



MODULE 4

CHAMPIONS OF CHANGE

BEING INFORMED ABOUT SEXUAL
AND REPRODUCTIVE HEALTH

Because I am a
Girl

 **PLAN**
INTERNATIONAL



Champions of Change for Girls' Rights and Gender Equality is Plan International's community wide strategy for promoting gender equality and social norm change through youth engagement and peer-to-peer mobilisation. The Girls Champions of Change curriculum is Plan's comprehensive global curriculum for girls' empowerment. The curriculum includes engaging, adaptable activities that encourage girls to build knowledge, attitudes and skills based on their own lived experience. The program is the sister curriculum to the Boys Champions of Change curriculum.

Overall concept and guidance:

Alex Munive, Director of Gender Equality and Inclusion a.i.
Lucero Quiroga, Gender Equality Specialist

Content specialist for this module:

Abby Buwalda, Choice for Youth & Sexuality

Edited by:

Lucero Quiroga and Natasha Brownlee

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Design and Illustration:

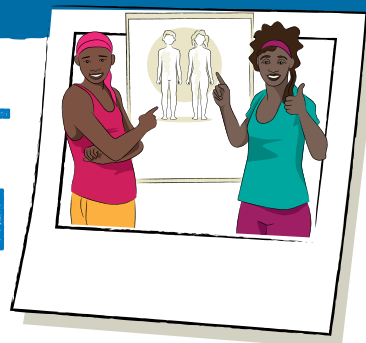
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SNAPSHOT: BEING INFORMED ABOUT SEXUAL AND REPRODUCTIVE HEALTH



This module begins by introducing girls to their right to know and openly discuss information about their sexual and reproductive health. The module then invites girls to learn basic information about their bodies so that they can better take care of their sexual and reproductive selves. By the end of the module, girls will have the basic knowledge about their sexual and reproductive health, which will support them in claiming their sexual rights and reproductive rights.

SETTING THE STAGE

4

Topics include: puberty, the reproductive systems, sexual organs, myths and taboos about sexuality and reproduction, pregnancy, and STI and HIV/AIDS prevention

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Girls learn about the changes that girls and boys go through during puberty and present what they've learned to the rest of the group.

Activity BIH2-B: Puberty (for older girls)

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Activity BIH3: The reproductive system

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Girls label different parts of the male and female sexual and reproductive systems and learn about their functions.

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Girls identify myths about reproduction and contraception in their own community, and learn the facts that prove that these myths are not true.

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Girls learn about different STI's and HIV/AIDS and how to prevent them.

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Girls create skits to show how they can use the information they learned throughout the module to make decisions in their lives, and learn about sexual and reproductive health service providers that are accessible to them.

BEING INFORMED ABOUT SEXUAL AND REPRODUCTIVE HEALTH

SETTING THE STAGE¹

WHY SHOULD GIRLS BE INFORMED ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH?

Every girl has the right to make her own informed decisions regarding her sexual and reproductive health, including if, when, how and with whom to have **sexual intercourse** (sex). In order to make good decisions, girls need the information that will allow them to know and appreciate their own bodies, and to understand the positive and negative consequences that their actions regarding their sexuality may have. For example, if a girl is considering making the choice to have sex with her partner, she needs to have accurate information on how to protect herself and her partner from possible risk of sexually transmitted infections and unintended pregnancy. It is impossible for her to make a carefully considered decision if she lacks basic information about the male and female sexual and reproductive systems, about possible consequences of unprotected sex, and about keeping herself healthy.

LINK TO OTHER MODULES

In the **Being Assertive** module girls learned about the importance of having sufficient information in order to make the decisions that affect their lives by following three steps: 1) Stop and think; 2) Know the facts; and 3) Consider the consequences. Without *knowing the facts* about their sexual and reproductive health, girls cannot *consider the consequences* of their action and make an informed decision.



Although it is a human right to have access to accurate information and education about reproduction, sex and sexuality, in many communities all over the world young people face strong barriers to accessing this information. Social norms around sex and **sexuality** cause parents to feel embarrassed to talk about it with their children, and make it hard for schools to include sexuality education in their curriculum. To make matters worse, parents, caregivers and policy makers are often misguided by the false belief that learning about sex and sexuality will lead children and youth to have sex sooner and with less healthy habits than they would otherwise.

But this belief is not more than a myth. The fact is that girls in countries where young people receive comprehensive information about sexuality and reproduction do not have sexual relations earlier than girls in countries where young people lack information.² When they do choose to have sex, they are more likely to protect themselves and to have healthier and more equal relationships with their partner. This positive relationship between **comprehensive sexuality education** and positive health outcomes happens because, with access to information, girls are more empowered to talk openly about sex and reproductive health and to make safe and healthy decisions.

In **Activity BIH1: My right to full and accurate information**, girls learn about the importance of talking openly about sex, sexuality and reproduction and discuss societal rules that may prevent them from doing so.



1. Much of the Setting the Stage of this module is adapted from: Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education.
2. UNFPA. (2015) The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes.

WHAT IS COMPREHENSIVE SEXUALITY EDUCATION?

Comprehensive sexuality education (CSE) includes and goes beyond providing information about the sexual and reproductive systems. It also recognizes that lack of information is only one of many barriers that can prevent someone, especially if they are a girl or a woman, from accessing their sexual and reproductive rights. For example, it doesn't matter if a girl knows that she and her partner need to use protection while having sex to prevent pregnancy and STI's – without gender-equal relationship and the confidence to stand up for herself, she will likely not be able to demand that her partner wear a condom.

This is why CSE seeks to equip young people with the knowledge, skills, attitudes and values they need to make decisions about and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development.³ The essential elements of comprehensive sexuality education include gender, sexual and reproductive health, sexual rights, pleasure, violence, diversity and relationships.⁴

BOX BIH1: COMPREHENSIVE SEXUALITY EDUCATION IN GIRLS' CHAMPIONS OF CHANGE

When viewed as a whole, the different modules of the Girls' Champions of Change curriculum cover all elements of comprehensive sexuality education. In doing so, they seek to provide girls with a solid foundation from which to make their own decisions regarding their bodies and sexuality, and to decide their own futures.



Girls' Champions of Change Modules:

Connection to Comprehensive Sexuality Education:

Being Assertive	Girls learn to make informed decisions to communicate assertively.
Being Gender Aware	Girls learn about gender relations, stereotypes and discrimination, as well as how other girls and women have worked to claim their right to gender equality.
Being Body Confident	Girls get to know and appreciate their own bodies for all of the wonderful things they can do
Being Informed about Sexual and Reproductive Health	Girls learn basic knowledge about their sexual and reproductive health, and how to prevent unwanted pregnancies and STIs.
Enjoying your Sexual and Reproductive Rights	Girls learn about their sexual rights and their reproductive rights, understand the importance of consent in all sexual relations, and practice communicating their wants, and needs.
Living Free from Gender-Based Violence	Girls understand the roots of gender-based violence and build knowledge and skills on healthy relationships.
Dialoguing Gender	Girls begin to discuss issues of gender, sexuality and gender-based violence with male peers who are beginning to engage with gender equality.
Being Economically Empowered	Girls learn the importance of financial independence for being able to affect their own future, including if and when to have a family of their own.

3. International Planned Parenthood Federation (2012) Framework for comprehensive sexuality education.

4. Ibid.

The choices young people make today regarding sex affect not only their immediate lives, but can also have a far-reaching impact on their future. A teenage pregnancy caused by a lack of information or access to modern contraceptive methods can hugely inhibit a girl's ability to finish her education and control her own future. Therefore, enabling girls to make informed decisions today will greatly increase their ability to reach their full potential in the future. This is why there is a growing movement around the world that has brought many young people and adults to advocate for comprehensive sexuality education for all.



BOX BIH2: YOUNG & IN CONTROL: REPORT ON YOUTH INVOLVEMENT IN THE ASK PROGRAM

A group of youth leaders from around the world believe that young people themselves hold the keys to changing the approach to sexual education. Their short, colourful and easy to read online report is a collection of stories and experiences of young people taking charge of their sexual and reproductive health, and sharing their knowledge with their peers through new and unique ways that only young people could think of – from a TV-reporter in Uganda who encourages young people open up about sexuality and other sensitive issues to a health worker in Ethiopia who uses mobile phones to connect with pregnant teens in rural areas.

You can watch a video by the authors of the report (youth leaders and educators from around the world) here: <https://vimeo.com/147714346>; and read the report to check out more stories and examples of young people stepping up for their sexual and reproductive health and rights here: <http://cdn.vellance.com/rutgers/yfr/index.html>.

If the girls you are working with have access to the internet, do share this dynamic and youth-friendly website with them!

WHAT DO GIRLS NEED TO KNOW ABOUT PUBERTY?⁵

Adolescence is the time in everyone's life when they change from being a child to being an adult. It occurs roughly between the ages and 13 and 20, and involves girls and boys leaving behind the attitudes and behaviours expected from children and learning to take on the roles expected from adults. When children approach adolescence, their bodies begin to produce a chemical – called hormones – that lead to changes in their bodies and emotions. This time is called **puberty**. Puberty occurs in a different way and at a different pace for every individual, and is influenced by many factors, including genes, nutrition, physical activity, and illness. In general, girls reach puberty at an earlier age than boys do.

At puberty, boys and girls sexual and reproductive organs begin to mature. For girls, physical changes associated with puberty include beginning menstruation, the development of breasts, growth of underarm and pubic hair, and other physical changes. For boys, puberty includes the initiation of involuntary orgasm during sleep, production of sperm, the growth of facial, pubic, and body hair, deepening of the voice, and other physical changes. A full list of these changes can be found in **Facilitation Sheet BIH2**.

LINK TO OTHER MODULES

Puberty is a time of rapid physical growth, so taking care of one's body is especially important. Young people often face particular health issues at adolescence, including the need for safe physical exercise and proper nutrition. The **Being Body Confident** module invites girls to explore taking care of their emotional and physical health.

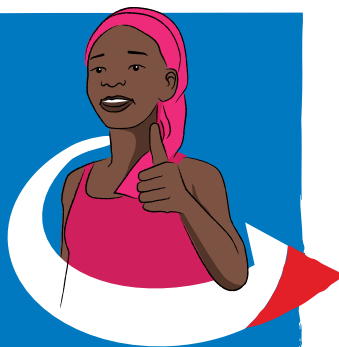


Puberty can be a confusing and exciting time. Both the physical and social aspects of puberty bring changes in the way young people feel about themselves and about other people. Many adolescents become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner. It is important for girls to be informed about puberty *before* puberty occurs, so that they understand and are prepared for the changes that are happening in their bodies and minds during this time.

5. Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. 164-166.

As young people reach puberty and start to develop sexually, they find that people they know — and the society at large — begin to relate differently to them. Some cultures practice coming-of-age rituals for boys and girls reaching puberty. Many of these rituals are celebrations of growing up. Some, however, may be harmful - for example female genital cutting or mutilation or initiation rites that prepare adolescent girls for marriage by teaching them how to physically pleasure their future husbands.

Activity BIH2A: Learning About Puberty introduces younger girls to the physical and emotional changes that happen during puberty, while **Activity BIH2B: Puberty** helps older girls to articulate and present this information in a way that can be helpful both for themselves and for younger girls around them.

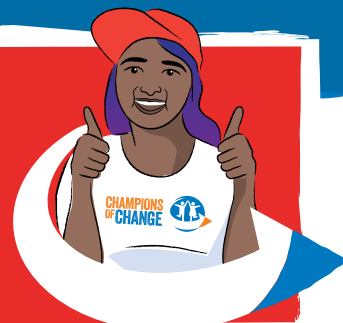


WHAT DO GIRLS NEED TO KNOW ABOUT REPRODUCTION AND PREGNANCY?^{6,7}

Women and girls have the right to choose if, when, how many and how apart to have children. In order to make these decisions, girls need to understand the reproductive system: including how pregnancy occurs and what measures they can take to prevent it.

Biologically, female fertility is the ability to become pregnant and carry a pregnancy to birth. Female fertility begins at puberty with a girl's first ovulation, and varies over the course of her ovulatory-menstrual cycle. With each menstrual cycle, a woman or girl releases a mature egg. Male fertility is the ability to provide healthy sperm capable of starting a healthy pregnancy. Male fertility begins at puberty when boys begin to produce millions of tiny cells called sperm, and does not vary on a cyclical basis. Men and boys release sperm through ejaculation. Both men and women can be infertile or have low fertility. Infertility has many causes, including sexually transmitted infections, illnesses, environmental toxins, and genetic or physical factors. Fertility declines naturally with age in both women and men, although this decline takes place earlier in women.

In **Activity BIH3: The reproductive system**, girls learn the correct names for the different parts of the male and female sexual and reproductive systems and about their reproductive and/or sexual functions.



Some organs are involved primarily in reproduction, in sexual pleasure, or both. For example, in males, the penis and the testicles are essential organs involved in both sexual pleasure and in reproduction. In females, the vagina is involved in both sexual pleasure and reproduction, while the uterus is involved only in reproduction. The clitoris in females is the only organ for which the sole purpose is sexual pleasure.

It is also important that girls understand the process of **reproduction**. When a sperm joins with an egg (fertilization), an embryo may be formed. A pregnancy results if the embryo attaches to the lining of the uterus. If the pregnancy continues, this embryo will develop into a fetus. Most commonly, a pregnancy occurs through sexual intercourse between a man and a woman, during which the penis enters the vagina and the male ejaculates, releasing sperm. Pregnancy may occur whether or not the woman has an orgasm. The following conditions are needed for a pregnancy to occur:

- The female must be near the time in her menstrual cycle when she releases a mature egg from her ovary into her fallopian tube - this process is called ovulation.
- The male must have an erection and must ejaculate inside, or at the opening of, the female's vagina.
- Sperm must travel up to the fallopian tube, where a single sperm must join with the egg – this process is called fertilization.
- The fertilized egg must travel down to the uterus, and become attached to the uterine wall.

The start of menstruation is a sign that a girl's menstrual cycle has started and that she is physically able to get pregnant. However, this does not mean that a girl is "ready" to have children: when a girl starts ovulating, her body is still developing and is not ready to safely bear children. Girls are also not emotionally ready to be a mother. It is very important to communicate this to girls, especially if they come from communities that believe that if girls menstruate then they are automatically ready to have children.

6. Ibid, 170-174.

7. This section outlines basic information that you will present to the girls in the activities, but more information is available in the handouts and facilitation sheets.

WHY IS IT IMPORTANT FOR GIRLS TO DISTINGUISH MYTHS FROM FACTS ABOUT REPRODUCTION AND CONTRACEPTION?⁸

Facts are what is known to be true, events that have actually occurred, and things that are real, actual, and can be proven. In contrast, myths are ideas, saying or beliefs that people create and cannot be proven and do not hold up when compared to facts.

Most young people have some information about sex and reproduction – some of it may be true and some of which may not be true. Having incomplete or wrong information, especially about sex and reproductive issues, can lead to dangerous, uninformed choices.

When girls don't have a safe space to learn about and openly discuss questions they have regarding their sexual and reproductive health, they will likely find information that may be inaccurate and even harmful. This is why it is so important for girls to learn to distinguish myths and other false information from facts.



Social norms also cause harmful myths around young people's sexuality. For example, the myth that teaching young people about sex will cause promiscuous behaviour is based on the social belief that sex should only happen in marriage and preferably for reproduction. In reality, comprehensive sexuality education has been proven to lower rates of pregnancy and sexually transmitted diseases among young people. For a list of myths and facts about reproduction and contraception, see **Handout BIH2**.

In Activity BIH4: Preventing teenage pregnancy: why and how?, girls identify myths about reproduction and contraception in their own communities and learn the facts that prove that these myths are not true.



WHAT DO GIRLS NEED TO KNOW ABOUT THE PREVENTION OF STI'S AND HIV/AIDS?⁹

It is as important to encourage girls to make their own decisions about if, when, and with whom to have sex as it is to prepare them with the information they need to do so safely.

Sexually transmitted infections (STI's) can be transmitted through unprotected oral, anal, and vaginal intercourse. Some STIs can be cured, but others cannot. Some STIs cause symptoms or discomfort, but others do not show any symptoms, especially among females. Even when an infection does not produce visible symptoms, it can have serious health consequences, including infertility, or lead to death. It is therefore imperative for girls to take care of their sexual health, and to make regular visits to health clinics once they become sexually active.

STIs that can have serious consequences are: HIV, HPV (genital warts), syphilis, gonorrhea, chlamydia, trichomoniasis, and herpes. Girls are physiologically more vulnerable to some STIs than boys. For a comprehensive list of common STIs and their symptoms, see **Handout BIHX**.

One of the most serious infections that can be transmitted through sex is HIV, the virus that causes AIDS, and a major cause of illness and death in many parts of the world. HIV weakens the body's immune system, allowing infections and cancers to develop. Without treatment it eventually leads to death. Rates of HIV infection vary across countries and within countries. In many places, HIV rates are much higher among young people, especially girls, due to lack of education and access to resources, including condoms and health screenings. HIV may also be transmitted through non-sexual contact, for example, by injecting drugs with a contaminated needle, through transfusion of contaminated blood, or from an HIV-positive woman to her fetus or baby.

STI's are often spread because of inequality in relationships. Girls and women often do not feel empowered to talk to their partners about safe sex and STIs, or to insist that they wear protection. Lack of trust or honesty in a relationship also plays a big role in the transmission of STI's. When a person has multiple partners, but they don't share this fact with each partner, then those partners lose

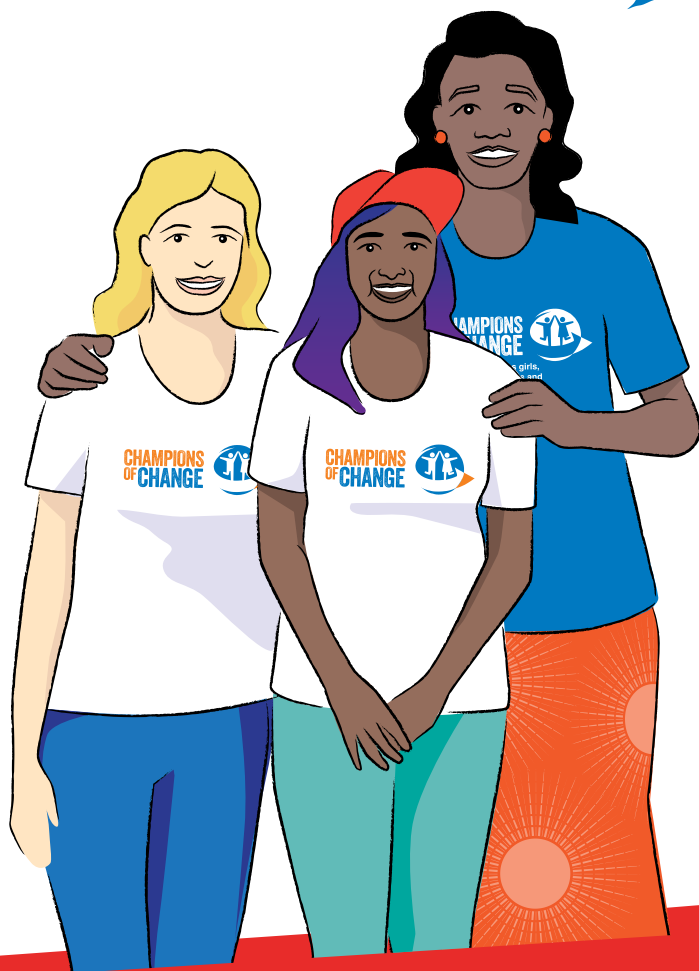
8. Plan International Canada. (2015). AMOR Girls' and Boys' Clubs Manual.

9. Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. 189-196.

the ability to make informed decisions and to protect themselves appropriately. This is why it's so important for sexuality education to be comprehensive; including unpacking gendered inequality and improving girls' assertive communication skills and boys' commitment and skills to communicate with their partners as equals.

Male and female condoms are the only protection against many STIs, and even they are not 100% effective. Most forms of birth control do not protect against STIs. Because no method is 100% effective, it is crucial that girls are able to have open and respectful conversations with their partners about their sexual and reproductive health before making the decision if and/or when and how to have sex.

In Activity BIH5: Preventing STI's, girls learn about the different STI's, including HIV/AIDS, and the steps they can take to protect themselves.



WHAT INFORMATION DO GIRLS NEED ABOUT HEALTH SERVICE PROVIDERS?

In order to realise their right to accurate information and to making decisions about their own sexual and reproductive health, it is imperative for girls to have direct, safe, and easy access to girl-friendly health service providers. Unfortunately, this does not happen in many places around the world. Because girls' rights are not always respected, they can face discrimination, judgement, and even outright refusal from health services. Sometimes girls are too uncomfortable or scared of being judged to even go to health services, and may not have an open or trusting relationship with a parent, caregiver or trusted adult to ask them to take them to a health clinic.

Service providers are accountable for serving everyone equally, in a respectful and confidential manner. As a facilitator, you should familiarize yourself with health service providers in your community that are available for girls. Make sure you are aware of how girl-friendly the services are so that you can discuss this with the girls. Some things to note about health services, and prepare to share with the girls are:

- Will they serve girls?
- Do they treat girls with respect and give them correct information?
- Are they confidential?
- Are there female health workers?
- Do girls need to go with a parent/permission from a parent or caregiver?

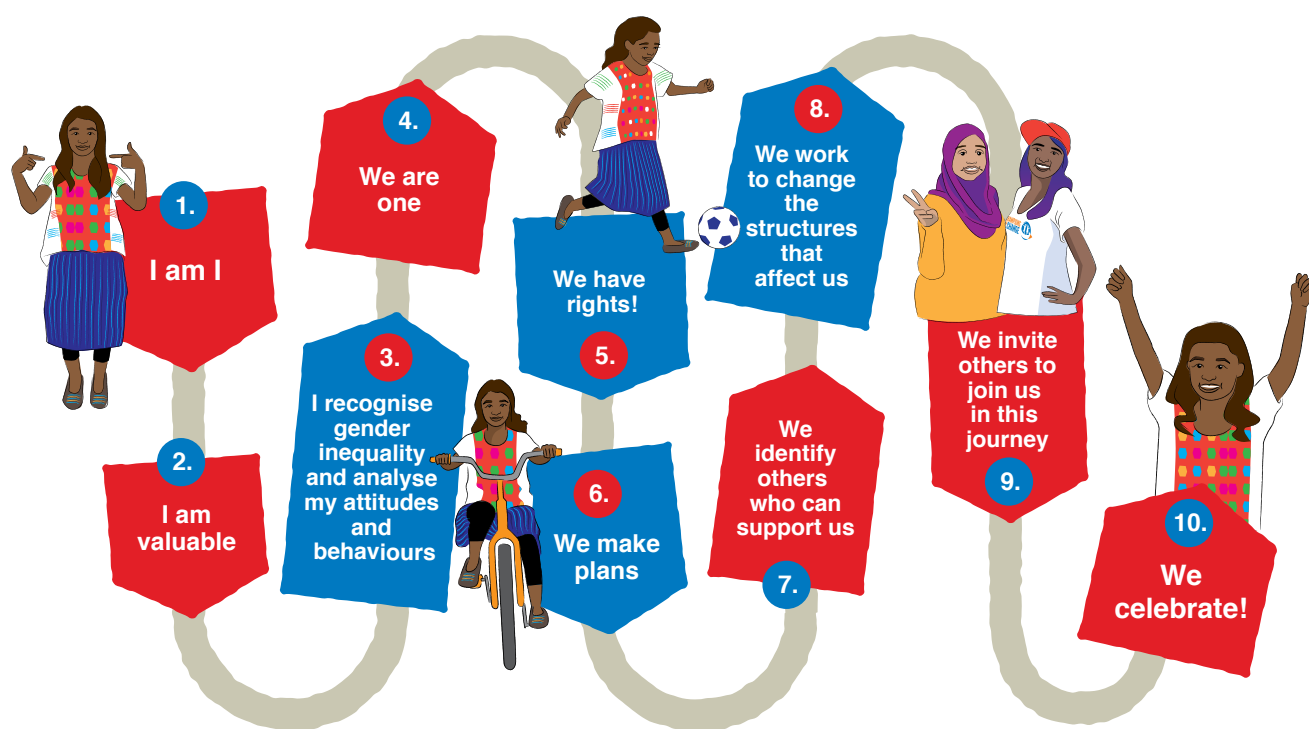
If the only services available to the girls are not girl-friendly, make sure to work with Plan's health advisor, gender advisor, and/or child protection advisors to determine how to address this, and what information about service providers to share with the girls.

Activity BIH6: Our health, our lives asks facilitators to provide girls with a handout on available health service providers in their community and offers girls a chance to discuss their experiences and concerns with accessing these services.



CONNECTING TO THE JOURNEY

The activities in the **Being Informed about Sexual and Reproductive Health** module contribute to several steps of the girls' journey to empowerment. In recognizing their right to full and accurate information about their own sexual and reproductive health and bodies, girls are able to say 'I am I' (1) and 'I am valuable' (2). As girls learn how myths regarding reproduction and sexuality keep girls from realising these rights, they 'recognise gender inequality and analyse their attitudes and behaviours' (3). Girls practice 'inviting others to join in this journey' (9) by presenting information they learn to each other and identifying instances where their new knowledge may help themselves and others to make decisions about their sexual and reproductive health. 'Working together, girls discuss barriers they may face in taking care of their sexual and reproductive health and 'identify others who can support them' (7) in accessing these services. Finally, they 'celebrate' (10) all of the knowledge and skills they gained throughout the module!



GLOSSARY

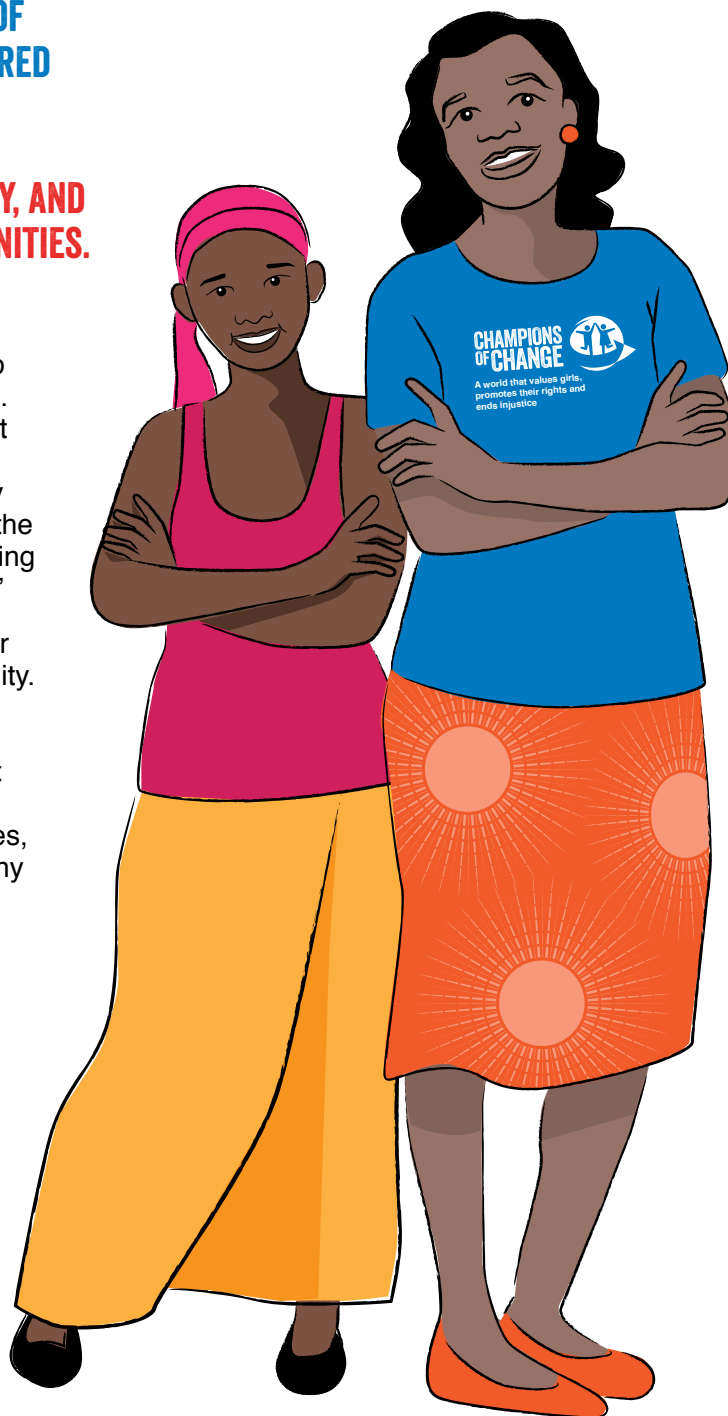
Adolescence	The time, roughly between the ages of 13 and 20, when a child goes through changes to become an adult.
Comprehensive sexuality education	A form of sexuality education that covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects.
Fertility	Biologically, female fertility is the ability to become pregnant and carry a pregnancy to birth. Male fertility is the ability to provide healthy sperm capable of starting a healthy pregnancy.
Puberty	When children approach adolescence and their bodies begin to produce chemicals (called hormones) that lead to changes in their bodies and emotions.
Reproduction	The biological process through which a foetus is formed, leading to pregnancy and the birth of a baby.
Sexual intercourse	Sexual contact involving penetration, such as between the penis and the vagina. Oral intercourse involves the mouth at or on a partner's sex organ. Anal intercourse involves insertion of the penis into a partner's anus.
Sexuality	How people experience and express themselves as sexual beings. Many factors contribute to people's sexual behaviors, relationships, feelings, identity, desires, and attitudes.
Sexually Transmitted Infections (STIs)	Infections which can be transmitted through unprotected oral, anal, and vaginal intercourse.

GENERAL NOTES ON FACILITATION

- Note that this module is focused on sharing information and building knowledge, rather than on developing attitudes and skills. Therefore, make sure to allow for enough time to prepare for these activities by reviewing the information provided in the module, as well as any complimentary information you may need. However, keep in mind you are a facilitator and not a teacher: your goal in preparing to facilitate the activities is to understand the information – but you do not have to learn it by heart. In every activity take background information with you so you can always have a look if you are not sure.
- Developing a relationship with a local health worker that can provide accurate information on topics you do not know enough about is a good practice. This will allow you to provide the most accurate information to girls, and to be able to answer all of their questions. You are not expected to be an expert in the field, but it is important for girls to have access to this expertise. If the health worker is female, you may consider asking her to attend one or more of the sessions to serve as a friendly and accessible resource for the girls.
- For additional information on all topics included in this module, including sexual health, HIV, sexuality, puberty, reproduction, and contraception, please see the *Population Council's It's All One Curriculum*, available here: <http://bit.ly/1HD128Q>.
- Be honest if you don't know the answer to a question. It is better to give an accurate answer later than a false or half-true answer immediately.
- This module introduces a very important new tool: the question box. Starting with the first activity of the module, girls will be able to add questions to the box anonymously. Make sure to review the questions between sessions, and prepare to answer them in the following sessions. Any questions that do not fit into an activity's topic should be saved for the last activity.
- Depending on your context, girls might have been exposed to messages of 'abstinence only' as the only effective way to prevent teenage pregnancy, STI's and HIV/AIDS. Abstinence-only programs focus on teaching youth to be 'strong enough' and 'good enough' to abstain from having any sexual contact – and engaging in sexual relations before marriage is presented as 'bad-behaviour'. If the girls have been exposed to such messages, the information in this module might confuse them. Therefore, be prepared to explain where 'abstinence' fits in the prevention of teenage pregnancy and STI's/HIV as follows:
 - Abstinence should be presented as a choice, not as a method of protection. If you want to delay sex until you are married for personal or religious reasons, this is a valid choice, and you should be supported and respected in doing so. People who make a different choice should also be respected. Whatever choice you make, it is important to be informed about contraception so that if and when you start having sex you know how to prevent unplanned pregnancies or sexually transmitted infections.
 - Abstinence as a method for contraception or protection is only effective if it is practiced 100% of the time. Many young people feel ready to have their first sexual experience before marriage, so they need accurate knowledge on preventing of pregnancy and STI's/HIV.

TRY TO AVOID WORDS LIKE “NATURAL” OR “NORMAL” TO DESCRIBE ANY ASPECTS OF SEXUALITY. ANYTHING THAT IS CONSIDERED ‘NORMAL’ BY A SOCIETY IS ACTUALLY A CONVENTION OR NORM THAT HAS BEEN ADOPTED BY MEMBERS OF THAT SOCIETY, AND VARIES ACROSS CULTURES AND COMMUNITIES.

- When discussing such topics as puberty and the reproductive system, make sure to always use correct name for all body parts. Avoid using ‘nicknames’. Keep in mind that young people are often sensitive about whether their bodies and the changes they are going through are “normal.” Focus on the wide range of what is normal and avoid using such words as “abnormal” and “unnatural.”
- Similarly, try to avoid words like “natural” or “normal” to describe any aspects of sexuality. Anything that is considered ‘normal’ by a society is actually a convention or norm that has been adopted by members of that society, and varies across cultures and communities. To ensure the safest practices, girls should feel comfortable bringing up any questions they have without worrying that they are talking about behaviours that are “not normal”.
- This module is an essential base for girls to be able to assert themselves, keep themselves healthy, and make decisions about their own future. Because of the wealth of information included in this module, the activities may feel somewhat slower and less engaging than other modules. Be aware of the girls’ attention span, and take breaks as needed. Make sure to combine each session with fun activities.



KNOWLEDGE, ATTITUDES, PRACTICES AND SKILLS

	KNOWLEDGE	ATTITUDES	PRACTICE AND SKILLS
Individual	<ul style="list-style-type: none"> • Understands that she needs accurate information about sexual and reproductive health in order to make informed decisions. (BIH1) • Understands the physical and emotional changes girls and boys undergo during puberty. (BIH2) • Understands the functions of male and female reproductive and sexual organs. (BIH3) • Understands how pregnancy occurs and how it can be prevented. (BIH4) • Knows basic facts about STIs and HIV/AIDS. (BIH5) • Understands how STIs and HIV/AIDS can be prevented. (BIH5) 	<ul style="list-style-type: none"> • Values her right to get pregnant by choice, not by chance or obligation. (BIH4) • Values the advantages of delaying pregnancy. (BIH4) 	<ul style="list-style-type: none"> • Is comfortable discussing sexual and reproductive health with other girls in her group, and with her group's facilitator. (BIH1) • Can make informed decisions on sexual and reproductive health. (BIH6)
Community/ Family			
Institutional	<ul style="list-style-type: none"> • Knows which sexual and reproductive health service providers are available to her. (BIH6) 	<ul style="list-style-type: none"> • Values her right to accurate information and education about reproduction, sex and sexuality. (BIH1) 	

BIH OUTLINE OF ACTIVITIES



NAME	LENGTH	KAPS	KEY MESSAGES	DESCRIPTION / KEY STEPS
Activity BIH1: My right to full and accurate information	1 hour	<ul style="list-style-type: none"> Is comfortable discussing sexual and reproductive health with other girls in her group, and with her group's facilitator. Values her right to accurate information and education about reproduction, sex and sexuality. Understands that she needs accurate information about sexual and reproductive health in order to make informed decisions. 	<p>All girls have the right to accurate information and education about reproduction, sex and sexuality. Girls need this information to make informed decisions about their sexual and reproductive health.</p> <p>It is important to talk about reproduction, sex and sexuality with confidence and using the correct terms. There are often rules against talking about these topics, which leads people to use different words to speak about parts of their bodies or about sex. However, these other words are often seen as negative or even as insults, so it is very important for girls to learn to use the correct terms.</p>	The activity begins with a discussion about girls' right to full and accurate information about their bodies, reproduction and sexuality. Then girls think about all the words they know that people use for sex, vagina and penis. Finally, girls have an opportunity to write down questions they have regarding the themes of this module.
Activity BIH2:- Learning about Puberty Version A (For Younger Girls) Version B (For Older Girls)	1 hour + take away assignment	<ul style="list-style-type: none"> Understands the physical and emotional changes girls and boys undergo during puberty. 	<p>Adolescence is the time in everyone's life when they change from being a child to being an adult. Adolescence occurs roughly between the ages of 13 and 20, and involves girls and boys leaving behind the attitudes and behaviours expected from children and learning to take on the roles expected from adults.</p> <p>This process of physical and emotional change during adolescence is called 'puberty'. Every individual experiences these changes in a different way and at a different pace. These differences are normal. Puberty may look different for boys and girls, but the changes that they experience have a lot in common.</p>	First, the girls reflect on what 'puberty' is. Then they learn about the physical changes that boys and girls experience during this stage in their lives, and prepare presentations that summarise the information. Finally, the girls discuss why it is so important for girls to learn about puberty. As a take-away assignment, girls are asked to write a letter to a younger family member telling them about what they need to know about puberty.

