can challenge harmful cultural norms by promoting respect, equality, and consent in our communities. This might involve starting conversations, educating others, and being role models for healthy behavior.

Exploring personal values and decision-making:

It's important to think about our values and beliefs when making decisions about relationships, sex, and consent. This can help us make choices that are right for us.

Avoiding judgmental attitudes and one-sided information:

It's important not to judge others or make assumptions about their experiences. Providing balanced and non-judgmental information helps empower people to make informed decisions about their lives.

Icebreaker/role play/team building activity

The peer educators will be instructed to get together in groups of 3-4 individuals each and they will be tasked to come up with short and improvised play skits of 5-10 minutes about one of these social norms. They will choose these at random. They are expected to assign each other story lines and come up with stories to elaborate and prove that they have understood these concepts.

Scenario role play

Provide each group with a scenario where a harmful norm is being enforced (e.g., a boy being teased for not liking sports, a girl being told she's not smart enough for a science class).

Have each group come up with a role-play that shows how the situation could be handled in a way that challenges the harmful norm.

Presentations

Groups present their role-plays to the class.

After each presentation, facilitate a discussion on how effectively the harmful norm was challenged and what could be done differently.

Reflection and Commitment

Reflection

Ask students to reflect individually on what they've learned and write down one harmful norm or practice they personally want to challenge in their school or community.

Commitment wall

Have students post their commitments on a wall or board as a visual reminder of the change they want to see.

End the session by encouraging them to support each other in these efforts.

Follow-up

Consider organizing a follow-up session or ongoing club where students can discuss their progress and challenges in challenging harmful norms.

This activity not only educates students about harmful norms but also empowers them to take action in their communities.

Role of peer educators in challenging these harmful social norms

Role: Facilitator of dialogue and discussions

Skill: Peer educators can facilitate safe spaces for young people to discuss and challenge harmful social norms related to CEFM and SRHR. They can encourage open and honest conversations and provide accurate information and resources to help young people make informed decisions about their own lives.

Role: Advocate for SRHR

Skill: Peer educators can become advocates for SRHR by raising awareness about the importance of comprehensive sex education and the right to make informed decisions about one's own body. They can also advocate for policies and programs that support SRHR and challenge harmful norms that perpetuate CEFM.

Role: Mentor and support system

Skill: Peer educators can serve as mentors and a support system for their peers, particularly for those who may be facing challenges related to CEFM or SRHR. They can offer emotional support, and practical advice, and connect them with resources and services that can help them make informed decisions about their own lives.

Role: Agent of change

Skill: Peer educators can become agents of change by challenging harmful social norms related to CEFM and SRHR in their communities. They can lead campaigns, organize events, and collaborate with community leaders and policymakers to create positive change. They can also model positive behaviors and attitudes related to SRHR and gender equality in their own lives, inspiring others to do the same.

Role: Creative communicator

Skill: Peer educators can use creative and innovative methods to communicate about CEFM and SRHR, such as art, music, and theatre. They can use these methods to engage young people in discussions about these issues, break down taboos and stigma, and challenge harmful social norms.

Role: Researcher and analyst

Skill: Peer educators can conduct research and analysis to understand the root causes of harmful social norms related to CEFM and SRHR. They can gather data, conduct surveys, and analyse information to better understand the challenges facing their communities and develop effective strategies to address them.

Role: Bridge builder and networker

Skill: Peer educators can serve as bridge builders and networkers, connecting young people with organizations, resources, and services that support SRHR and challenge harmful social norms. They can build partnerships with community organizations, healthcare providers, and other stakeholders to create a coordinated and effective response to CEFM and SRHR violations.

Role: Trainer and educator

Skill: Peer educators can become trainers and educators, sharing their knowledge and skills with their peers to empower them to challenge harmful social norms related to CEFM and SRHR. They can develop and deliver training sessions, workshops, and other educational programs that build the capacity of young people to become advocates for SRHR and gender equality.

Role: Innovator and entrepreneur

Skill: Peer educators can become innovators and entrepreneurs, developing new and creative solutions to address the challenges of CEFM and SRHR. They can develop innovative programs and services, leverage business and resources to reach young people and create sustainable models that can be scaled up and replicated in other communities.

Role: Storyteller and influencer

Skill: Peer educators can use the power of storytelling to challenge harmful social norms related to CEFM and SRHR. They can share their own stories and experiences, as well as those of their peers and community members, to raise awareness about the impact of these harmful practices and inspire others to take action. They can also use their influence to advocate for change and create a culture of respect for SRHR and gender equality.