NAME	LENGTH	KAPS	KEY MESSAGES	DESCRIPTION / KEY STEPS
Activity BIH3: The reproductive system	1 hour and 30 minutes	<ul style="list-style-type: none"> Understands the functions of male and female reproductive and sexual organs. 	<p>Women and men have different reproductive organs that make it possible for humans to reproduce. Many of the bodily changes girls and boys go through in puberty prepare these organs for reproduction.</p> <p>Knowing accurate information about their own body strengthens girls' self-awareness and self-esteem. Informed girls are better able to understand what their bodies are capable of doing, and to reject myths and misconceptions that can lead them to harm.</p>	Girls begin by charting the correct name of different parts of the male and female sexual and reproductive systems. Then the facilitator provides additional information about each part of each system. Finally, the girls reflect on what they learned in this activity, and how that will influence their health now and in the future.
Activity BIH4: Preventing teenage pregnancy: why and how?	1 hour and 45 minutes + take away assignment	<ul style="list-style-type: none"> Understands how pregnancy occurs and how it can be prevented. Values her right to get pregnant by choice, not by chance or obligation. Values the advantages of delaying pregnancy. 	<p>Having the capacity to get pregnant does not mean that teenage girls are physically or emotionally ready to have children. There are many reasons for delaying pregnancies and a variety of contraceptive methods to do so.</p> <p>We all have the right to get pregnant by choice, not by chance or obligation. In fact, every person has two important rights: the right to have sex without wanting to have children; and the right to decide freely on if, when and how many children to have.</p> <p>Teen mothers have rights too! Being a teen mother creates many barriers for girls, but it should never isolate her or prevent her from reaching her potential. It is important for all girls to have a positive attitude towards all her peers, including girls who are pregnant or are already mothers.</p>	Girls begin by listing reasons why a girl may want to delay or prevent pregnancy based on different types of consequences over their lives. Then, they discuss different myths about how to avoid pregnancies that they may have heard in their communities, and end by discussing proven and effective methods. As a take-away assignment, girls write a letter to a teenage mother to tell them that they are not alone.

NAME	LENGTH	KAPS	KEY MESSAGES	DESCRIPTION / KEY STEPS
Activity BIH5: Preventing STI's	1 hour + take away assignment	<ul style="list-style-type: none"> • Knows basic facts about STIs and HIV/AIDS. • Understands how STIs and HIV/AIDS can be prevented. 	Girls have the right to protect themselves against STIs. It is very important for girls to know how to protect themselves and their partners against STIs. Being aware of the different infections you can get from unprotected or unsafe sexual contact is also important.	Girls work in groups to prepare posters about sexually transmitted infection, including HIV/AIDS, and about how to prevent them. Then they share this information with the rest of the group by presenting their posters and answering questions. As a take-away assignment, girls are asked to think about the information they have learned in this module, and about how they may use it.
Activity BIH6: Our Health, Our Lives	1 hour and 15 minutes	<ul style="list-style-type: none"> • Can make informed decisions on sexual and reproductive health. • Knows which sexual and reproductive health service providers are available to her. 	<p>Having correct information about sexual and reproductive health allows girls to make better decisions about their bodies and their health. Following these three steps can help us to make good decisions: 1) stop and think 2) know the facts 3) consider the consequences.</p> <p>Girls have the right to girl-friendly sexual and reproductive health and information services. Knowing where they are, and what services they are supposed to provide can help girls to claim this right.</p>	Girls reflect on what they have learned in this module and create skits to show how they can use this information to make good decisions. Then they review a handout with information about sexual and reproductive health services and information providers that are available to them. The activity ends with a celebration for completing this module!

ACTIVITY BIH1: MY RIGHT TO FULL AND ACCURATE INFORMATION

The activity begins with a discussion about girls' right to full and accurate information about their bodies, reproduction and sexuality. Then girls think about all the words they know that people use for sex, vagina and penis. Finally, girls have an opportunity to write down questions they have regarding the themes of this module.

 <p>ALL AGES</p>	 <p>1 HOUR</p>	<p>WHAT YOU NEED</p> <ul style="list-style-type: none"> • 3 Flipcharts • Loose flipchart paper • Markers • Sheets of blank paper • Pens for all girls • Secret question box 	<p>LINKS TO KAPS</p> <ul style="list-style-type: none"> • Is comfortable discussing sexual and reproductive health with other girls in her group, and with her group's facilitator. • Values her right to accurate information and education about reproduction, sex and sexuality. • Understands that she needs accurate information about sexual and reproductive health in order to make informed decisions.
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KEY MESSAGES

- **All girls have the right to accurate information and education about reproduction, sex and sexuality.** Girls need this information to make informed decisions about their sexual and reproductive health.
- **It is important to talk about reproduction, sex and sexuality with confidence and using the correct terms.** There are often rules against talking about these topics, which leads people to use different words to speak about parts of their bodies or about sex. However, these other words are often seen as negative or even as insults, so it is very important for girls to learn to use the correct terms.



TIPS FOR FACILITATORS

- This module is about getting facts about sexuality and reproduction right. The **Setting the Stage** section provides you with some information about these topics, but during the sessions girls might come up with questions that you cannot answer. Remember that you are a facilitator and not a teacher, so it is okay to tell the girls that you will research the question and get back to them next time you meet. **It is better to wait to answer a question correctly than to give inaccurate information.**
- Make sure to know where you can go for more information about sexuality and reproduction. The **General Notes on Facilitation** section suggests additional sources of information. You can also identify locally produced materials that may use language that is more accessible to the girls.
- Don't expect the girls to be too serious right away—you can expect the girls to get more comfortable with these topics as the module continues. Don't worry if the girls are giggling when coming up with synonyms in **Steps #8 and #9**. This is likely a topic that girls haven't had much experience talking about. It may make them uncomfortable, and laughing is a good way to deal with discomfort.



BEFORE YOU BEGIN

- Prepare the **Secret Question Box** using pretty paper or other decorations. Leave a slot at the top for girls to deposit their questions.
- Copy the activity's **Key Messages** onto separate flipcharts. You will review these in **Steps #3** and **#15**.
- Copy the questions from **Step #17** onto a flipchart.
- Write "Our Ground Rules" at the top of a separate flipchart so you can use it in **Step #22**.
- Keep all these flipchart sheets covered until you are ready to use them.

AFTER THIS SESSION

- Take all the questions out of the **Secret Question Box** and organise them according to topic. Make sure that you will be able to answer each question during the activity that corresponds to each topic. If you cannot, do some research using the suggested materials or any other material you are familiar with.

STEPS TO FOLLOW:

In Plenary: Introduction (10 minutes)

1. Welcome the girls to the *Being Informed about Sexual and Reproductive Health* module and explain that, in this module, you will discuss basic information about sex, sexuality and reproduction.
2. Lead a brief introductory conversation using these questions:
 - **What do you think you will be learning in this module?**
 - **Is it important to learn about this? Why or why not?**
 - **Is it your right to have access to information about sexuality and reproduction? Why or why not?**

TIP!

If needed, review the definition of 'right' as presented in the *Being Gender Aware* module: "Human rights are basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language or other status."



3. Ask for a volunteer to read the activity's first **Key Message** from the flipchart you prepared ahead of time.
 - **All girls have the right to accurate information and education about reproduction, sex and sexuality.** Girls need this information to make informed decisions about their sexual and reproductive health.
4. Ask the girls if they agree with this message, and discuss any aspect that they may feel unsure about.

In Groups: Naming sex, vagina, and penis (10 min)

5. Explain to the girls that we are going to begin this module by discussing how we talk about sex, sexuality and reproduction.
6. Ask: "**Do you know what a synonym is?**" Allow a few girls to answer. Make sure they all understand correctly:
Synonym: a word that means the same thing as another word.
7. Offer some simple examples, such as: 'car' is the same as 'automobile'; 'answer' is the same as 'response'; 'house' is the same as 'homestead'.

STEPS TO FOLLOW:

8. Explain that the girls will be working in three groups. Each group will get one of these words: sex, vagina or penis. They will work together to come up with as many synonyms as they know for the word they are assigned. They can use all the languages spoken in their community, and include any “dirty words” as well.
9. Divide the girls into three groups, assign a word to each group, and provide them with flipcharts and markers to write down as many synonyms as they can come up with. As they are working, walk around to see how they are doing and help them if they get stuck.

In Plenary: Group presentations (10 min)

10. Bring the girls back together and ask each group to take turns presenting the list of synonyms they came up with.
11. When they have all presented, ask: **Why do you think there are so many ways of naming the same thing?** Allow for a few girls to answer.
12. Explain that society has strict ‘rules’ about who is allowed to talk about sex and sexuality and how they are allowed to talk about it. People have created indirect ways to talk about sex because of the social rules that forbid them from talking about sex and sexuality openly and with confidence.
13. Continue to explain that using other words to talk about sex is not in itself a problem. The problem is that many times these words are seen as bad or dirty, or can even be used as insults.
14. End the explanation by stating that when learning about sexuality and reproduction, it is important for girls to do this with confidence and to use the correct terms for it. Therefore, in the coming activities you would like them to use correct terms, such as: sex, vagina and penis.
15. Ask for a volunteer to read the activity’s second **Key Message** from the flipchart you prepared ahead of time.
 - **It is important to talk about reproduction, sex and sexuality with confidence and using the correct terms.** There are often rules against talking about these topics, which leads people to use different words to speak about parts of their bodies or about sex. However, these other words are often seen as negative or even as insults, so it is very important for girls to learn to use the correct terms.
16. Ask the girls if they all agree with this message, and discuss any aspect that they may feel unsure about.

In Small Groups and Plenary: Our ground rules (20 min)

17. Next, lead a brief conversation about the challenges that girls face to learning and discussing issues of sexuality and reproduction. Use the flipchart you prepared ahead of time with the following questions:
 - **What barriers do girls face when they try to talk about sexuality and reproduction?**
 - **What do you need to feel comfortable talking about these topics?**
 - **What do you need from your facilitator to feel comfortable?**
 - **What do you need from your fellow Champions of Change girls to feel comfortable?**
18. Tell the girls that we are going to take a few minutes to create our own set of ‘rules’ for the club about how we will talk about these topics for the rest of this module.
19. Ask the girls to go back to their three groups and brainstorm at least five rules that they would like their club to follow when discussing sex, sexuality, and reproduction. Ask them to write their rules on their flipchart.
20. After girls have had time to brainstorm their rules, bring them back together and ask for a volunteer to write down the club’s agreed upon ‘Ground Rules’ onto the flipchart at the front of the room.
21. Have each group share the rules they came up with. For each rule, ask girls to raise their hands if they agree that this should be a rule of their club. Allow girls to voice their opinions, but try to come to a consensus for whether each rule should be accepted. If multiple groups have identified the same or similar rules, combine them into one rule.

STEPS TO FOLLOW:

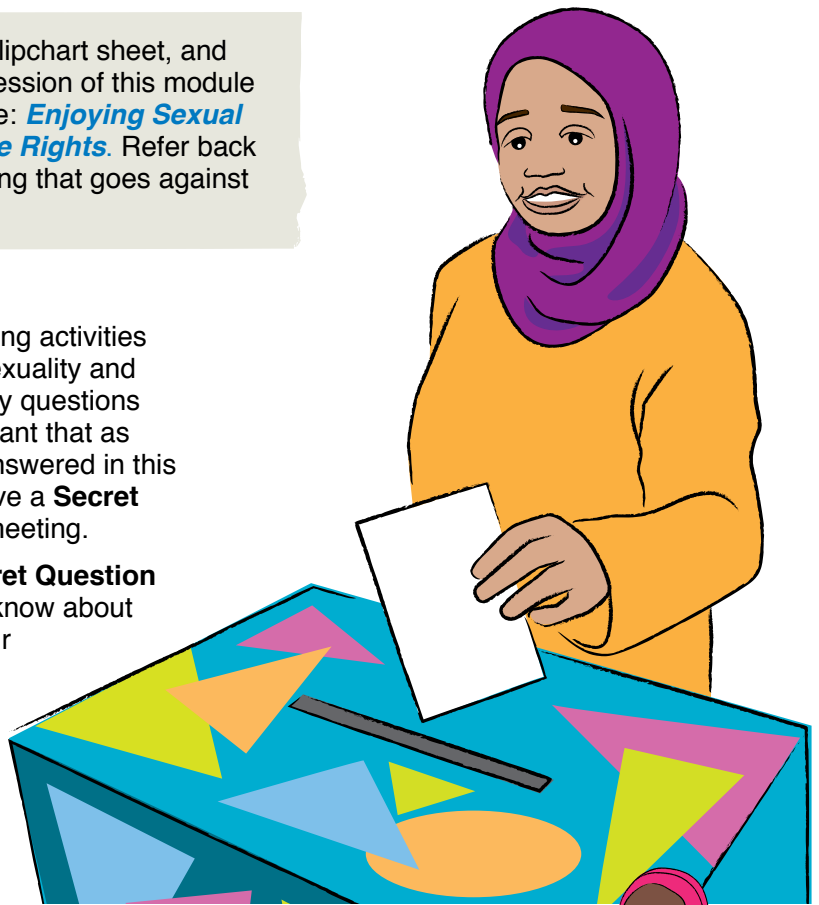
22. Ask the girl who volunteered to record each agreed upon rule onto the flipchart you prepared ahead of time with the heading 'Ground Rules'. Continue until all rules have been voted on. If girls come up with new rules as they are discussing, allow them to propose them for a vote.

NOTE

Make sure you keep this flipchart sheet, and post it on a wall in each session of this module as well as the next module: *Enjoying Sexual Rights and Reproductive Rights*. Refer back to it if anyone does anything that goes against the agreed upon rules.

In Plenary: Wrap it up! (10 min)

23. Explain to the girls that in the coming activities they will learn many facts about sexuality and reproduction. They may have many questions about these topics, and it is important that as many questions as possible are answered in this safe space. Therefore, you will have a **Secret Question Box** available at each meeting.
24. Explain that they can use the **Secret Question Box** to ask anything they want to know about sex. They do not need to write their names on the question, because it will be safe and anonymous. The questions will be answered throughout the module when they relate to the theme of an activity. Assure the girls that all questions will be addressed.



TIP!

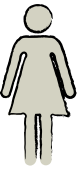

Make sure girls know that they are welcome to ask questions directly, either during an activity or in private, as long as they feel comfortable doing so. This box is helpful for girls who are shy or for questions that girls may be too embarrassed to ask out loud.



25. Distribute paper and pens, and give girls a few minutes before they leave to write down any questions they have right away and to put them in the box. Don't look at these questions until all girls have left.
26. Congratulate the girls for beginning this journey together!

ACTIVITY BIH2-A: LEARNING ABOUT PUBERTY

First, the girls reflect on what 'puberty' is. Then they learn about the physical changes that boys and girls experience during this stage in their lives, and prepare presentations that summarise the information. Finally, the girls discuss why it is so important for girls to learn about puberty. As a take-away assignment, girls are asked to write a letter to a younger family member telling them about what they need to know about puberty.

 <p>FOR YOUNGER GIRLS</p>	 <p>1 HOUR</p>	<p>WHAT YOU NEED</p> <ul style="list-style-type: none"> • Flipchart paper • Coloured markers • Secret question box • Handout BIH-A: Learning about Puberty (found after Activity BIH2-B, one copy per girl) 	<p>LINKS TO KAPS</p> <ul style="list-style-type: none"> • Understands the physical and emotional changes girls and boys undergo during puberty.
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KEY MESSAGES

- **Adolescence is the time in everyone's life when they change from being a child to being an adult.** Adolescence occurs roughly between the ages of 13 and 20, and involves girls and boys leaving behind the attitudes and behaviours expected from children and learning to take on the roles expected from adults.
- **This process of physical and emotional change during adolescence is called 'puberty'.** Every individual experiences these changes in a different way and at a different pace. These differences are normal. Puberty may look different for boys and girls, but the changes that they experience have a lot in common.



TIPS FOR FACILITATORS

- Note that this version of the activity is meant for younger girls. If you are working with older girls use **Activity BIH2-B** instead.
- The girls you work with will likely be in different phases of puberty. Depending on the age of the girls, some may not have reached puberty yet. It is very important to emphasise that it is normal for everybody to experience these changes at a different pace.
- Make sure to thoroughly review the information about puberty in the **Setting the Stage** section.



BEFORE YOU BEGIN

- Go through the questions from the **Secret Question Box** that girls turned in during the last activity. If any are relevant to puberty (physical or emotional changes experienced by adolescents) set them aside for the end of this activity. Make sure you are able to answer each question.
- Copy the activity's **Key Messages** onto a flipchart. You will review these in the wrap up of this activity.
- Copy the activity's **take-away assignment** onto a flipchart.
- Keep all these flipchart sheets covered until you need them.

STEPS TO FOLLOW:

In Plenary: Introduction to puberty (10 min)

1. Welcome the girls and tell them that in this activity we will learn about puberty. Ask them:
 - **What does the word 'adolescence' mean to you?**
 - **What does the word 'puberty' mean to you?**
 - **What other words do you think of when you hear the word 'puberty'?**
2. Explain that **'adolescence'** is the time in everyone's life when they transition from being a child into being an adult. Adolescence occurs between the ages of 10 and 19, and involves changes in attitudes and behaviours from those expected from a child to those expected from an adult in a given society.
3. Explain that **'puberty'** is what happens when children approach adolescence, and their bodies begin to produce chemicals (called hormones) that lead to changes in their bodies and emotions.
4. Continue the conversation about puberty with the following questions:
 - **What do you think is a good age to learn about puberty – after reaching puberty or before?**
 - **What do young people in your community learn about puberty? Who do they learn it from?**
 - **Do young people learn everything they need to know about puberty? What information are they missing?**
5. Explain that in this activity, they will learn about the different changes that girls and boys undergo during puberty, and they will get a chance to teach each other what they learn.

In Groups: Physical and emotional changes during puberty (20 min)

6. Divide the girls into two groups. Distribute **Handout BIH-A**. Ask Group 1 to focus on the changes experienced by girls and Group 2 to focus on the changes experienced by boys. Both groups should also review the section on 'What is puberty?'. Explain that they will use the information they review to create a poster that they will use to teach the other group about what they learned. Distribute flipchart sheets and coloured markers.
7. Ask each group to begin by reading the introduction and the section assigned to them, and discussing what they've read. Walk around to answer any questions that come up or to discuss any incorrect information that girls bring up so that they are able to replace it with accurate information. Make sure they are only spending time on the factsheet they were assigned.
8. When they finish reading, ask Group 1 to draw the silhouette of an adolescent girl on their flipchart and then to draw or write all of the physical and emotional changes that girls undergo during puberty. Ask Group 2 to do the same for adolescent boys.

In Plenary: Presentations about puberty (20 min)

9. Bring the group back together and ask Group 1 to present their poster to the other group. Ask them to make sure to describe the physical as well as the emotional changes that girls experience in puberty.
10. After the presentation, allow all the girls to ask questions. If Group 1 cannot answer you can step in. If you do not know the answer either, write down the question and assure the girls that you will answer it during your next meeting.
11. Check **Handout BIH-A** to make sure the group did not miss any crucial information in their presentation. If they did, add that information before moving on to the next presentation.
12. Repeat steps 5 – 7 with Group 2's presentation about the changes boys experience in puberty.

STEPS TO FOLLOW:

13. After both groups have presented, ask: **Are there any changes that happen in both girls and boys?** Ask for a few examples. Support the girls to understand that many physical and emotional changes during puberty happen in both sexes.
14. Take some time to explain that:
 - Puberty is an exciting time in life with many different changes and feelings.
 - Sometimes we experience these as positive, but sometimes we can feel challenged and insecure. All of this is okay and normal.
 - It's easier to experience puberty when we have a safe and open environment of peers who we can trust to discuss these changes.
 - They can all contribute to making sure that the girls' club can be such a safe space for them.



In Plenary: Wrap it up! (10 min)

15. Read out the questions from the **Secret Question Box** that relate to this activity. After each question, ask if any of the girls can answer the question. If they cannot, provide the answer yourself.
16. To wrap up, lead a short discussion using the following questions:
 - **What is the most interesting fact you learned about puberty today?**
 - **Is it important for all girls learn about puberty? Why or why not?**
17. Make sure to underline the importance for all girls to learn about puberty, and to explain that it is best if they learn about it before it starts so they can understand the changes they go through as they begin to experience them.
18. Bring out the flipchart you prepared ahead of time with the activity's **Key Messages**, and ask for a volunteer to read them out loud.
19. Finally, describe the **take-away assignment** using the flipchart you prepared ahead of time. Afterwards, ask the girls to take a few minutes to write any new question they may have for the **Secret Question Box**.



Write it out! Using your journal, write a letter to a younger girl in your family or in your community who doesn't know about puberty. Think about the most important things she should know about this time in her life, as well as the things you wished you understood at her age. Make sure to include these pieces of information in your letter.

ACTIVITY BIH2-B: PUBERTY

First, the girls reflect on what 'puberty' is. Then they discuss the physical changes that boys and girls experience during this stage in their lives, and make a presentation on these changes that they would give to younger girls. Finally, the girls consider why it is so important for girls to learn about puberty. As a take-away assignment, girls are asked to write a letter to a younger family member telling them about what they need to know about puberty.



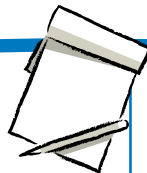
**FOR OLDER
GIRLS**



1 HOUR

WHAT YOU NEED

- Flipchart paper
- Coloured markers
- **Secret question box**
- **Handout BIH-A: Learning about Puberty** (one copy per girl)



LINKS TO KAPS

- Understands the physical and emotional changes girls and boys undergo during puberty.



KEY MESSAGES

- **Adolescence is the time in everyone's life when they change from being a child to being an adult.** Adolescence occurs roughly between the ages of 13 and 20, and involves girls and boys leaving behind the attitudes and behaviours expected from children and learning to take on the roles expected from adults.
- **This process of physical and emotional change during adolescence is called 'puberty'.** Every individual experiences these changes in a different way and at a different pace. These differences are normal. Puberty may look different for boys and girls, but the changes that they experience have a lot in common.

TIPS!

TIPS FOR FACILITATORS

- The girls you work with will be in different phases of puberty, so it is very important to emphasise that it is normal for each girl to experience these changes at a different pace.
- Make sure to thoroughly review the information about puberty in the **Setting the Stage** section.



BEFORE YOU BEGIN

- Go through the questions from the **Secret Question Box** that girls turned in during the last activity. If any are relevant to puberty (physical or emotional changes experienced by adolescents) set them aside for the end of this activity. Make sure you are able to answer each question.
- Copy the questions included in **Step #7** so that the groups can see them while they are working.
- Copy the activity's **Key Messages** onto a flipchart. You will review these in the wrap up of this activity.
- Copy the activity's **take-away assignment** onto a flipchart.
- Keep all these flipchart sheets covered until you need them.

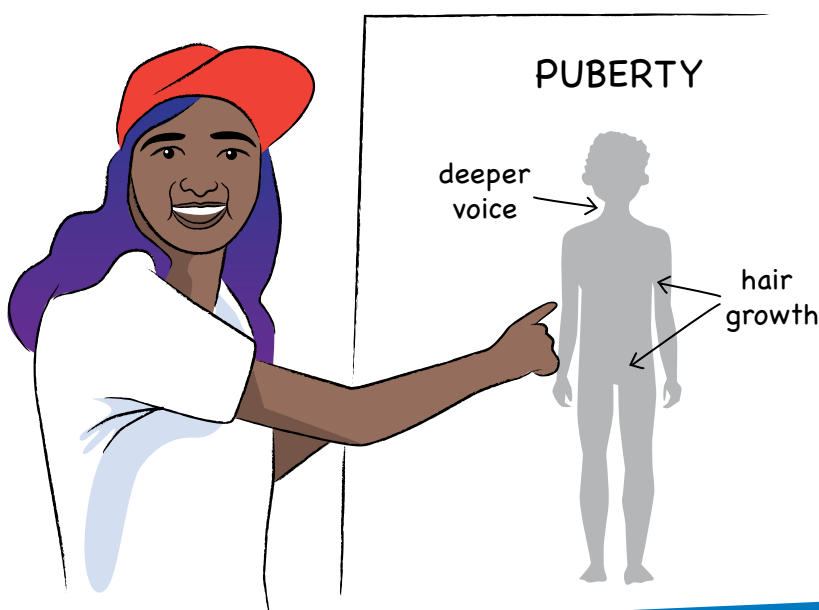
STEPS TO FOLLOW:

In Plenary: Introduction to puberty (10 min)

1. Welcome the girls and tell them that in this activity we will learn about puberty. Ask them:
 - **What does the word 'adolescence' mean to you?**
 - **What does the word 'puberty' mean to you?**
 - **What other words do you think of when you hear the word 'puberty'?**
2. Explain that **'adolescence'** is the time in everyone's life when they transition from being a child into being an adult. Adolescence occurs between the ages of 10 and 19, and involves changes in attitudes and behaviours from those expected from a child to those expected from an adult in a given society.
3. Explain that **'puberty'** is what happens when children approach adolescence, and their bodies begin to produce chemicals (called hormones) that lead to changes in their bodies and emotions.
4. Continue the conversation about puberty with the following questions:
 - **What do you think is a good age to learn about puberty – after reaching puberty or before?**
 - **What do young people in your community learn about puberty?**
Who do they learn it from?
 - **Do young people learn everything they need to know about puberty?**
What information are they missing?
5. Explain that in this activity, they are going to create presentations that they can use to teach their younger peers about puberty.

In Groups: What my younger peers should know about puberty (20 min)

6. Divide the girls into two groups. Explain that Group 1 will make a presentation on the changes that girls experience during puberty, and that Group 2 will focus on the changes that boys experience during puberty. Both groups should also consider general facts about what puberty is.
7. Ask them to begin by reflecting in their groups on what information they will include in their presentation. Ask them to reflect on the following questions:
 - **What are some general facts about puberty that everyone should know?**
 - **What are some of the physical changes that happen in puberty?**
 - **What are some of the emotional changes that happen in puberty?**
 - **What is important for their younger peers to know before they go into puberty?**
 - **What do they wish they had known about puberty when they were younger?**
8. After 10 minutes give each group the **Handout BIH-A** so they can add any information that they are missing in their presentations.
9. Next, ask each group to create a silhouette of a boy or girl on their flipchart that represents all of the changes they discussed. They can draw or write down key words in and around the silhouette.



STEPS TO FOLLOW:

In Plenary: Presentations about puberty (20 min)

10. Bring the group back together and ask the groups to take turns presenting their poster to each other as if they are presenting it to a group of younger peers who don't know about puberty.
11. After each presentation, allow the girls to ask questions and make recommendations about any information they think is missing. If the group that is presenting cannot answer, you can step in. If you do not know the answer, write down the question and assure the girls that you will answer it during your next meeting.
12. Check **Handout BIH-A** to make sure the group did not miss any crucial information in their presentation. If they did, add that information before moving on to the next presentation.
13. After both groups have presented, ask: **Are there any changes that happen in both girls and boys?** Ask for a few examples. Support the girls to understand that many physical and emotional changes during puberty happen in both sexes.
14. Take some time to explain that:
 - Puberty is an exciting time in life with many different changes and feelings.
 - Sometimes we experience these as positive, but sometimes we can feel challenged and insecure. All of this is okay and normal.
 - It's easier to experience puberty when we have a safe and open environment of peers who we can trust to discuss these changes.
 - They can all contribute to making sure that the girls' club can be such a safe space for them.

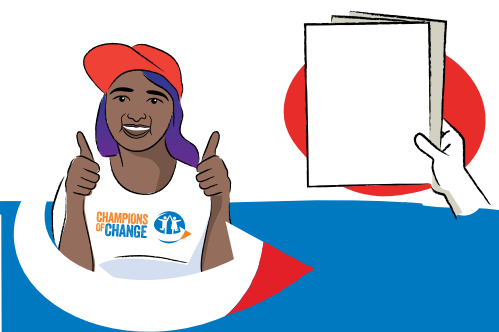
In Plenary: Wrap it up! (10 min)

15. Read out the questions from the **Secret Question Box** that relate to this activity. After each, ask if any of the girls can answer the question. If they cannot, provide the answer yourself.
16. To wrap up, lead a short discussion using the following questions:
 - **What is the most interesting fact you learned about puberty today?**
 - **Is it important for all girls learn about puberty? Why or why not?**
17. Make sure to underline the importance for all girls to learn about puberty, and to explain that it is best if they learn about it before it starts so they can understand the changes they go through as they begin to experience them.
18. Bring out the flipchart you prepared ahead of time with the activity's **Key Messages**, and ask for a volunteer to read them out loud.
19. Finally, describe the **take-away assignment** using the flipchart you prepared ahead of time. Afterwards, ask the girls to take a few minutes to write any new question they may have for the **Secret Question Box**.



Write it out! Using your journal, write a letter to a younger girl in your family or in your community who doesn't know about puberty. Think about the most important things she should know about this time in her life, as well as the things you wished you understood at her age. Make sure to include these pieces of information in your letter.

HANDOUT BIH-A: LEARNING ABOUT PUBERTY¹⁰



WHAT IS PUBERTY?

Puberty is the time in a person's life when they approach adolescence and their body begins to produce chemicals (called hormones) that lead to changes in their body as well as changes in feelings and behaviour. Puberty begins and ends at a different age for everyone, and everybody goes through puberty related changes—both physical and emotional—at their body's own pace. These changes are biological and cannot be controlled. Girls often begin experiencing puberty before boys of the same age. During puberty, it is normal to feel very energetic and excited one moment and tired and upset or anxious the next.

During puberty, both girls and boys experience increased sexual desire. These feelings may involve physical changes, such as rapid heart rate or a warm flush in the face and/or genitals when sexually excited. It is important to remember that these feelings of desire and/or sexual excitement are normal and signs of a healthy body. Sexual excitement does not mean that a person has to have sex. Nothing bad will happen if you do not have sex. If a person is not sexually active, a few ways to handle sexual excitement include masturbation, fantasizing, physical activity such as a sport, or thinking about something else.

Deciding to have sex or not is an individual decision, and you should reflect well on whether you feel ready for it or not. Every individual will feel ready for sex at a different time and moment in their life, this is normal and we should respect one another's decisions and never pressure anyone to make a decision.

The tool to make decisions we learned in the **Being Assertive** module can be useful when deciding whether you are ready to have sexual relations: 1) Stop and think; 2) Know the facts; and 3) Consider the consequences. Remember that it is impossible to make good decisions without accurate (good) and sufficient information.

WHAT CHANGES DO GIRLS EXPERIENCE DURING PUBERTY?

Physical Changes:

- Grow hair under arms, on their legs, and in their pubic area
- Grow taller
- Gain weight
- Become curvier
- Develop wider hips
- Grow larger breasts
- Begin the menstrual cycle
- Develop oilier skin and may get acne
- Perspire more and may develop a different body odour
- Begin to feel symptoms of sexual desire

Emotional Changes:

- Changes in mood
- Feel embarrassed easily
- Feel closer to friends than family
- Feel shy
- Better able to reason and solve problems
- Rebel against parents
- Desire more independence
- Concerns about being normal
- Wanting to try new things

WHAT CHANGES DO BOYS EXPERIENCE DURING PUBERTY?

Physical Changes:

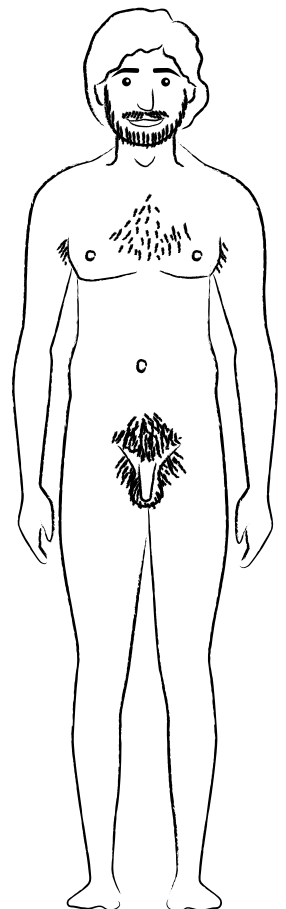
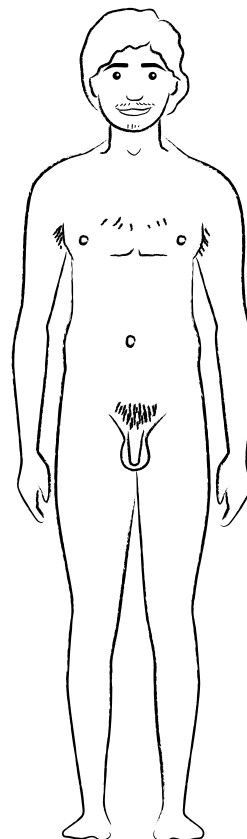
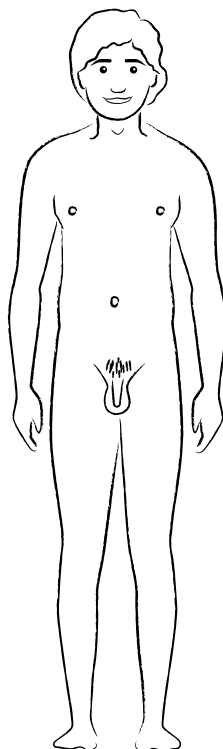
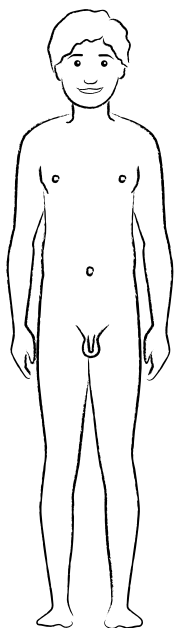
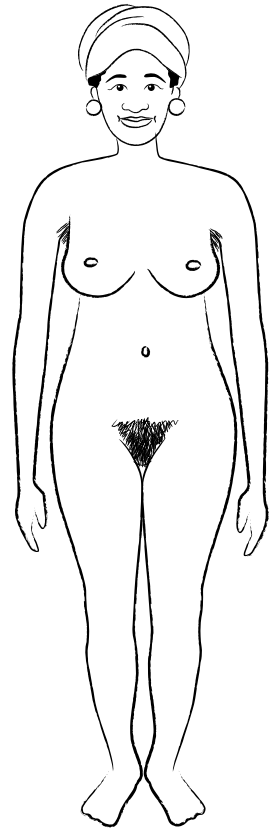
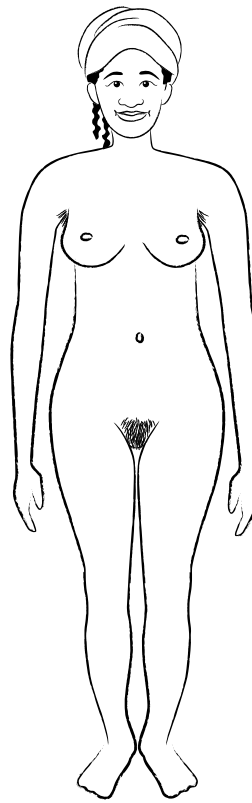
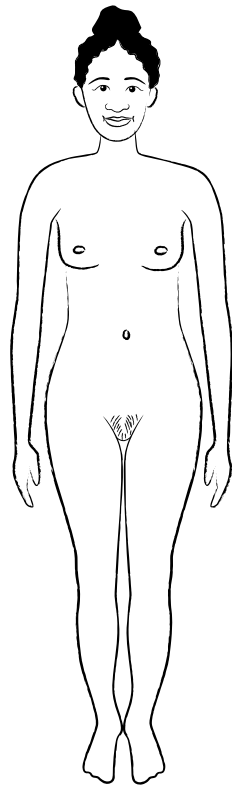
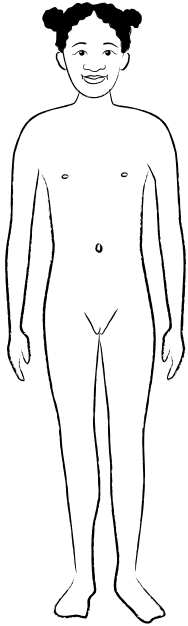
- Grow hair under arms, on legs, in pubic area and on their face and chest
- Grow taller
- Gain weight
- Become more muscular
- Develop a deeper voice
- Develop oilier skin and may get acne
- Perspire more and develop a different body odour
- Experience ejaculation and may have wet dreams
- Begin to feel symptoms of sexual desire

Emotional Changes:

- Changes in mood
- Feel embarrassed easily
- Feel closer to friends than family
- Feel shy
- Better able to reason and solve problems
- Rebel against parents
- Desire more independence
- Concerns about being normal
- Wanting to try new things

10. The contents of this handout have been adapted from Population Council (2013): Life Skills and Health Curriculum for the Adolescent Girls Empowerment Program (AGEP).



EXTERNAL PHYSICAL CHANGES IN GIRLS DURING PUBERTY



EXTRENAL PHYSICAL CHANGES IN BOYS DURING PUBERTY

ACTIVITY BIH3: THE REPRODUCTIVE SYSTEM¹¹

Girls begin by charting the correct name of different parts of the male and female sexual and reproductive systems. Then the facilitator provides additional information about each part of each system. Finally, the girls reflect on what they learned in this activity, and how that will influence their health now and in the future.

 <p>ALL AGES</p>	 <p>1 HOUR & 30 MINUTES</p>	<p>WHAT YOU NEED</p> <ul style="list-style-type: none"> • Flipcharts • Masking tape • Secret Question Box • Facilitation Sheet BIH3-A: Charting the female reproductive and sexual system • Facilitation Sheet BIH3-B: Charting the male reproductive and sexual system • Facilitation Sheet BIH3-C: Name cards for the female and male reproductive and sexual systems, cut into 16 cards. • Facilitation Sheet BIH3-D: Facts about the female and male reproductive systems 	<p>LINKS TO KAPS</p> <ul style="list-style-type: none"> • Understands the functions of male and female reproductive and sexual organs.
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KEY MESSAGES

- **Women and men have different reproductive organs that make it possible for humans to reproduce.** Many of the bodily changes girls and boys go through in puberty prepare these organs for reproduction.
- **Knowing accurate information about their own body strengthens girls' self-awareness and self-esteem.** Informed girls are better able to understand what their bodies are capable of doing, and to reject myths and misconceptions that can lead them to harm.



TIP FOR FACILITATORS

- It is important for girls to have basic information on the female menstrual cycle before beginning this activity. Make sure the girls have completed **Activity BBC5: The Female Cycle** before facilitating this activity. It may be helpful to make extra copies of **Handouts BBC-D** and **BBC-E** for girls to refer to during this activity.