Ice breaker/role play/team building activity

Peer educators will be instructed to get back into their groups from before to engage in a communication challenge which is one of the key skills required to be a peer educator. They will pass a message whispered only once from the person who created it to the last person who heard it. The challenge is to compare if information was given and received accurately.

Group discussion

The peer educators are encouraged to share their experiences and views on harmful social norms and values in their communities. They can share their personal experiences, stories, and ideas for addressing these issues that we can add to our strategies.

Conclusion

a) Summarise the key points discussed during the session. We shall go through a quick recap of the various pointers mentioned in the activities and discussions by having peer educators raise their hands and name what they have learned as the facilitator asks questions.

b) Encourage the peer educators to continue the conversation in their communities

c) Examples of team-building activities to engage in role-playing activities Interactive games
Group discussions and peer-to-peer education Storytelling and multimedia presentations Creative arts and expression

d) Provide resources and contact information for additional support or questions

e) Feedback, evaluation, and closing remarks.

THEME 5: Sexually Transmitted Infections, HIV & AIDS

Ice breaker/role play/team building activity

One of the peer educators will volunteer for the game and step out of the room. One other will volunteer to invent a “signature” hand-clapping sound in intervals at the direction of the facilitator. All the peer educators in the room must follow their lead and do what they are doing. The person who stepped out is tasked to come back inside and identify where the trend in changes of sounds is coming from. This will teach them how to work together to conceal the identity of the originator.

Purpose	<p>The peers will acquire knowledge about the transmission routes, symptoms, and risks associated with STIs and HIV</p> <p>The participants will acquire knowledge, and skills to make informed decisions to protect their sexual health</p>
Objectives	<p>To educate participants on the different types of STIs and the symptoms</p> <p>To correct misconceptions and myths about STIs by promoting understanding of the diseases</p>
Delivery methods	<p>Presentation from the facilitator</p> <p>Group discussions</p> <p>Question and answer sessions</p>
Key messages	<p>Abstinence is the best method to avoid acquisition of STIs, HIV.</p> <p>Be aware of the common symptoms of STIs for example discharge, pain during urinating, itching in and around private parts.</p> <p>Knowledge is power. Learn about different STIs, how they spread, and how to prevent them. Being informed empowers you to make safer choices.</p>
	<p>Every person has the right to respect, regardless of their HIV or STI status. Avoid stigmatizing language and support them regardless of their status.</p> <p>Every choice you make today shapes your future. Make responsible choices regarding your sexual health to ensure a bright and fulfilling future.</p>
Session Plan	<p>Welcome participants and introduce the session objectives and an icebreaker</p> <p>Present an overview of STIs, transmission routes, and symptoms</p> <p>Group discussions</p> <p>Question and answer sessions</p>



Figure 14: HIV Testing and Counseling

Sexual Transmitted Infections (STI)

Step (a): Introduction

Welcome the participants. Tell them that in this activity, we will learn about what STIs are, their causes, associated consequences, prevention, and how to manage them (treatment)

Step (b): Session Objectives

In this session, we seek to:

- Understand the common sexually transmitted infections (STIs), causes, consequences and treatment
- Discuss complications associated with STIs
- Gain skills on how to prevent STIs

Step (c):

In this activity, you will support the participants to have a deeper reflection on their knowledge, attitudes, and practices concerning Sexual Transmitted Infections

Step (d):

Prepare three manila papers labeled; disagree, agree and neutral. Place each of them in different locations leaving enough space (about 5 meters) between them to allow small groups to gather around them.

Step (e)

Read the statements below to the participants and ask them to think through before they can choose where to stand/go. For instance, those who agree with the statement move to the manila labelled agree.

Step (f)

Ask each category to explain their stand and supplement their opinion with the right answer under each statement

Can a person have a sexually transmitted infection (STI) and not know it ?

CORRECT ANSWER: TRUE. A person can have a sexually transmitted infection (STI) and not know it. The ONLY way to know is by visiting a health facility and testing for STI;

Sexually transmitted infections can be easily treated with antibiotic pills if noticed and treated early. One can live a long healthy life without any complications .

STIs are infections that are spread from person to person through unprotected sex (sex without a condom) with an infected person and from mother to child during childbirth.

There are common signs and symptoms of STIs both in boys and girls.



Figure 15: STI symptoms for boys

Symptoms for boys are, painful urination, discharge from private parts, itchiness on or around private parts and sores on or around private parts.