BEFORE YOU BEGIN

- Make sure to thoroughly review the information about reproduction, menstruation and pregnancy included in the **Setting the Stage** section of this module, as well as the information included in **Facilitation Sheet BIH3-D**.
- Enlarge **Facilitation Sheets BIH3-A** and **BIH3-B** to make two large posters with them, or carefully copy the images onto two separate flipcharts.
- Make a copy of **Facilitation Sheet BIH3-C** and cut it up into cards.
- Copy the two questions included in **Step #16** onto a flipchart.
- Copy each of the activity's **Key Messages** onto separate flipcharts.
- Keep all these flipchart sheets covered until you need them.

11. Adapted from: Population Council (2013): Life Skills and Health Curriculum for the Adolescent Girls Empowerment Program (AGEP).

STEPS TO FOLLOW:

In Plenary: Introduction (10 minutes)

1. Begin by welcoming girls to this session, and ask them to start by sharing some thoughts on their take-away assignment. Ask:
 - **Were you able to write a letter about puberty in your journals?**
 - **Do any of you want to share something about what you wrote, or about how you felt doing this assignment?**
 - **Did you think about any new questions about puberty?**
2. If there are new questions, make sure to take the time to answer them.
3. Explain that in the last activity we learned about puberty – the physical changes that everyone goes through during adolescence. Many of these changes relate to the reproductive organs because our bodies are starting to get ready to be able to reproduce. Today we will learn more about our reproductive bodies.

In Plenary: The reproductive system (20 min)

4. Show the girls the posters of the female and male reproductive system, and explain that we are going to learn the names and functions of the different parts of these systems.
5. Distribute the cards of the male and female reproductive system to the girls. There are 16 cards in total. If there are more than 16 girls, ask some of them to pair up, and give each girl or pair of girls one of the cards.
6. Call on a girl or pair of girls to read what is written on the card out loud. If the girls come from communities where local languages are spoken, ask if they know a word in their language for this part of the body. The other girls or you can help her if needed.
7. Then, ask the girl or girls to state if it is a part in the female or male body. If they don't know, tell them which one it belongs to.
8. Finally, ask the girl or girls to try to place the card in the correct location of the body in the corresponding poster. The other girls or you can help her if needed. Finish until all cards have been placed.
9. Ensure that all of the cards are on the correct poster and in the correct location.
10. Next, use **Facilitation Sheet BIH3-D** to go through each part and explain its function, pointing them out on the posters as you go along.

In Plenary: Menstruation and pregnancy (20 min)

11. Ask the girls if they remember **Activity BBC5: The Female Cycle**, and if anyone remembers some of the facts they learned in that activity.
12. Then ask the girls: **What is the connection between menstruation and reproduction?** Allow a few girls to answer this question, and make sure they understand how the menstrual cycle relates with a girl or woman's ability to get pregnant, as explained below:
 - *With every menstrual cycle, a girls' reproductive organs prepare for a potential pregnancy, whether or not that is her intention or desire, or whether she is physically or emotionally prepared for it.*
 - *During most of her cycle, the lining of the uterus builds up.*
 - *During menstruation this lining is shed, and another cycle begins.*

STEPS TO FOLLOW:

13. Ask the girls: **Do you know when a boy or a man is able to make a girl or a woman pregnant?** Take a few answers, being careful to correct any false information or myths, before explaining that:

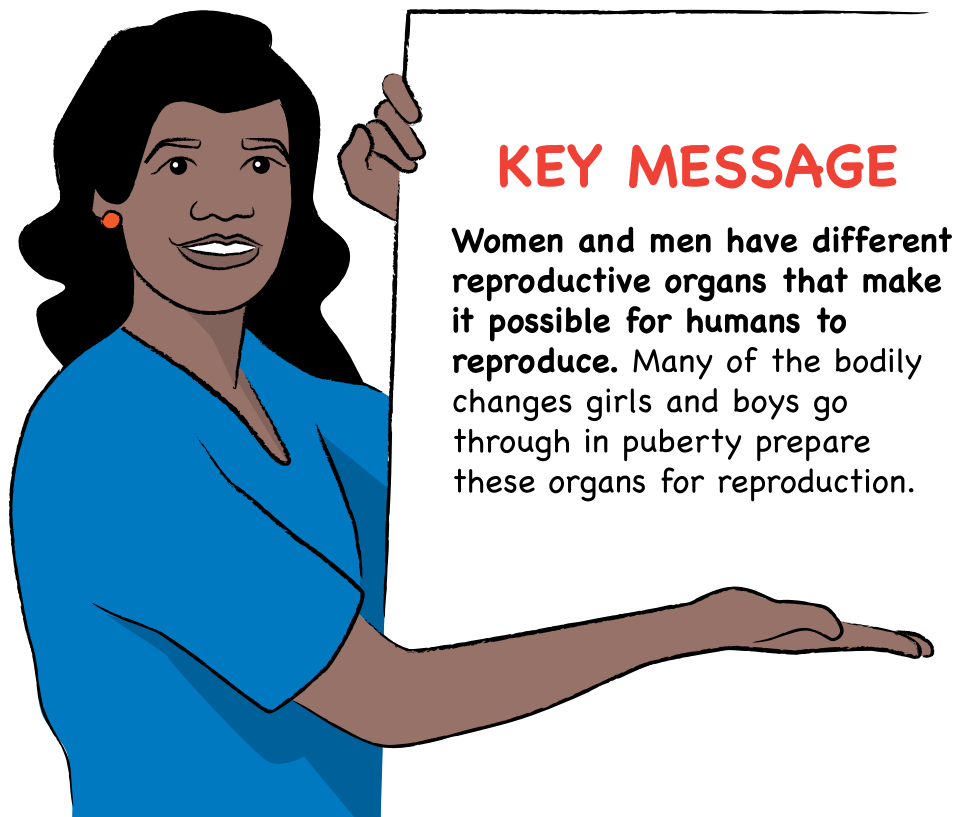
- *Starting at puberty, boys continually produce millions of tiny cells called sperm.*
- *Starting at puberty, a boy's or a man's fertility (the ability to provide healthy sperm capable of starting a healthy pregnancy) does not vary throughout the month.*
- *Sperm can live for up to 5 days inside of a girl or a woman.*

14. Ask the girls: **Do you know how a woman gets pregnant, or how babies are made?** Allow a few girls to answer, and correct any misinformation, before describing the process using the following script. Make sure to point out the corresponding parts on the poster as you speak:

- *Once a girl starts to get her menstruation, during every cycle one of her ovaries releases a mature egg into one of her fallopian tubes.*
- *After the male puts his penis in the female vagina and ejaculates, ejaculated sperm swim up to the cervix in the uterus to the fallopian tubes.*
- *Fertilization takes place when a male sperm cell meets a female egg.*
- *Sperm can survive up to seven days after intercourse. This means that it can fertilize an egg up to seven days after intercourse. This is why using the rhythm or calendar method to avoid pregnancies is so risky.*
- *If an egg is fertilized, it will move into the uterus where it attaches itself to the soft lining of the uterus. It will take approximately 40 weeks or nine months before a baby is ready to be born.*

15. Ask the girls if they have any questions about the presentation you just made, and take the time to answer any question they may have.

16. Bring out the flipchart with the activity's first **Key Message**, and read it out loud:



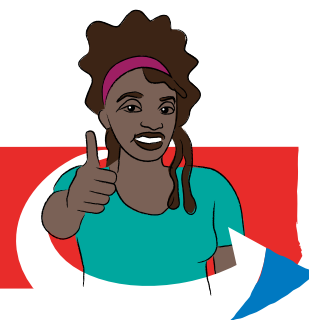
STEPS TO FOLLOW:

In Small Groups: One new thing about our bodies (20 min)

17. Ask the girls to form groups of four and ask them to discuss the following questions, using the flipchart you prepared ahead of time:
 - **What is one new thing you learned today about your body, or about menstruation, reproduction or pregnancy?**
 - **Are there any questions you still have about any of these topics?**
18. After 10 minutes, invite the girls to share what they learned and any outstanding questions with the larger group. Write down key words of each key idea and question on separate flipcharts.
19. Take some time to go through the list of key things the girls learned. If anything they said reflects an error or misconception, make sure to take the time to explain it and to share correct information.
20. Then, go down the list of questions and ask the girls if anyone would like to answer the question. If they cannot, make sure to answer it yourself.

TIP!

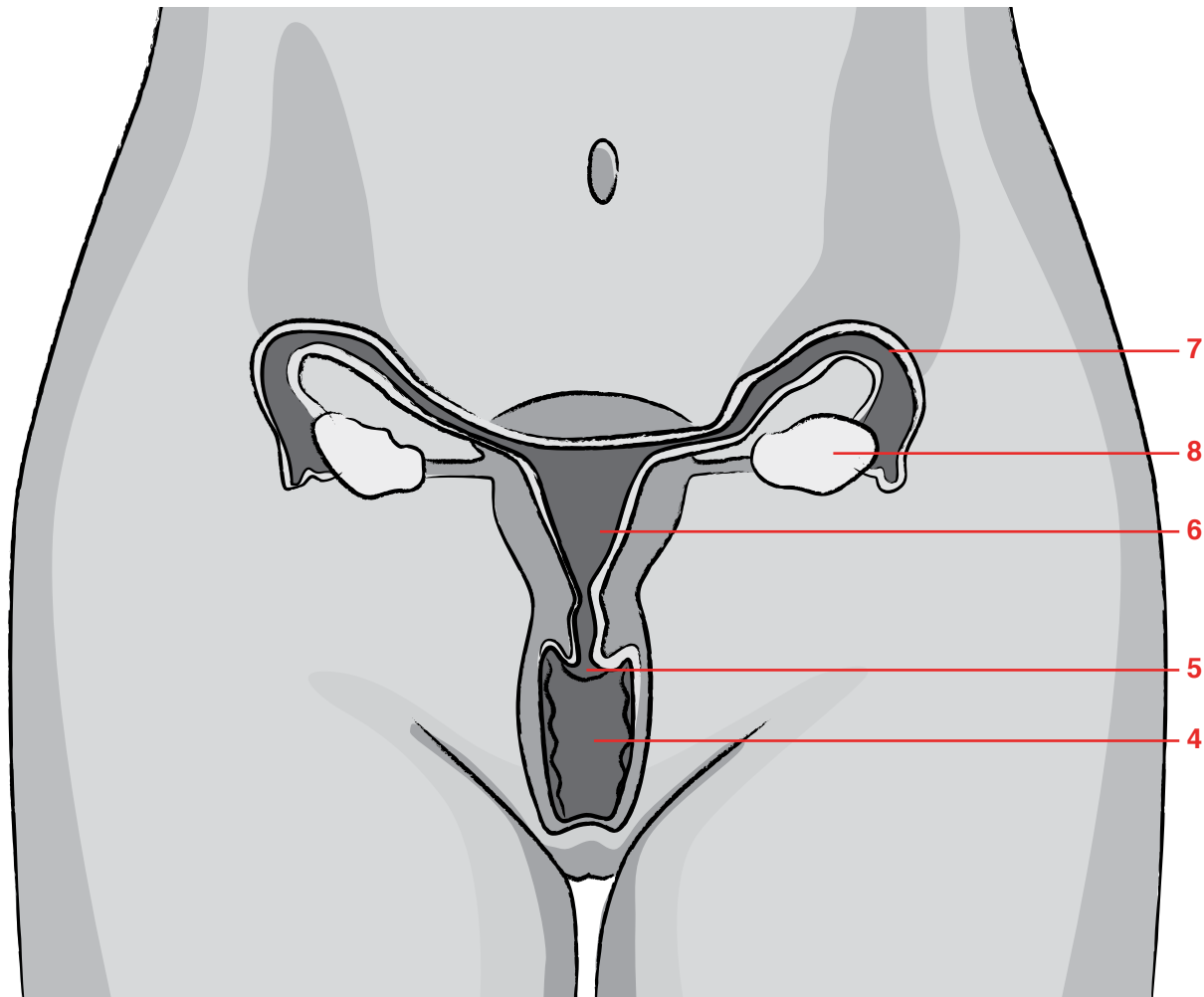
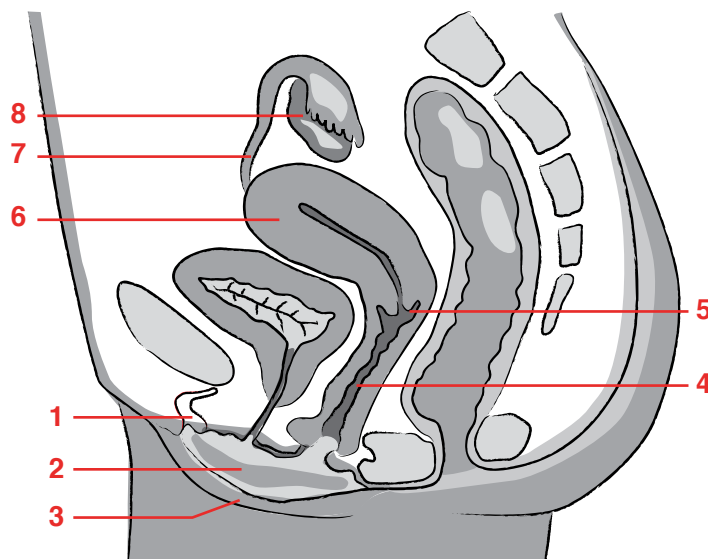
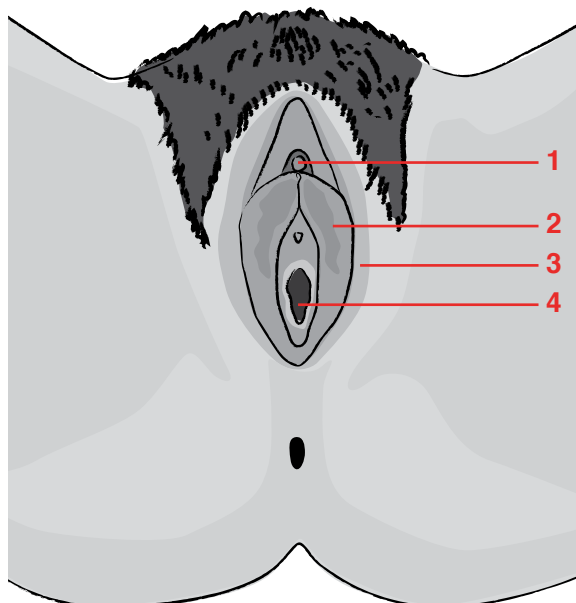
Remember: If you don't know the answer to any question, write it down and assure the girls that you will find the answer in time for the next meeting.



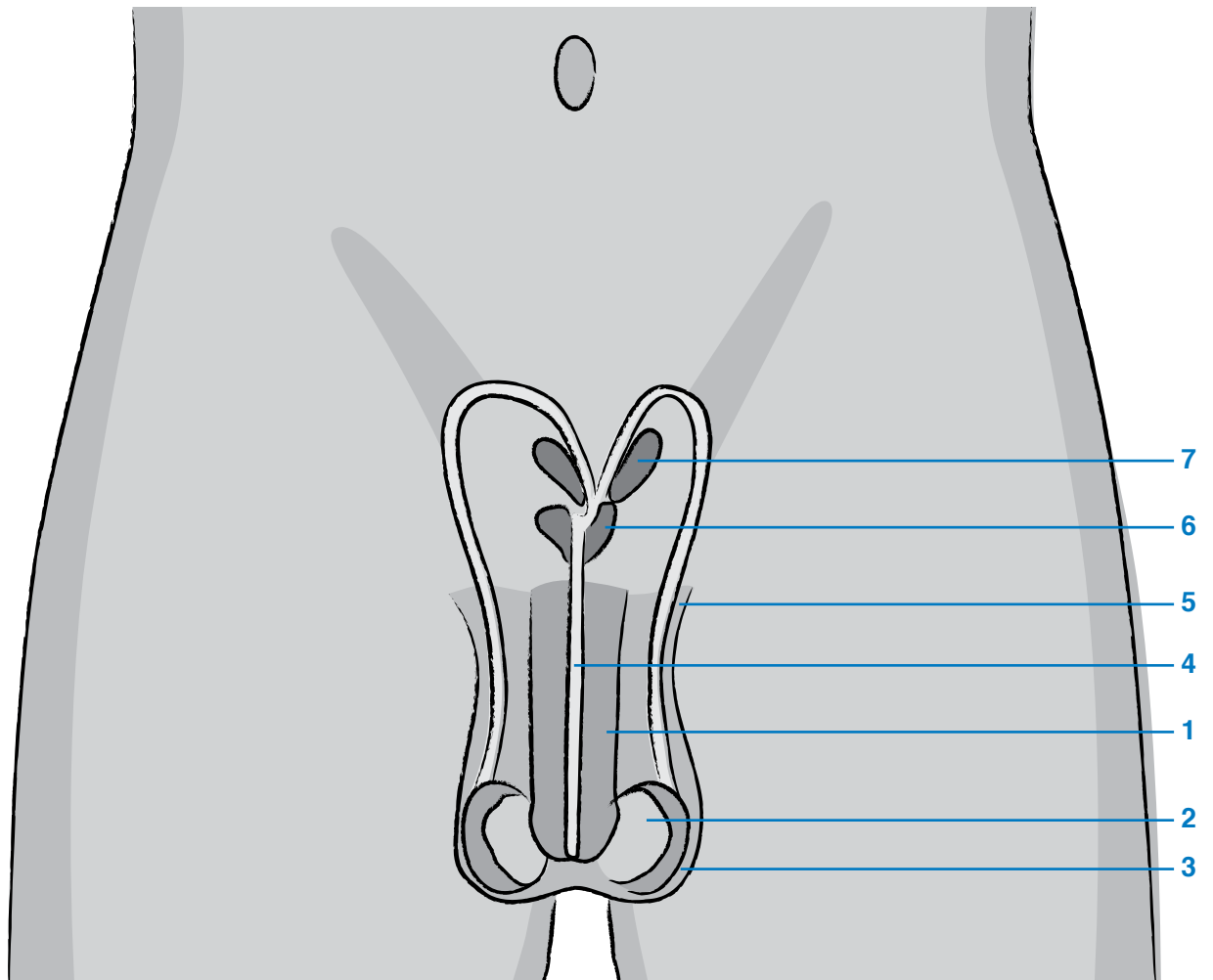
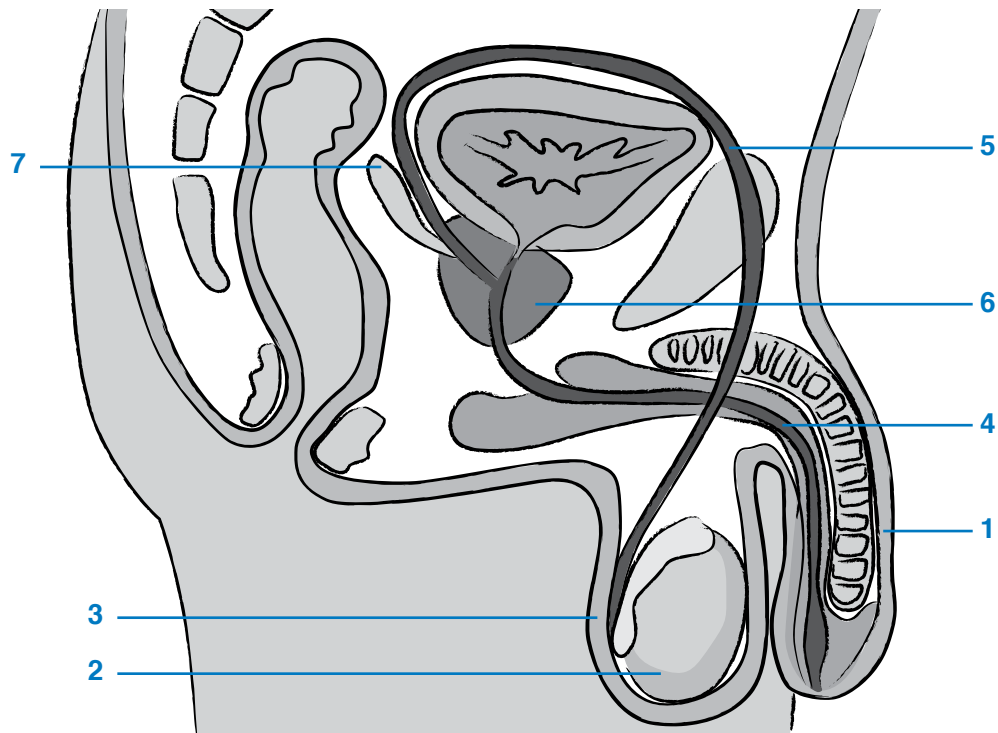
In Plenary: Wrap it up! (10 min)