Figure 16: Sexually transmitted infections for girls

Symptoms for girls include painful urination, unusual or bad-smelling discharge from private parts, itchiness on or around private parts, sores on or around private parts and painful sexual intercourse.

Anyone who has any of the above symptoms should go to the nearest health Centre for treatment.

• **Once you have had an STI and have been treated, you can't get it again**

CORRECT ANSWER: FALSE. Once you have had an STI and have been treated, you can get it again. Most STIs can be treated with simple anti-biotic pills if noticed and treated early

To avoid STIs or re-infections

- Abstain from sex until marriage. Abstinence is the best way to prevent HIV
- Practice safer sex by using condoms correctly and consistently.
- Go for STI testing and treatment
- Stick to one sexual partner

• **Chlamydia is the most common STI.**

CORRECT ANSWER: TRUE. Chlamydia is the most common STI caused by bacteria.

Other STIs are also common; they include; Gonorrhea, Syphilis, Human Papillomavirus (HPV), Chlamydia, HIV, and Genital herpes

Common causes of STIs

STIs are mainly caused by bacterial infection and viruses. One can also get STIs from mother to child during birth. Such STIs transmitted from mother to child include HIV and Gonorrhoea of the eyes.

Consequences and Complications Associated with STIs

If STIs are not treated early and properly, they can cause serious health problems, such as:

- Being unable to have children (infertility)
- Losing a pregnancy or going into early labour.
- Sickness or death of baby
- Still births (when a baby is born dead) or result in the death of the baby outside the womb.
- Cancer
- STIs are a risk factor for HIV transmission and for acquiring HIV
- May lead to heart and brain damage in case of no treatment – 10- 25 years after initial exposure to syphilis.

Infants of mothers with STIs may have:

- Lower birth weights
- Premature births
- Increased risk of other diseases, infections, and blindness

Treatment for sexually transmitted infections usually consists of one of the following, depending on the infection:

- Antibiotics, often in a single dose, can cure many STIs caused by bacteria or parasites, such as gonorrhea, syphilis, chlamydia, and trichomoniasis. Once you start antibiotic treatment, you need to finish the prescription. Tell your health care professional if you don't think you can take medicine as prescribed. A shorter, simpler course of treatment may be available.
- Antiviral drugs. If you have herpes or HIV, your doctor may prescribe medicine that keeps a viral infection from getting worse, called an antiviral medicine.

Step (g)

Thank participants for their active participation and ask them to return to their seats. Then ask them to share different skills on how to prevent the spread of STIs.

Step (h) Key message

Anyone who has sex can get a sexually transmitted infection (STI). STIs are infections mainly passed from one person to another during sexual intercourse or contact with their private part areas.

It is most likely to get an STI when a person has sex without a condom. The more sexual partners we and/or our partners have, the higher our chances of getting an STI.

Most STIs are treatable and can be cured. So, it is important to go to the nearest health centre for treatment.

Abstinence from sex is the way to achieve 100% protection against STIs including HIV.

Explain to the participants that there is a toll-free telephone hotline where a young person can call for free and talk to a trained counselor about any of the things we have shared.

Human Immunodeficiency Virus (HIV)

Step (a): Introduction

Welcome the participants. Tell them that in this activity, we will learn about HIV, its causes, consequences, and how to prevent and manage it (treatment)

Step (b): Session Objectives

In this session, we seek to:

- Understand how it is spread and how to stay safe from it
- Know the different consequences associated with HIV and how to support those living with the virus.

Step (c):

Prepare three manila papers labeled; disagree, agree, and neutral. Place each of them in different locations leaving enough space between them to allow small groups to gather around them.

Step (d)

Read the statements below to the participants and ask them to think through them before they can choose where to stand/go. For instance, those who agree with the statement move to the manila label and agree

Step (e)

Ask each category to explain their stand and supplement their opinion with the right answer under each statement

1. You can tell by looking at a person if they have HIV infection.

CORRECT ANSWER: FALSE. You cannot tell if a person is living with HIV by simply looking. The ONLY way to know if a person is living with HIV is through a blood test.

HIV in full term is Human Immunodeficiency Virus. It is a virus that gradually attacks the body's immune system causing AIDS.

AIDS is Acquired Immune Deficiency Syndrome, a medical condition caused by HIV. A person is diagnosed with AIDS when their immune system is too weak to fight off infections.

Symptoms of HIV

When the body's immune system is weakened by HIV, many other diseases attack the body that may show different signs and symptoms such as;

- Rapid weight loss.
- Recurring fever, cough, or profuse night sweats.
- Diarrhoea that lasts for more than a week.
- Sores of the mouth, anus, or genitals.
- Pneumonia.