21. Lead a brief conversation around this question: **How will this new information improve your self-esteem and your health, now and in the future?**
22. Wrap up the conversation underlining the importance for girls of knowing their own bodies. Bring out the flipchart with the activity's second **Key Message**, and read it out loud:
 - **Knowing accurate information about their own body strengthens girls' self-awareness and self-esteem.** Informed girls are better able to understand what their bodies are capable of doing, and to reject myths and misconceptions that can lead them to harm.
23. Next, take some time to read out the questions from the **Secret Question Box** that relate to this activity. If the question was already brought up during this activity, highlight this, and move on to the next question. After each unanswered question, ask if any of the girls themselves can answer the question. If they cannot, provide the answer yourself.
24. Thank the girls for their participation in this activity. Explain that even though it is important information for now and for the future, girls often do not hear or talk about their reproductive bodies. It is good that the club is a place where we can talk about this in an open way.
25. Finish by explaining that although a girl may have the necessary organs to get pregnant, this does not mean she is ready or wants to become pregnant. It is every woman's right to have children by choice and not by chance or by obligation. Explain that you will all have the opportunity to take an in depth look at this issue in the next activity.
26. Allow some extra time for girls to add questions to the **Secret Question Box** before they leave.

FACILITATION SHEET BIH3-A: CHARTING THE FEMALE REPRODUCTIVE AND SEXUAL SYSTEM



FACILITATION SHEET BIH3-B: CHARTING THE MALE REPRODUCTIVE AND SEXUAL SYSTEM

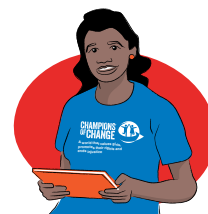


FACILITATION SHEET BIH3-C: NAME CARDS FOR THE MALE AND FEMALE REPRODUCTIVE SYSTEMS



Epididymis	Penis	Cervix	Clitoris
Vas deferens	Testicles	Uterus	Major lips
Prostate gland	Scrotum	Fallopian tubes	Minor lips
Seminal vesicles	Urethra	Ovaries	Vagina

FACILITATION SHEET BIH3-D: FACTS ABOUT THE FEMALE AND MALE REPRODUCTIVE SYSTEMS¹²



What are the sexual and reproductive systems? The sexual system consists of those organs involved in sexual activity and pleasure, whereas the reproductive system consists of the organs involved in pregnancy and birth. The sexual and reproductive systems share some but not all organs.

WHAT ARE THE PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEMS AND THEIR FUNCTIONS?

The **vulva** consists of all the visible external genital organs of a woman (illustration 1).

The **clitoris** (#1 in the illustration) is a small organ, shaped like bud. The function of the clitoris is to give girls and women sexual pleasure; it contains a rich network of nerve endings for sensation. During sexual arousal and during orgasm, the clitoris gets bigger and fills with blood.

The **major lips** (#3) are the outer lips that cover and protect the vaginal opening. The **minor lips** (#2) are the inner lips, which also swell during sexual arousal.

The **vagina** (#4) is an elastic canal, leading from the vulva to the cervix and uterus. When a woman is sexually aroused, the vagina produces lubrication. It has few nerve endings and is therefore not highly sensitive. In vaginal intercourse, if the man ejaculates, semen enters the vagina and travels through the cervix into the uterus and fallopian tubes, where fertilization can occur if an egg is present. Menstrual blood leaves the body through the vagina, as does a baby when it is born. The vagina cleans itself and does not need to be washed out. Women should not insert substances to dry or tighten the vagina; such substances can be harmful.

The **hymen** (not shown) is a thin membrane that may stretch across part of the vaginal opening. The hymen can be easily torn during sports or other physical activity and can be stretched open if a girl uses tampons. A torn or stretched hymen does not indicate that a girl or woman has engaged in sexual intercourse.

The **cervix** (#5) is the lower part of the uterus that extends into the top of the vagina. An opening in the cervix connects the vagina and uterus. Menstrual blood passes out of the uterus through this opening; and semen passes through it into the uterus. The cervix produces a secretion (cervical mucus) that aids sperm in entering the uterus. The cervical mucus changes during the menstrual cycle; women can learn to identify the fertile period according to the characteristics of the mucus. During childbirth, the cervix stretches, allowing the baby to pass through.

The **uterus** (#6), or womb, is a muscular organ. Its lining thickens with blood and tissue during the first part of the menstrual cycle. If no embryo implants itself, the lining breaks down, becoming the menstrual flow. If an embryo implants itself, a fetus develops in the uterus.

The **fallopian tubes** (#7) are two narrow, 4 to-5-inch-long tubes through which the egg travels from the ovary to the uterus and in which the egg may be fertilized.

The **ovaries** (#8), two organs, each the size of an almond or a grape, store the immature eggs in follicles, produce and secrete female hormones (estrogen and progesterone), and produce and release mature eggs.

WHAT ARE THE PARTS OF THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS AND THEIR FUNCTIONS?

The **penis** (#1) has several functions. It is involved in sexual feeling; in this function it corresponds to the clitoris in the female. The penis may fill with blood and become hard and erect in response to sexual stimulation. The reproductive function of the penis is to deliver semen into the vagina. The third function is the excretion of urine. The end of the penis is covered by a layer of skin called the foreskin. In many cultures, the foreskin is removed through a procedure called male circumcision.

The **testicles** (or testes) (#2), two ball-shaped glands inside the scrotum, produce sperm and the testosterone hormone. The scrotum and testes are sensitive to touch and can be a source of pleasure.

The **scrotum** (#3), a loose bag of skin, holds and protects the testicles. When cold, it is pulled up tight toward the body to keep the testicles at the right temperature to produce sperm.

The **urethra** (#4) is a tube that runs from the bladder through the penis. Semen (a mixture of seminal fluid, prostatic fluid, and sperm) travels through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation.

The **vas deferens** (#5) are two long thin tubes that carry the sperm toward the urethra. They contract during ejaculation.

The **prostate gland** (#6) produces a fluid that makes up semen and helps sperm to move. Many men find stimulation of the prostate to be sexually pleasurable.

The **seminal vesicles** (#7) produce much of the fluid that ultimately becomes semen. This fluid nourishes the sperm.

ACTIVITY BIH4: PREVENTING TEENAGE PREGNANCY: WHY AND HOW?

Girls begin by listing reasons why a girl may want to delay or prevent pregnancy based on different types of consequences over their lives. Then, they discuss different myths about how to avoid pregnancies that they may have heard in their communities, and end by discussing proven and effective methods. As a take-away assignment, girls write a letter to a teenage mother to tell them that they are not alone.



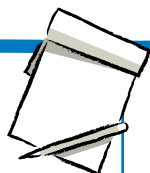
ALL AGES



**1 HOUR
& 45 MINUTES**

WHAT YOU NEED

- Posters or flipcharts of the male and female reproductive systems (from **Activity BIH3**)
- Examples of contraceptives that are available in the community
- **Secret Question Box**
- **Handout BIH-B: Myths and Facts about Reproduction and Contraception** (one copy per girl)
- **Handout BIH-C: Why prevent teenage pregnancy?** (one copy per girl)
- **Facilitation Sheet BIH4: Contraceptive Methods**



LINKS TO KAPS



- Understands how pregnancy occurs and how it can be prevented.
- Values her right to get pregnant by choice, not by chance or obligation.
- Values the advantages of delaying pregnancy.



KEY MESSAGES

- **Having the capacity to get pregnant does not mean that teenage girls are physically or emotionally ready to have children.** There are many reasons for delaying pregnancies and a variety of contraceptive methods to do so.
- **We all have the right to get pregnant by choice, not by chance or obligation.** In fact, every person has two important rights: the right to have sex without wanting to have children; and the right to decide freely on if, when and how many children to have.
- **Teen mothers have rights too!** Being a teen mother creates many barriers for girls, but it should never isolate her or prevent her from reaching her potential. It is important for all girls to have a positive attitude towards all her peers, including girls who are pregnant or are already mothers.

TIPS!

TIP FOR FACILITATORS

- The information included in **Facilitation Sheet BIH4** is meant to provide sufficient information for facilitators to complement their own knowledge on different methods. The information is not presented in girl-friendly language, so make sure to review it thoroughly, and adapt it to language that girls will understand easily, making sure that you do not affect the accuracy of the contents.
- Consider the opportunity of inviting a guest speaker – for example from the local health centre – who can explain the details of different contraceptive methods that are available in a girl-friendly way.
- This activity is longer than all other activities in the module. Consider organising a break after **Step# 14** to allow the girls to refocus their attention. You can also choose to facilitate it in two parts on two separate days.
- If you have any teen mothers or pregnant girls in your group, make sure that they feel included in this conversation without being judged by themselves or by the other girls. You may want to speak to them before the activity to explain the contents and to encourage them to share only what they feel comfortable sharing, and to make sure to stand up for their rights.

- Make sure not to use language that reinforces stigma or discrimination against teenage mothers, and to correct any girl who uses such language. It is important for the girls to understand the value of delaying pregnancy, but also to understand that the reasons for teenage pregnancy are complex and that pregnant girls and teenage mothers should be supported – not isolated and stigmatized. An example of stigmatizing language is describing teenage pregnancy as the result of ‘being bad’ or ‘being stupid’.
- Also on the topic of language, in this activity we use the word “teenage” and “teens” to refer to all adolescent girls because this language is more friendly than ‘adolescent’. However, if these words are not commonly used in your setting, please use the appropriate terminology instead.
- Take some time to consider myths about reproduction and avoiding unwanted pregnancies that are prevalent in the communities where girls live. For example, in one pilot workshop, a facilitator explained that in his community men pour semen in water to determine if they can get a girl or woman pregnant: if it floats, they think they are fertile, and if it sinks, they think they can safely have sex without pregnancy. It is very important for the girls to have the space to bring up similar misconceptions they might have learned, and to replace these with facts.



BEFORE YOU BEGIN

- Research what contraceptive methods are available in the community and bring some examples with you to the meeting to present in **Step #19**. Use **Facilitation Sheet BIH4** to assist you in describing these and other available methods.
- Complete **Handout BIH-B** with at least two commonly held local beliefs about contraception and reproduction that are not true before making copies for the girls. Feel free to add as many as are relevant for the girls in the group. Please share the local myths you identify with the Global Champions of Change team.
- Copy each of the **Key Messages** onto separate flipchart sheets. Keep these sheets covered until you are ready to use them.

STEPS TO FOLLOW:

In Plenary: Introduction (10 minutes)

1. Welcome the girls and remind them that in the last activity, they learned about the reproductive systems of women and men. Explain that in this activity we will look more closely at pregnancy, and why it is best to delay it.
2. Begin by asking: **Can you explain how a girl or a woman gets pregnant?** Invite a few girls to explain in their own words. If necessary, you can add to their explanation so that it is in line with what girls learned in the last activity.
3. Tell the girls that they have already taken an important first step towards being in control of their own bodies, which is to understand what their bodies are like inside, and how their bodies work.
4. Next, ask: **Are all pregnancies planned and wanted?** Take some time to unpack this question. Make sure they understand that just because a girl or woman wants to have sex, or because she has the reproductive organs needed for pregnancy, does not mean that she necessarily wants to become pregnant.

STEPS TO FOLLOW:

5. Explain that in today's activity we will talk about why and how to prevent unwanted pregnancies. Explain that this topic is important because we all have the right to get pregnant by choice, not by chance or obligation. In fact, we all have two important rights:
 - The right to have sex without wanting to have children.
 - The right to decide freely on if, when and how many children to have

Explain that today we will focus on the prevention of unwanted teenage pregnancy.

In Groups and Plenary: Why prevent unwanted teenage pregnancy? (30 min)

6. Lead a brief conversation around the following questions:
 - **Once a girl's body is capable of getting pregnant, does that mean she is ready to have children?**
 - **Does it mean that her body will not be harmed by a pregnancy?**

Spend some time with these questions, supporting the girls in identifying some of the reasons to delay pregnancy. Write some of the key reasons they mention on a flipchart.
7. Ask for a volunteer to read the activity's first **Key Message**:
 - **Having the capacity to get pregnant does not mean that teenage girls are physically or emotionally ready to have children.** There are many reasons for delaying pregnancies and a variety of contraceptive methods to do so.
8. Ask the girls to form four groups and assign one of the following topics to each group. Explain that they will have 5 minutes to discuss why a teenager might not be ready or want to get pregnant and become a mother, related to the topic they've been assigned:
 - Her education
 - Her body and health
 - Her emotional development
 - Her social and financial situation
9. When time is up, ask each group to create a 'frozen image' that represents their discussion.

NOTE

Creating a 'frozen image' is like creating a dramatic scene in a skit, but with no movement or speaking. Girls will use their bodies and expressions to portray an image, as if someone has taken a photograph and 'frozen' that image in time.



STEPS TO FOLLOW:

10. Bring the girls back together and have each group present their frozen image. Ask the girls in the audience to describe what they see before them, and allow the presenting group to clarify what they were trying to portray.
11. After each presentation and discussion, distribute **Handout BIH-C** and go over it with the girls to make sure the group covered all of the issues included in it. Discuss any elements that were left out with the girls.
12. Invite one of the girls to read the activity's second **Key Message**:
 - **We all have the right to get pregnant by choice, not by chance or obligation.** In fact, every person has two important rights: the right to have sex without wanting to have children; and the right to decide freely on if, when and how many children to have.

In Plenary: Thinking about teen moms (15 min)

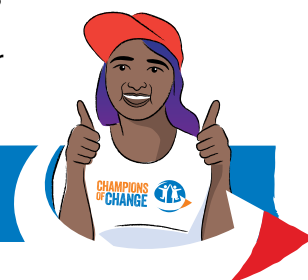
13. Before moving on, lead a brief discussion around the questions:
 - **Do you know any girls your age that are pregnant or already have a child?**
 - **Do you think these girls chose to become pregnant? Why?**
 - **How should you treat a girl your age that is pregnant or has a child?**
 - **Does everyone in your communities treat these girls well? What happens to them?**



If you have any teen mothers or pregnant girls in your group, make sure that they feel included in this conversation without being judged by themselves or by the other girls. You may want to speak to them before the activity to explain the contents and to encourage them to share only what they feel comfortable sharing, and to make sure to stand up for their rights. Make sure not to use language that reinforces stigma or discrimination against teenage mothers, and to correct any girl who uses such language.

14. Throughout this conversation, make sure to support the girls in understanding that girls' choices around pregnancy are often limited, and that the rights of these girls also need to be defended.
15. Wrap up the conversation by presenting the activity's third **Key Message** and asking a girl to read it aloud:
 - **Teen mothers have rights too!** Being a teen mother creates many barriers for girls, but it should never isolate her or prevent her from reaching her potential. It is important for all girls to have a positive attitude towards all her peers, including girls who are pregnant or are already mothers.

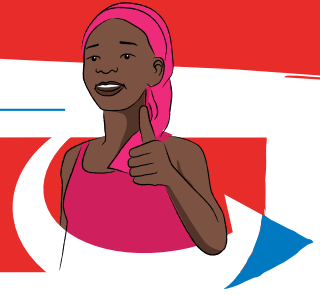
TIP! Consider having a break of at least ten minutes at this point to allow the girls to refocus their attention!



In Plenary: Myths and facts about preventing pregnancy (40 min)

16. Begin this section of the activity by asking: **What have you heard are some ways to prevent pregnancy?** Encourage them to bring up all ways they have heard, even if they think it is silly or know it to be untrue. Write down each 'method' mentioned by the girls on a flipchart.
17. Next, explain that you will now look at this list to separate myths from facts about contraception, or ways to prevent pregnancy. Go down the list, and with a marker of a different colour, write 'M' for myth or 'F' for fact. Have girls help you if they know whether something is a myth or fact. Make sure that only the methods outlined in **Facilitation Sheet BIH4** are marked as facts.

STEPS TO FOLLOW:



TIP! Make sure not to ridicule any method brought up by a girl, however farfetched it may seem. Remember that it might take time for the girls to accept that some deeply held beliefs in their communities are not true.

18. Distribute **Handout BIH4** to debunk some of the myths that the girls bring up and cover the rest that are on the sheet.

TIP! Refer back to the **Setting the Stage** section for why it is so important to distinguish myths from facts, and explain this to the girls.

19. Next, explain that there are many different methods available for preventing pregnancy. Some are more effective and safer than others. Bring out the examples you brought of contraceptive methods available in your community for girls to see and touch, and use **Facilitation Sheet BIH4** to support you in describing the different methods. If you invited a guest speaker to discuss contraceptive methods with the girls, ask her explain the different methods.



It is important that girls understand that the methods discussed today are about preventing pregnancy – and that only condoms can prevent pregnancies and protect against HIV or STI's! Let them know that we will learn more about preventing HIV and STIs in the next activity.

20. Ask the girls if they have any other questions about preventing unwanted pregnancies, and do your best to answer them.

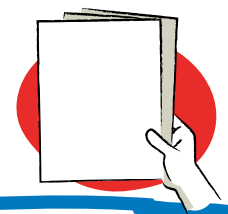
In Plenary: Wrap it up! (10 min)

21. Go through the questions from the **Secret Question Box** that relate to this activity. After each, ask if any of the girls can answer the question. If they cannot, provide the answer yourself.
22. Finally, use the flipchart you prepared ahead of time to introduce the activity's **take-away assignment**.
23. Allow some extra time for girls to add questions to the **Secret Question Box** before they leave.