Note: HIV may sometimes take many years before symptoms begin to manifest

2. Can you get HIV from kissing?

CORRECT ANSWER: TRUE. Kissing only carries a risk if there is an exchange of blood from an HIV+ person to his or her partner.

This can occur when the skin or mucous membranes in or around the mouth are damaged.

Additional myths and facts about HIV

MYTH: HIV can be transmitted through casual contact like hugging, kissing, or sharing

food.

FACT: HIV is not spread through everyday contact. It is transmitted through specific bodily fluids such as blood, semen, vaginal fluids, and breast milk. Casual contact does not transmit HIV.

MYTH: HIV can be cured with herbal remedies or alternative therapies.

FACT: While there are treatments available that can effectively manage HIV and allow individuals to live healthy lives, there is currently no cure for HIV. Herbal remedies or alternative therapies cannot cure HIV, and relying solely on them can delay proper medical treatment.

MYTH: Only certain groups of people, such as men who have sex with men or people who inject drugs, can get HIV.

FACT: HIV can affect anyone, regardless of their sexual orientation, gender identity, or drug use. It is transmitted through behaviors and activities that expose individuals to infected bodily fluids, such as unprotected sex or sharing needles.

MYTH: HIV-positive individuals will always look sick or have visible symptoms.

FACT: Many people living with HIV may appear healthy and show no visible signs or symptoms for years. However, they can still transmit the virus to others if proper precautions are not taken. Regular testing is essential for early detection and treatment.

MYTH: HIV/AIDS is a death sentence.

FACT: While HIV/AIDS was once considered a terminal illness, advances in medical treatment have transformed it into a manageable chronic condition for many people. With early diagnosis and access to antiretroviral therapy (ART), individuals living with HIV can lead long and healthy lives.

MYTH: HIV/AIDS only affects adults.

FACT: HIV can affect people of all ages, including infants, children, adolescents, and older adults. Prevention efforts, testing, and access to treatment are important for everyone, regardless of age.

MYTH: HIV can be transmitted through insect bites or mosquitoes.

FACT: HIV cannot be transmitted through insect bites or mosquito bites. HIV is a fragile virus that cannot survive for long outside the human body, and it cannot reproduce in insects. Therefore, mosquitoes or other insects cannot transmit HIV to humans.

The most common ways by which HIV is transmitted are:

- Sex without a condom with an infected person.
- From parent to child during pregnancy, delivery or breastfeeding.
- Contact with an infected person's blood through sharing needles or other sharp instruments.

HIV is found in the blood and the genital fluids of an infected person, and in the breast milk of an infected woman.

It is important to know that HIV cannot be not CURED, but can be treated. Antiretroviral (ARV)

medicine is taken by people living with HIV

Voluntary Counselling and Testing (VCT)

Is when someone chooses to get tested for HIV to know their status. It's important because early detection can lead to better treatment and care.

Treatment and care for HIV include taking medication called antiretroviral therapy (ART) to control the virus and support to manage symptoms and live a healthy life.

Living with HIV/AIDS means managing the virus and its effects on daily life. This includes taking medication, practicing safer sex, and seeking support from healthcare providers and support groups.

Prevention of Mother-to-Child Transmission (PMTCT)

Involves measures to reduce the risk of passing HIV from a mother to her baby during pregnancy, childbirth, or breastfeeding. This includes taking ART during pregnancy and delivery, opting for safe delivery practices, and providing infant feeding guidance.

Existing Sexual and Reproductive Health (SRH) Services

SRH services provide information and support related to sexual and reproductive health, including contraception, STI testing and treatment, pregnancy care, and counseling.

Adolescents can access SRH services through various channels, such as health clinics, school-based programs, youth-friendly centers, and online platforms.

Healthcare providers can give adolescents information about available SRH services, including where to go for specific needs and refer them to appropriate resources based on their preferences and requirements. It's essential to ensure confidentiality, respect, and non-judgmental support when referring adolescents to SRH services.

- **Post-abortion care (PAC)** is a critical aspect of reproductive health that ensures the physical and emotional well-being of individuals after an abortion. It's important to approach this topic with sensitivity, respect, and a focus on comprehensive care.
- **Medical care:** the importance of follow-up medical visits to ensure complete recovery and address any complications, such as infections or incomplete abortions.
- **Managing complication:** Educate yourself on the signs of potential complications, such as excessive bleeding, fever, or severe pain, and the need for immediate medical attention if these occur.
- **Emotional and psychological support:** Counseling Services provide access to counseling or mental health services to support individuals who may experience emotional distress or psychological effects post-abortion.
- **Stigma and confidentiality:** Emphasize the confidentiality of post-abortion care services to protect individuals' privacy and reduce stigma. Ensure that healthcare providers approach post-abortion care with compassion and without judgment and stigma, respecting the individual's circumstances and decisions.

Inform individuals of their rights regarding access to post-abortion care and the resources available to them, including hotlines, clinics, and support networks.

THEME 6: GENDER, SOCIAL INCLUSION AND THE GENDER TRANSFORMATIVE APPROACH

Purpose	It will help to promote equality, justice, and empowerment for all individuals regardless of gender identity.
Objectives	<p>To promote equity and inclusion</p> <p>To facilitate the meaningful participation and representation of diverse voices in decision making</p> <p>To empower young girls to challenge traditional gender roles</p>
Delivery methods	<p>Group presentations and discussions, quiz sessions</p> <p>Brainstorming sessions</p>
Key message	<p>Traditional gender roles and norms limit opportunities and perpetuate inequality.</p> <p>Empowering girls is essential for achieving gender equality and promoting social justice.</p> <p>Challenge stereotypes that limit girls and boys. Everyone deserves the chance to explore their interests and talents, free from societal expectations based on gender.</p> <p>Girls and women can lead in all areas of life. Encourage leadership and active participation, fostering an inclusive society that benefits from diverse perspectives.</p> <p>Engage with your community to promote inclusivity and gender equality. Create spaces where everyone feels welcome and supported, irrespective of their gender or sexual orientation</p>
Session Plan	<p>Welcome participants and introduction and ice breaker(exploring gender norms)</p> <p>Overview of gender and social inclusion concept and gender transformative approach</p> <p>Case studies and examples</p> <p>Group discussions(identify barriers to gender social inclusion within schools and communities)</p>