Write it out! In your journals, write a letter to a teenage mother who might be experiencing things we discussed in this activity, including feeling isolated from her peers or worried about her future. What could you say to make her feel better and know that she is supported by the girls in your club?

HANDOUT BIH-B: MYTHS AND TRUTHS ABOUT REPRODUCTION AND CONTRACEPTION¹³



Below are some examples of common myths about pregnancy and contraception. “Truths” are what is known to be true; events that have actually occurred; and things that are real, actual, and can be proven. For example, if you throw a ball in the air, it will come down. “Myths” are ideas, saying or beliefs that people create but are misleading and can lead girls to harm.

MYTH: IF A BOY DOES NOT EJACULATE DURING SEXUAL INTERCOURSE OR PULLS OUT BEFORE EJACULATION, A GIRL WILL NOT GET PREGNANT.

TRUTH: A small amount of fluid comes out of the penis long before ejaculation. This fluid always contains semen, which carries sperm and could result in a pregnancy.

MYTH: YOU CANNOT GET PREGNANT THE FIRST TIME YOU HAVE SEX.

TRUTH: If a girl has started her menstrual cycle, she can become pregnant, whether it is her first time having sex or not. In fact, girls can get pregnant even if they have not seen their menstrual blood yet, because they will ovulate before having their first period.

MYTH: A GIRL CANNOT GET PREGNANT IF SHE HAS SEX WHILE ON HER PERIOD.

TRUTH: Sperm can live up to five days inside the cervix, and girls’ cycles are not always regular. Therefore, having sex during her period is not a safe way to avoid pregnancy.

MYTH: WASHING OUT THE VAGINA AFTER SEX WILL PREVENT A PREGNANCY.

TRUTH: Sperm can move very quickly to the fallopian tubes and fertilize the egg. While it is important to wash the external vulva regularly, washing inside the vagina can be harmful to sensitive vaginal tissue.

MYTH: IF A GIRL DOESN’T REALLY WANT TO BECOME PREGNANT, SHE WILL NOT.

TRUTH: Hoping to avoid pregnancy does not work. Girls and their partners have to take real steps to avoid unwanted pregnancies. Currently, the only effective methods to avoid pregnancy are barrier methods, such as male and female condoms; hormonal or chemical methods, such as the pill or IUDs; and permanent methods, such as vasectomy or female sterilisation.

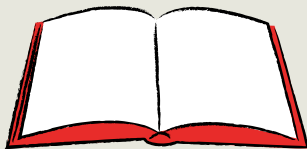
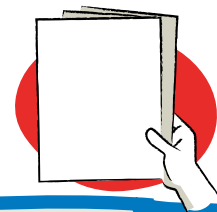
LOCAL MYTH: _____

TRUTH: _____

LOCAL MYTH: _____

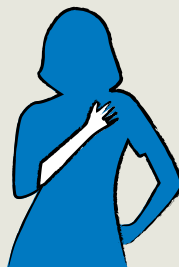
TRUTH: _____

HANDOUT BIH-C: WHY PREVENT TEENAGE PREGNANCY?¹⁴



HER EDUCATION:

- Many girls who become pregnant have to drop out of school, either because of social pressure, shame and stigmatization, or because her parents, school administrators, or the baby's father force her to leave school.
- It is very uncommon and difficult for a girl to return to school after she has had a child, because she is now responsible for taking care of the child. Even if her family is able to support her in taking care of the child, she may be expected to get a job to contribute to supporting the child financially.



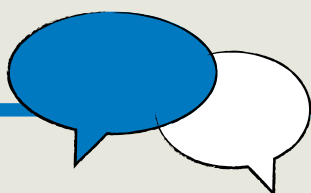
HER BODY AND HEALTH:

- Being physically capable of getting pregnant does not mean a teenage girl's body is ready to have a child. Her body is still developing to be ready to go through a pregnancy. Pregnancy at young age can have very harmful effects for both the mother and the child during pregnancy and when in labour.
- Girls who give birth before the age of 15 are 5 times more likely to die in childbirth than women in their early 20's. Their children are less likely to live beyond their first birthday.
- Girls who have not finished school are less able to take care of their own health and the health of their children.



HER EMOTIONAL DEVELOPMENT:

- Most teenage girls are not emotionally ready to be a mother. It is a huge responsibility to take care of a child, and it can also be a big burden while a girl is still in a phase of learning and developing herself.
- When a teenage girl has an unwanted pregnancy, she may become scared or panicked, which can lead to dangerous and risky behaviour, such as self-induced abortions or suicide.



HER SOCIAL AND FINANCIAL SITUATION:

- Most teenage girls are not socially ready to be a mother. For example, they still want to finish their school, spend time with their friends, and pursue other goals.
- Teen girls are still relying on their parents and caregivers emotionally and financially, so they are not able to provide for their child themselves. This means the pregnancy of the teenage girl is a family – rather than an individual – issue, which limits the girls' individual choices around the way to deal with the pregnancy and her future.
- In some cases, a girl is forced by her family to marry the father of the baby, further restricting her ability to choose a future for herself.
- A girl with little or no education has fewer skills and opportunities to find a job.
- If the father is young himself he will also be unable to take social, emotional and financial responsibility for the baby. If the father is older, he may not be aware or willing to meet the needs of teenage girls.

14. Some information for the handout has been adapted from the World Health Organization website: goo.gl/FmDVjt and Girls Not Brides website: goo.gl/WMM7d0t

FACILITATION SHEET BIH4-B: CONTRACEPTIVE METHODS¹⁵



METHOD	WHAT IS IT AND HOW DOES IT WORK?	OTHER CHARACTERISTICS
BARRIER METHODS		
MALE CONDOM	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	<ul style="list-style-type: none"> • It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer. • It enables men and boys to protect themselves and their partners. • It is easily available. • It must be put on during sexual activity prior to intercourse. • Some people find that it reduces sensation. • It may break or leak, especially if used incorrectly.
FEMALE CONDOM	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix. It forms a pouch that collects the semen.	<ul style="list-style-type: none"> • It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer. • It can be inserted hours before sexual activity begins. • It enables women and girls to protect themselves and their partners. • It is noticeable during sex, and insertion may require practice. • It is expensive in comparison with the male condom.
DIAPHRAGM	A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm from entering, and the spermicide kills sperm.	<ul style="list-style-type: none"> • It can be inserted before sexual activity begins. • It is not widely available. • It may be dislodged during sex. • It must be fitted by a health care provider. • Does not offer protection against STIs/HIV.
CERVICAL CAP	A thimble-shaped latex cup that is inserted into the vagina, fitting snugly over the cervix and held in place by suction to block sperm. It should be used with a spermicide.	<ul style="list-style-type: none"> • It can be inserted before sexual activity begins. • It is not widely available. • It may be dislodged during sex. • It must be fitted by a health care provider. • Does not offer protection against STIs/HIV.
SPERMICIDES	Chemical foams, creams, jellies, film, or suppositories inserted into the vagina before intercourse, creating a barrier and killing sperm. A spermicide can be used alone or with a barrier method, such as a condom, to increase its effectiveness.	<ul style="list-style-type: none"> • Repeated use of nonoxynol-9 (N-9) spermicides can lead to genital lesions, which can increase the risk of HIV transmission. • They should not be used by girls or women at high risk for HIV infection. • Some are messy. • Does not offer protection against STIs/HIV.
METHODS THAT CHANGE HORMONES OR OTHER CHEMICAL REACTIONS IN GIRLS' AND WOMEN'S BODIES		
ORAL CONTRACEPTIVES (THE PILL)	Small pills containing synthetic hormones (estrogen and progestin, or only progestin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman or girl for 21 or 28 days, depending on the brand and type.	<ul style="list-style-type: none"> • It does not require the girls or woman to insert or apply anything at the time of sexual relations. • It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease. • The woman or girl must remember to take the pill regularly. • Typically, fertility resumes quickly after the woman or girl stops taking the pill or misses a pill. • Does not offer protection against STIs/HIV.

15. Adapted from: Population Council (2011) It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education.




METHOD	WHAT IS IT AND HOW DOES IT WORK?	OTHER CHARACTERISTICS
INJECTABLES	An injection given at regular intervals, usually every one or three months, containing progestin, a synthetic hormone that prevents ovulation and thickens the cervical mucus.	<ul style="list-style-type: none"> The method can be used without the knowledge of others. It does not require the woman or girl to insert or apply anything at the time of sexual relations. It may decrease the risk of certain kinds of cancer. Fertility resumes within a few months after stopping use. Does not offer protection against STIs/HIV.
VAGINAL RING	A thin, soft, flexible ring inserted in the vagina by the girl or woman. It slowly releases estrogen and progestin, stopping ovulation and thickening the cervical mucus.	<ul style="list-style-type: none"> It does not require the woman or girl to insert or apply anything at the time of sexual relations. After the girl or woman stops using it, fertility returns immediately. Does not offer protection against STIs/HIV.
CONTRACEPTIVE PATCH	A small adhesive patch applied to the skin that slowly releases progestin and estrogen through the skin to prevent ovulation and thicken the cervical mucus.	<ul style="list-style-type: none"> It does not require the woman or girl to insert or apply anything at the time of sexual relations. It is less effective for women or girls weighing more than 90 kilos (198 lbs.). After the woman or girl stops using it, fertility quickly returns. Does not offer protection against STIs/HIV.
IMPLANTS	One or two small, soft rods implanted in the girl's or woman's upper arm that release a steady low dose of progestin over a period of three to five years. Thickens the cervical mucus and inhibits ovulation.	<ul style="list-style-type: none"> Implants can be removed at any time, but they must be inserted and removed by a trained provider. It does not require the woman or girl to insert or apply anything at the time of sexual relations. Fertility resumes immediately upon removal. Does not offer protection against STIs/HIV.
INTRAUTERINE DEVICES (IUDS)	Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release progestin (a hormone), while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years.	<ul style="list-style-type: none"> It does not require the woman or girl to insert or apply anything at the time of sexual relations. If an infection is present during insertion, or if the conditions for insertion are not sterile, insertion may lead to pelvic infection and increased risk of infertility. The body sometimes expels the IUD. It must be inserted and removed by a trained provider. Does not offer protection against STIs/HIV.
PERMANENT METHODS		
VASECTOMY/ MALE STERILIZATION	A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen.	<ul style="list-style-type: none"> It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate. Vasectomy is not effective until three months after the surgery. This is a permanent method. Does not offer protection against STIs/HIV.
FEMALE STERILIZATION/ TUBAL STERILIZATION	A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting.	<ul style="list-style-type: none"> It does not change a woman's ability to have sex or to feel sexual pleasure. This is a permanent method. Does not offer protection against STIs/HIV. Women should never be forced or pressured to use this permanent method.

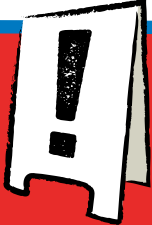


There are other methods, known as 'natural methods' that include lactation method, withdrawal, calendar/rhythm, or fertility awareness, that require specific behaviors and an understanding of one's body. These methods are not included in this table because of their very limited effectiveness. It would be misleading and ineffective to encourage girls to rely on such methods to avoid unwanted pregnancies.

ACTIVITY BIH5: PREVENTING STI'S


Girls work in groups to prepare posters about sexually transmitted infection, including HIV/AIDS, and about how to prevent them. Then they share this information with the rest of the group by presenting their posters and answering questions. As a take-away assignment, girls are asked to think about the information they have learned in this module, and about how they may use it.

 <p>FOR OLDER GIRLS</p>	 <p>1 HOUR</p>	<p>WHAT YOU NEED</p> <ul style="list-style-type: none"> • Flipcharts • Markers • Secret question box • Handout BIH-D: Basic facts about common STIs (one copy per girl) • Handout BIH-E: How to prevent STI's (one copy per girl) • Handout BIH-F: Facts about HIV/AIDS (one copy per girl) 	 <p>LINKS TO KAPS</p> <ul style="list-style-type: none"> • Knows basic facts about STIs and HIV/AIDS. • Understands how STIs and HIV/AIDS can be prevented.
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KEY MESSAGE

- **Girls have the right to protect themselves against STIs.** It is very important for girls to know how to protect themselves and their partners against STIs. Being aware of the different infections you can get from unprotected or unsafe sexual contact is also important.



TIPS!

TIPS FOR FACILITATORS

- Note that the complexity of the information covered in this activity is better suited for older girls. If you are working with younger girls, discuss how to adapt this activity with Plan's gender and health advisor, as well as with staff from the local health centres.
- Look for brochures or other information about prevention of STI's at the local health centre. Distribute these brochures or other information to the girls to support them with their group work.
- Consider inviting a woman from the local health centre to this session to support you in facilitating the activity. If possible in your context, this person could also make a demonstration of correct condom use. If female condoms are readily accessible for the girls in the group, ask the health worker to discuss correct use of them as well.
- Teaching about HIV and AIDS requires great sensitivity, particularly in settings with a high prevalence of the infection. Make sure that nothing you say could be interpreted by the girls as a judgement on people living with HIV/AIDS.
- Remain vigilant to anything the girls say that may reflect stigma against people living with HIV/AIDS and take the time to unpack what lies underneath such beliefs. Is it a double standard about male and female sexuality? Is it homophobia? Is it misinformation about how STIs are contracted?
- Try to avoid words like "natural" or "normal" to describe any aspects of sexuality. Anything that is considered 'normal' by a society is actually a convention or norm that has been adopted by members of that society, and varies across cultures and communities. To ensure the safest practices, girls should feel comfortable bringing up any questions they have without worrying that they are "not normal".



BEFORE YOU BEGIN

- Go through the questions from the **Secret Question Box** that girls have turned in. If any are relevant to STIs or HIV/AIDS, set them aside for the end of this activity. Make sure you are able to answer each question.
- Copy the definitions and explanations for 'STIs' and 'HIV/AIDS' included in **Steps #3** and **#4** onto separate flipcharts.
- Copy the activity's **Key Message** onto a flipchart. You will review it in the wrap up of this activity.
- Copy the activity's **take-away assignment** onto a flipchart.
- Keep all these flipchart sheets covered until you need them.

STEPS TO FOLLOW:

In Plenary: Introduction (5 min)

1. Begin by welcoming girls to this session, and ask them to start by sharing some thoughts on their take-away assignment. Ask:
 - **Were you able to write a letter to a married girl?**
 - **Do any of you want to share something about what you wrote, or about how you felt doing this assignment?**
2. Explain that today's activity is about the prevention of STI's and HIV/AIDS.
3. Begin by asking the girls: **What is a STI?** Allow a few girls to share their ideas before using the flipchart you prepared ahead of time to explain that:
 - 'STI' stands for Sexually Transmitted Infection. These are infections that are most commonly spread through sexual contact.
 - These infections can lead to more serious diseases.
4. Next, ask the girls: **What is HIV?** Allow a few girls to share their ideas before using the flipchart you prepared ahead of time to explain that:
 - 'HIV' stands for Human Immunodeficiency Virus
 - HIV is an infection that can develop into the disease called AIDS, which affects the body's ability to fight any other infection or disease.
 - HIV can be transmitted through sexual activities, but also in other ways that we will discuss later in this activity.
5. Tell the girls that today they will learn more details about STI's and HIV/AIDS, and how to prevent them.



STEPS TO FOLLOW:

In Groups: Creating our teaching aids (30 min)

6. Explain to the girls that they will be creating informational posters to teach the group about the topic they are assigned.
7. Explain that each group will read and discuss a handout before deciding how to present this information using a poster and discussing how they are going to present it to the group. They should make sure to cover all the information included in the handout. Explain that you don't want them to just read out the handout. Instead, they should think of a fun way to present the information. It may help to think about how they wish such information were explained to them.
8. Use a fun way to divide the girls into three groups and assign a different handout to each group. Hand all the copies of the assigned handout to the group so that they can distribute them to the rest of the girls during their presentation.
9. After ten minutes or so, once the girls have had time to read the handout, distribute a flipchart paper and markers to each group and ask them to spend about 20 minutes creating their poster.
10. Walk around to check how the girls are doing. Make sure that they understand all of the information they are reading, and support them in choosing the most crucial information to include in their poster. Take the time to answer any questions they may have. Make sure to visit each group at least twice as they are working.

In Plenary: Poster presentations (20 min)

11. Bring the group back together and invite the small groups to take turns presenting their posters. After each presentation, allow the rest of the girls to ask questions about the topic that was presented. If the group can't answer it correctly, make sure to step in and provide correct information, or to explain that you will research the answer if you don't know it. Before moving on to the next group, make sure all information was presented, and introduce any outstanding information so that everything in the handout is covered.

TIP! Keep a copy of each handout for yourself, so you can make sure that the group covered all crucial information and that the information they present is correct.



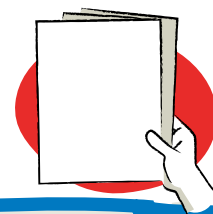
In Plenary: Wrap it up (5 min)

12. Take some time to read out the questions from the **Secret Question Box** that relate to this activity. After each question, ask if any of the girls can answer the question. If they cannot, provide the answer yourself.
13. Bring out the flipchart you prepared ahead of time with the activity's **Key Message**, and ask for a volunteer to read it out loud.
14. Explain that the next activity will be the final one of this module. We will reflect on everything we learned about sexual and reproductive health, and how the girls will use this information now and in the future.
15. Use the flipchart you prepared ahead of time to introduce girls to the **take-away assignment**:



Write it out! Take some time to reflect and to write in your journal about what were the most important things that you learned in this module and how you may use this knowledge in your life. For example, think about how this information might influence your personal choices and also how it may help you to support your peers in making informed decisions.