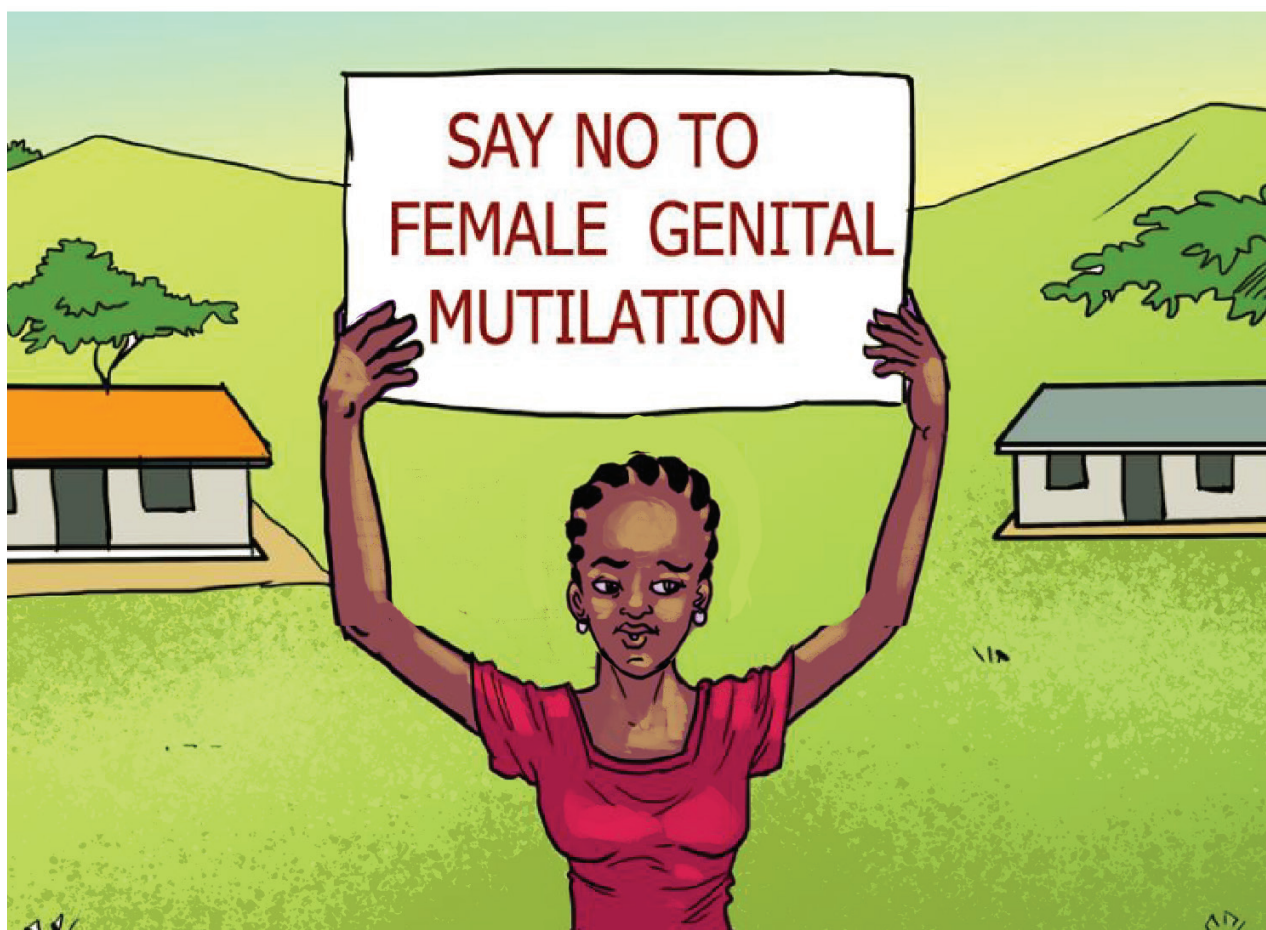


Figure 17: Gender and social inclusion

Introduction

Around the world, adolescent girls face multiple challenges. Persistent gender inequalities dictate their conditions, realities, and aspirations for the future. Many girls in adolescence will experience harmful practices such as child marriage and female genital mutilation (FGM), which are largely fueled by discriminatory gender norms and triggered by poverty and a lack of education and opportunity.

Child marriage is both a symptom and a result of deep-seated gender inequalities and restrictive gender norms. Addressing child marriage therefore necessitates a gender-transformative approach, tackling harmful gender roles, norms, and power relations.

Gender Transformative approaches guide young girls and boys to imagine and take action towards building a safe, gender-sensitive, inclusive and equitable violence-free future, especially for girls.

In this section, we reflect on the discussion of questions in step one in line with a theoretical and practical understanding of the concepts for discussion: gender transformative approaches.

This step assumes that the participants have already covered and/or understood what gender is and the difference between gender and sex; gender roles and sex roles.

Difference Between Gender and Sex

Sex: This is about the physical differences between males and females. It's about our bodies, like having certain body parts and how they work.

Gender: This is more about how people feel inside and how they see themselves. It's not just about being a boy or a girl. Some people feel like they're a boy, some feel like they're a girl, and some feel like neither or both.

Gender Roles: These are the expectations society has for how people should act and behave based on whether they're boys or girls. For example, people might expect boys to be tough and not show their feelings, while girls might be expected to be nurturing and like pink. These roles can vary significantly across cultures and historical periods. For instance, some societies have strict expectations regarding how men and women should behave, dress, and interact with others. However, these expectations are not inherent to biology but are rather social constructs that can be challenged and changed over time.

Gender Stereotypes: These are simplified ideas or beliefs about what people are like based on their gender. Like the idea that all boys are good at sports or all girls are bad at math. But these ideas aren't always true and can limit what people.

Gender Myths: These are untrue stories or beliefs that people might think are true. For example, the myth that boys are always better leaders than girls, or that girls aren't as smart as boys. These myths aren't based on facts and can be harmful.

Gender Inequalities: This means unfair differences between boys and girls or men and women. It can happen in many areas like education, jobs, or how people are treated. For example, when girls are told they can't do certain things because they're girls, that's an inequality.

It's important to recognize that sex, gender, and gender roles are complex and multifaceted concepts that interact with each other in dynamic ways.

Quiz

This section is about understanding how inequalities are passed on through social norms

Who is a boy?	Who is a girl?	Who is a child?
What do you do when you see a boy?	What do you do when you see a girl?	What do you do when you see children ?
What roles do boys play in: <ul style="list-style-type: none">• household• school	What roles do girls play in: <ul style="list-style-type: none">• household• school	What roles do children play in the community?

Notes:

After the group presentation, discuss

- How does this exercise make you feel?
- What have you learned about the social construction of roles between girls and boys?

- What are some of the roles that both boys and girls can perform at home and at school?

Quiz

Form 2 groups, draw a clock and map out

Gender analysis clock

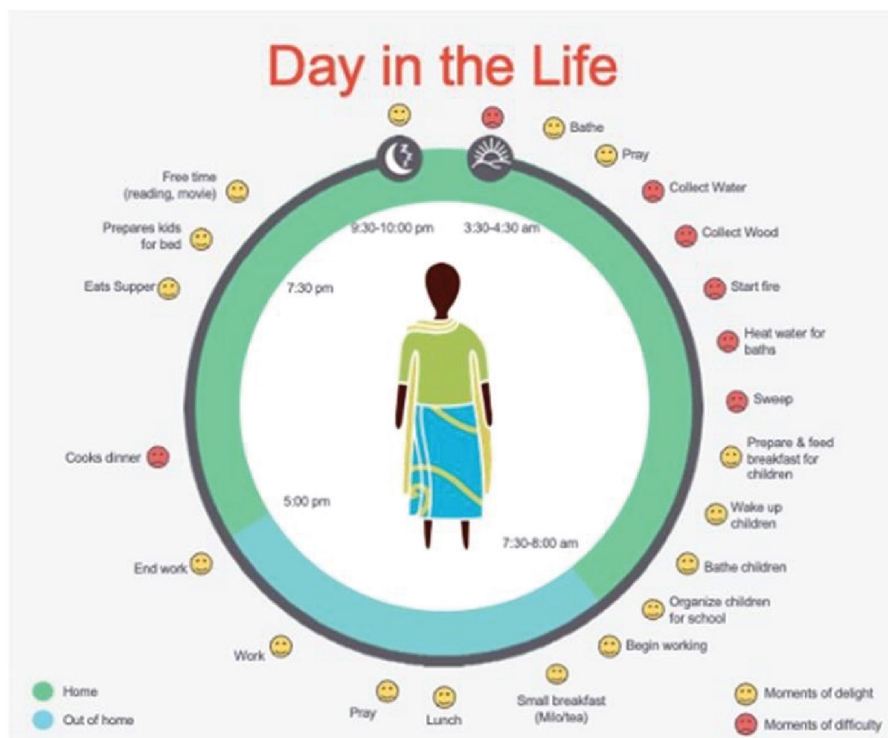


Figure 18: Gender and social inclusion

Group A - What girls do from the time they wake up to the time they sleep and; What men do from the time they wake up to the time they go to bed

Group B – What boys do from the time they wake up to the time they sleep and; What women do from the time they wake up to the time they go to bed

General Question (at home and school): Free time and play. What is free time? What do you do in your free time? What games do you play? For how long?

What is Inequality?

In explaining inequality, give examples of what you think inequality looks like; this could be an example, an experience, an event, etc., or draw on a piece of paper.

Discuss the different forms of inequalities at home, school, and in the community.

WHERE?	HOW?	BY WHOM?
Home		
School		
Community		

What is unconscious bias?

Unconscious biases are prejudices and stereotypes individuals have about certain groups of people that they aren't consciously aware of having. Here are some examples of stereotypes, are they true or false?

Girls are weak, boys don't cry, boys are stronger than girls, boys are strong headed, boys are clever, girls are shy, girls are caring, girls are nice, girls are motherly, girls are crybabies, boys lead, girls only follow.

What happens to girls and boys when inequalities are not addressed?

Levels	Type of inequality	Boys	Girls
Individual Level			
Institution (schools, healthcare, church / mosque)			
Communities			
Government laws and policies			



Figure 19: Gender Equality Continuum

Gender Equality Continuum

The gender equality continuum presents key terminologies that we need to understand for equity. The Gender Transformative Approach actively examines, questions and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women. It aspires to

tackle the root causes of gender inequality and reshape unequal power relations, it moves beyond individual self.

The Gender Transformative Approach attempts to promote gender equality by:

- Fostering critical examination of inequalities and gender roles, norms and dynamics.
- Recognizing and strengthening positive norms that support equality and an enabling environment.
- Providing the relative position of women, girls and marginalised groups and transforming the underlying social structure policies and broadly held social norms that perpetuate and legitimise gender inequalities.
- Empowering marginalised women and girls to come into the public domain, share their perspectives, take on leadership roles.
- Working with men and boys as allies and champions of change
- Transformative approaches help to understand how gender inequalities intersect with and compound other inequalities.

Gender issues and dynamics affect everyone individually, every day. Our judgments and decisions around gender and sexuality issues are often so deeply ingrained that we make them unconsciously.

To avoid ‘unconscious bias, it is good to have a clear personal/institutional position on these issues will affect your own personal and organizational practice

THEME 7: VISUALIZING THE FUTURE

Purpose	It will allow the participants to clarify their goals It will help the participants to make better decisions
Objectives	To empower participants to envision their desired future, develop plans to achieve their goals, and cultivate the mindset and skills needed to navigate and shape their futures.
Delivery method	Group discussion assignments (creating a vision board)
Key message	<p>Visualizing the future aims to instill hope, motivation, and empowerment in individuals, inspiring them to take control of their destinies and create a future aligned with their aspirations and values.</p> <p>Envision an ambitious future while acknowledging the importance of taking small, meaningful steps towards those goals. Every small action today contributes to the big dreams of tomorrow.</p> <p>Explore a variety of interests and hobbies to discover about yourself now, the clearer your vision for the future will become.</p> <p>Challenges are not roadblocks but opportunities for growth. Facing difficulties head-on prepares you for a future filled with possibilities.</p> <p>A successful future includes not just career achievements but also personal well-being. Strive for a balanced approach to life, including mental and physical health practices.</p>
Session Plan	<p>Welcome the participants and introduce the session, and icebreaker,</p> <p>Participants are guided through a visualization exercise</p> <p>Brainstorming, and wrap-up</p>

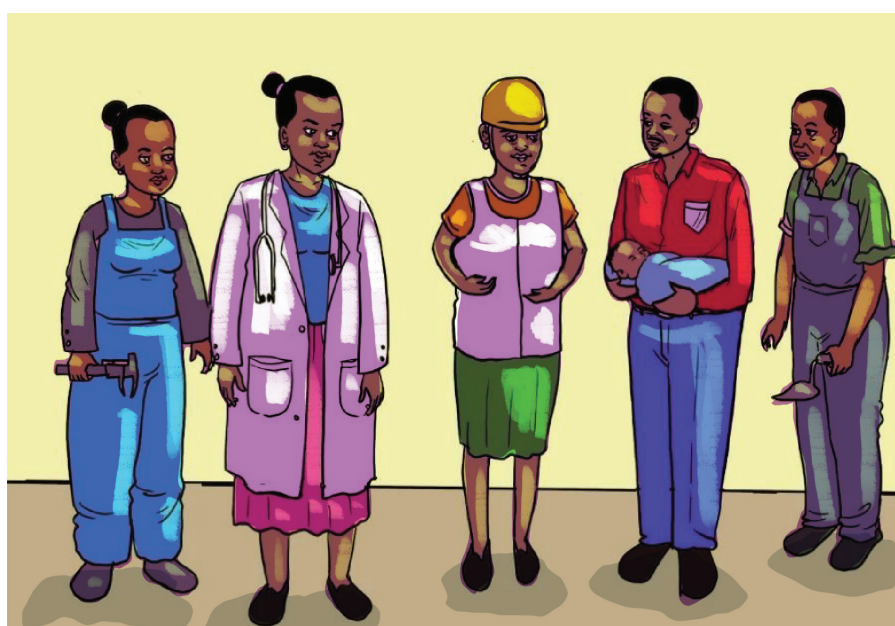


Figure 20: Who do you want to be in future?

Now that you know what you know, you are aware of what gender is, the socially constructed inequalities there are and the importance of challenging them. What are your dreams for the future?

A star has 5 points: What are the 5 things about you that make you a star?



Figure 21: What are the 5 things that make you a star?

Quiz

- When you look back at your childhood, what things made you happy? What makes you happy now? What do you think would make you happy in the future?
- Write a group letter visualising the future you want for girls and women in your community
- Write a letter to self-visualize your future and appreciate the people you believe will support you. Draw a picture of what you want to be in future.

Reflection

What have we learnt from this exercise?

THEME 8: WORK PLAN AND FORMATION OF STAND UP PEER EDUCATOR CLUBS



Figure 22: Stand Up Peer Educators Club

Selection Criteria of Change Agents and Designing Peer Education Session Roadmaps

The trained peer educators will be tasked to form **Stand Up Peer Educator Clubs** in school so that they can share the information learned with their fellow peers (change agents). The clubs will be meeting on the designated school days when all other school clubs meet.

Femme forte will provide an approved training manual that will guide discussions during the club seating. The peer educators will be guided by a teacher who attended the peer education training with them.

References

- Integrated SRHR, MHM, and WASH training manual.
- Adolescent Health Manual.
- Peer Educator's Manual by Uganda Youth Network
- Sexuality Education Framework
- Amplify Change Peer Educators' Training Manual