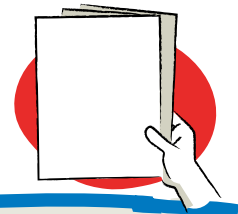
HANDOUT BIH-D: BASIC FACTS ABOUT COMMON STIS¹⁶



STI	SYMPTOMS FOR GIRLS AND WOMEN	SYMPTOMS FOR BOYS AND MEN	CAN IT BE CURED?	IS THERE A VACCINE?
CHANCROID	Women and girls often don't show symptoms. If they do, they might have painful sores on the genitalia and/or swollen lymph nodes on the groin.	Painful sores on the genitalia; swollen lymph nodes on the groin.	Yes	No
CHLAMYDIA	Most women and girls don't show any symptoms. If they do, they might have abnormal vaginal discharge or a burning sensation when urinating.	Men and boys often don't show symptoms. If they do, they may have a pus-like discharge from their penis or burning sensation when urinating.	Yes. Left untreated, it can lead to pelvic inflammatory disease (PID) among women and girls, which may lead to infertility. Complications among men and boys are rare.	No
GONORRHOEA	Most women don't show any symptoms. If they do, they might have abnormal vaginal discharge or burning sensation when urinating.	Men and boys often experience discharge or burning when urinating. Some have no symptoms.	Yes. Left untreated, it can lead to PID among women and girls, and may lead to infertility among both females and males.	No
HEPATITIS B	May experience flu-like symptoms, jaundice, and dark-coloured urine; others experience no symptoms.	May experience flu-like symptoms, jaundice, and dark-coloured urine; others experience no symptoms.	Although no medicine has been found that cures hepatitis B, in many cases the body clears the infection by itself. Occasionally it develops into a chronic liver illness.	Yes
HERPES (HERPES SIMPLEX VIRUS)	Periodic outbreaks of painful sores on genitals or anus.	Periodic outbreaks of painful sores on genitals or anus.	No, but symptoms can be controlled through treatment.	No

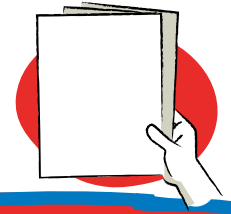
16. Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. p. 278

HANDOUT BIH-D: BASIC FACTS ABOUT COMMON STIS



STI	SYMPTOMS FOR GIRLS AND WOMEN	SYMPTOMS FOR BOYS AND MEN	CAN IT BE CURED?	IS THERE A VACCINE?
HIV (HUMAN IMMUNODEFICIENCY VIRUS)	HIV generally has no symptoms in its early stages. HIV usually leads to AIDS. People with AIDS may suffer various infections, cancers, and other life-threatening ailments.	HIV generally has no symptoms in its early stages. HIV usually leads to AIDS. People with AIDS may suffer various infections, cancers, and other life-threatening ailments.	No, AIDS is a chronic, ultimately fatal disease, but treatment (antiretroviral therapy) dramatically slows the progress of the disease.	No
HPV (HUMAN PAPILLOMA VIRUS)	Can show no symptoms. Some strains cause genital warts. Others cause cancer. This includes head, neck, and anal cancer; and — most commonly — cervical cancer.	Can show no symptoms. Some strains cause genital warts. Others cause cancer. This includes head, neck, anal cancer, and penile cancer.	No, but symptoms can be controlled through treatment. Some cancers secondary to HPV are treatable.	Yes. HPV vaccines can protect both males and females against many strains of the virus.
SYPHILIS	Begins with one or more painless sores on the genitals, rectum, or mouth. The second stage may produce skin rashes, lesions on mucus membranes, fever, and malaise. The disease worsens when these symptoms go away.	Begins with one or more painless sores on the genitals, rectum, or mouth. The second stage may produce skin rashes, lesions on mucus membranes, fever, and malaise. The disease worsens when these symptoms go away.	Yes, if treated in its early stages. Without treatment, infection remains in the body. The late stage of syphilis includes damage to internal organs and can be fatal.	No
TRICHOMONIASIS (TRICHOMONAS OR TRICK)	Women and girls may experience frothy, yellow-green vaginal discharge with a strong odour. May also cause itching or discomfort during intercourse and urination.	Men and boys usually don't show any symptoms; sometimes mild discharge or slight burning with urination or ejaculation.	Yes	No

HANDOUT BIH-E: HOW TO PREVENT STI'S¹⁷



WHAT ARE SEXUALLY TRANSMITTED INFECTIONS?

Sexually transmitted infections (STIs) are infections passed primarily by sexual contact, including vaginal, oral, and anal intercourse. A variety of different organisms may cause an STI. Certain parasites such as pubic lice and scabies also may be transmitted by sexual contact. STIs are part of a broader group of infections known as reproductive tract infections, or RTIs.

ARE THESE INFECTIONS TRANSMITTED ONLY THROUGH SEX?

Some STIs can be transmitted by skin-to-skin contact. Some are transmitted through the exchange of bodily fluids such as saliva or semen or blood. Some can be passed to a baby before it is born, during childbirth, or via breastfeeding.

WHAT ARE THE CONSEQUENCES OF STIS?

STIs can have serious health consequences for men and women. Many common STIs are difficult to detect among women, however, and some have more serious consequences for women than for men. For example, the spread of chlamydia or gonorrhoea to the upper reproductive organs (uterus, fallopian tubes and ovaries) is a common cause of infertility among women. Infection with certain STIs increases the likelihood of acquiring or transmitting HIV infection. Some, but not all, STIs are curable. Others, such as HIV, are not. Early treatment eliminates or reduces the consequences of most STIs.

HOW CAN PEOPLE PREVENT ACQUIRING OR TRANSMITTING STIS?

- Use male or female condoms and avoid sexual contact that allows transmission of an infection. Condoms protect against most STIs (including HIV). They do not protect against all STIs.
- Find out if you have an STI by being tested by a health care provider.
- If you have an STI, obtain treatment, and notify all of your recent sex partners so that they can also be tested.
- Find out whether your partner has an STI, and if so, make sure that he or she is tested and treated.
- Talk with your partner about ways to be sexually intimate that do not involve the risk of transmitting an infection.
- Obtain a vaccination for those STIs that can be prevented. At the present time, a vaccine exists for hepatitis B and human papilloma virus (HPV).

WHEN SHOULD A PERSON HAVE AN STI TEST?

A person is at risk of acquiring an STI and should be tested if he or she has one or more of the following:

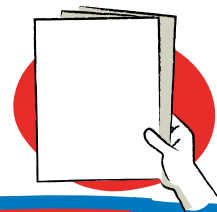
- Symptoms of an STI
- A sex partner who has an STI, or who has signs of an STI
- More than one sexual partner
- A new partner in the past three months
- A partner who has or may have other sexual partners
- A partner who lives elsewhere or travels often and therefore may have other sexual partners



Early testing is important. A person diagnosed with an STI can obtain treatment and can help his or her recent partners to be tested as well. A couple should not resume sexual activity until both partners have been tested and have completed any necessary treatment. Because some STIs do not show up in test results right away, a repeat test may be necessary.

17. Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. p. 277

HANDOUT BIH-F: FACTS ABOUT HIV/AIDS¹⁸



HIV (HUMAN IMMUNODEFICIENCY VIRUS) AND AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)

WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

HIV (human immunodeficiency virus) is a virus that attacks and breaks down a person's immune system. When the immune system becomes weak from HIV, the body can no longer fight off illness and may develop serious, often life-threatening, infections and cancers. This condition is known as AIDS (acquired immune deficiency syndrome). People with HIV may also be diagnosed with AIDS if their blood tests show that their cells that fight diseases have fallen below a certain number.

HOW IS HIV TRANSMITTED?

HIV is present in the bodily fluids of persons infected with the virus. A person who is HIV-positive can pass the virus to others through:

- semen (including the pre-ejaculate)
- vaginal secretions
- breastmilk
- blood

Having another sexually transmitted infection can increase the risk of acquiring or passing HIV during sex.

HOW IS HIV *NOT* TRANSMITTED?

HIV cannot be transmitted by:

- touching, kissing, sneezing, coughing
- sharing food, drink, or utensils,
- everyday contact at work, school, or home
- swimming pools
- public toilets
- insect bites
- saliva, tears or sweat
- urine and feces (unless they contain blood)

HOW CAN HIV BE PREVENTED?

Currently no vaccine or cure for HIV has been developed, so prevention is essential.

Sexual transmission:

- **Condoms:** Sexual transmission can be prevented by abstaining from unprotected sexual intercourse or by using male or female condoms for every instance of intercourse.
- **Monogamy:** This approach works only if both partners are monogamous and if both partners are HIV negative. Unfortunately, many people are unaware that they — or their partner — are already infected with HIV. Moreover, no one can guarantee that his or her partner will never have another sex partner. For these reasons, the “be faithful” approach carries many risks.

Needle transmission:

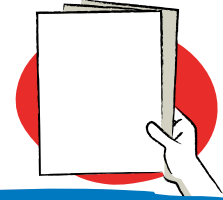
Needle transmission from sharing an infected needle can also be prevented by using only new or sterile needles for all injections or skin piercing.

Mother-to-child transmission:

Pregnant women should always be tested for HIV. HIV-positive pregnant women can take preventive medicines to reduce the chance that their baby will be infected with HIV during pregnancy and birth. Transmission of the virus from mother to baby can also occur after delivery through breastfeeding. HIV-positive mothers must seek the advice of a health care provider in order to prevent transmission of the infection during pregnancy and delivery, and also to learn appropriate feeding options for their newborn.

18. Information for this factsheet adapted from Population Council. (2009). It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education; and Population Council. (2013). Life Skills and Health Curriculum for the Adolescent Girls Empowerment Program (AGEP).

HANDOUT BIH-F: FACTS ABOUT HIV/AIDS



CAN HIV INFECTION BE CURED OR TREATED?

HIV infection cannot be cured, but it can be treated. The current treatment for HIV is called antiretroviral therapy (ART). ART is a combination of drugs that reduces the level of HIV virus in the blood and slows down the destruction of the immune system. ART has improved the quality and length of life for many individuals with HIV. These drugs also reduce illness and death due to AIDS, the most advanced stage of HIV.

HOW CAN A PERSON KNOW IF HE OR SHE — OR HIS OR HER SEX PARTNER — HAS HIV?

The only way to know if you have been infected with HIV is to take an HIV test. The only way to know if your sex partner is HIV-positive is if he or she takes an HIV test and shares the result with you. Millions of people who are HIV-positive feel and look completely healthy, have no symptoms, and have no idea that they are passing the virus to others. Someone who tests HIV-negative but suspects that he or she was recently exposed to the virus should take the test again in a few months.

WHY SHOULD PEOPLE BE TESTED FOR HIV?

Being tested for HIV is important for many reasons.

- Obtaining a negative test result can bring enormous relief to a person. It can also encourage that person to practice safer sexual behaviour in the future.

- Those who test HIV-positive can begin to seek care and treatment.
- Treatment can improve the quality of life and significantly prolong the life of an HIV-positive person.
- Those who are tested can also inform and protect their sex partners.
- For a woman who is — or would like to become — pregnant, knowing her HIV status is important so that she can take action, if necessary, to reduce the risk of transmission to her baby.




WHAT SUPPORT DO PEOPLE LIVING WITH HIV AND AIDS NEED?

When people find out that they are HIV-positive, they may feel frightened, confused, and depressed. Being infected with HIV is life-changing, and it takes time to adjust to the knowledge.

- People living with HIV need a strong emotional support system, which may include parents, their spouse or partners, other family members, friends, counsellors, social workers, other people living with HIV and AIDS, or religious or spiritual leaders.
- They need to find a doctor who is caring, respectful, and knowledgeable about HIV and AIDS, and to have access to medical treatment when they need it.
- They need to learn as much as possible about HIV and AIDS, and how to protect their own health and that of their sex partners.
- To stay as healthy as possible, they need to eat well, exercise regularly, rest adequately, avoid smoking and drinking too much alcohol, and avoid using recreational drugs.
- Most important, by always practicing safe sex, they can protect themselves from other sexually transmitted infections and avoid infecting others with HIV.

ACTIVITY BIH6: OUR HEALTH, OUR LIVES

Girls reflect on what they have learned in this module and create skits to show how they can use this information to make good decisions. Then they review a handout with information about sexual and reproductive health services and information providers that are available to them. The activity ends with a celebration for completing this module!

 <p>ALL AGES</p>	 <p>1 HOUR & 15 MINUTES</p>	<p>WHAT YOU NEED</p> <ul style="list-style-type: none"> • Flipchart & markers • Fancy dress clothes & props • Secret Question Box • Handout BIH-G: Sexual and Reproductive Health Service Providers (one copy per girl) • Handout BIH-H: Key Messages on Being Informed about Sexual and Reproductive Health (one copy per girl) 	 <p>LINKS TO KAPS</p> <ul style="list-style-type: none"> • Can make informed decisions on sexual and reproductive health. • Knows which sexual and reproductive health service providers are available to her.
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KEY MESSAGE

- **Having correct information about sexual and reproductive health allows girls to make better decisions about their bodies and their health.** Following these three steps can help us to make good decisions: 1) stop and think 2) know the facts 3) consider the consequences.
- **Girls have the right to girl-friendly sexual and reproductive health and information services.** Knowing where they are, and what services they are supposed to provide can help girls to claim this right.



TIPS FOR FACILITATORS

- This is the last activity of this module. Make sure to plan a celebration for the girls at the end!
- Throughout the activities you will have answered most questions that the girls put in the **Secret Question Box**. If any questions are left that didn't fit into the themes of the previous activities, make sure to answer them here.



BEFORE YOU BEGIN

- Take some time to research which institutions provide sexual and reproductive health services and information for girls in the communities where they live, or nearby. Collect this information, and use it to fill in **Handout BIH-G**.
- Recover the flipchart with last activity's **take-away assignment**, or copy it once again unto a flipchart.
- Copy the three steps for good decision-making onto a flipchart for use in **Step #6**:
- 1) Stop and Think 2) Know the facts 3) Consider the consequences.
- Copy the questions you will use in **Step #8** onto a flipchart.
- Copy the activity's **Key Messages** onto separate flipchart sheets.
- Keep all sheets covered until you are ready to use them.

STEPS TO FOLLOW:

In Plenary: Introduction (10 min)

1. Welcome the girls to the last activity of *Being Informed about Sexual and Reproductive Health* module. Explain that today they will discuss the ways they can use the information they learned about their sexual and reproductive health.
2. First, ask the girls about the take-away assignment: **Were you able to reflect on how you will use the information you learned throughout this module?** Allow two or three girls to share their ideas before explaining that we will take a closer look at their assignment in the next step.

In Groups and Plenary: Making decisions about our sexual and reproductive health (35 min)

3. Next, use a fun way to divide the girls into groups of four or five.
4. Bring out the flipchart with the last activity's **take-away assignment**. Ask the girls to take 10 minutes to share the reflections they wrote in their journals for their **take-away assignment** with the other girls in their group.
5. When time is up, ask the groups to think of a situation that relates to sexual health or reproductive health in which a girl may need to make a decision. Explain that each group will prepare a 3-minute skit to represent this situation, and to portray a girl going through the three steps to good decision-making that they learned before: 1) Stop and Think 2) Know the facts 3) Consider the consequences.
6. Once each group chooses their scenario, use the flipchart you prepared ahead of time to invite them to reflect back on the three steps for good decision-making that they learned in **Activity BAS7: Learning to Make a Decision** from the *Being Assertive Module*. Ask them to consider how the new information they learned in this module will help them go through the steps, and to work the information into their skits.
7. Give the girls 10 minutes to put their skit together and practice it a few times.
8. Come back together as a group and invite each group to present their skit.
After each presentation, ask:
 - **What information about sexual health and reproductive health did the group use in this skit?**
 - **How did this information influence the decision(s) made?**
 - **Was there other information from this module that could be used in this scenario?**



STEPS TO FOLLOW:

9. Bring out the flipchart with the first **Key Message** and ask for a volunteer to read it out loud.
 - **Having correct information about sexual and reproductive health allows girls to make better decisions about their bodies and their health.** Following these three steps can help us to make good decisions: 1) stop and think 2) know the facts 3) consider the consequences.

In Plenary: Who can support us with our sexual and reproductive health? (15 min)

10. Begin this section of the activity by asking: **Do you know where you can go to learn more about sexual and reproductive health, or to get medical attention for such health issues?**
11. Note down places and people mentioned by the girls on a flipchart.
12. Distribute **Handout BIH-G**, and give the girls a few minutes to look over the information you collected.
13. Take some time to compare the list of names and institutions that the girls proposed with the ones listed on the handout, highlighting any major differences.
14. Remind girls that all the institutions listed in the handout have the obligation to support girls with all their sexual and reproductive health needs. However, it may be the case that girls can sometimes find it hard to go to such places.
15. Lead a conversation about different barriers that girls may face in trying to access sexual and reproductive health information and services using these questions:
 - **Have you or any girl you know ever felt unwelcomed at one of these places?**
 - **What happened?**
 - **What other things may keep you from going to any of these places?**

TIP! Some examples of barriers may include: being treated poorly or feeling judged by health providers at these places; being denied services or information; feeling embarrassed to be seen entering these places by others in their community; not having access to safe transportation, etc.



16. Support the girls in arriving at the conclusion that institutions may be holding on to restrictive beliefs about girls sexual and reproductive health needs, but that this should not prevent them from claiming their rights and asking for help when they need it.
17. Encourage them to identify one adult that they can trust who may be able to help them access the services and information they need.
18. Bring out the flipchart with the second **Key Message** and ask for a volunteer to read it out loud.

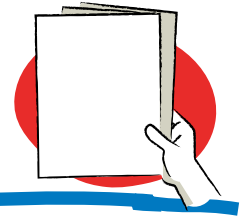
Girls have the right to girl-friendly sexual and reproductive health and information services. Knowing where they are, and what services they are supposed to provide can help girls to claim this right.
19. Encourage the girls to keep **Handout BIH-G** in their journals and to share it with their peers who may need to access this information as well.

In Plenary: Wrap it up (15 min)

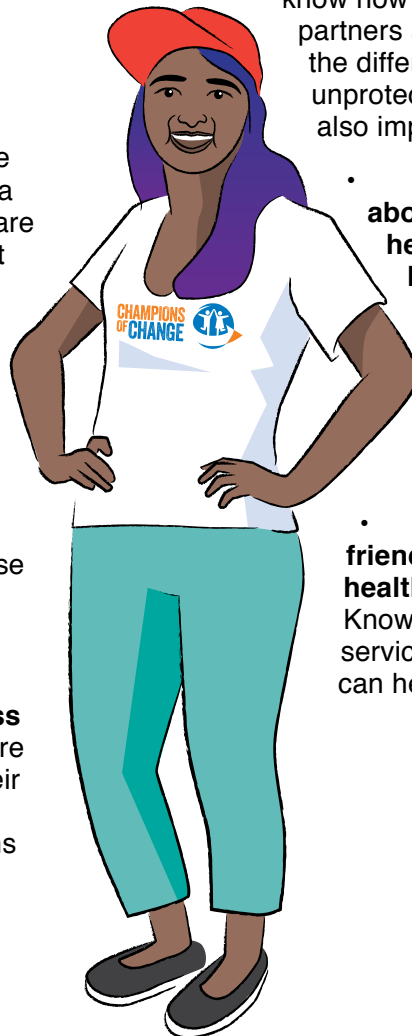
20. Answer any remaining questions from the **Secret Question Box**. Ask if anyone has any other questions about sexual or reproductive health, and take time to answer any question that comes up.
21. Tell the girls that the next module will focus more deeply on their sexual and reproductive rights, so they will have more opportunities to bring up any other questions they may have.
22. Thank the girls for their commitment and openness to learn together about sexuality and reproduction together. Distribute **Handout BIH-H: Key Messages on Being Informed about Sexual and Reproductive Health**, and encourage girls to paste it in their journals so they can refer to it whenever they need to.
23. Make sure to have a small **celebration** to mark the end of the module!

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HANDOUT BIH-H: KEY MESSAGES ON BEING INFORMED ABOUT SEXUAL AND REPRODUCTIVE HEALTH



- **All girls have the right to accurate information and education about reproduction, sex and sexuality.** Girls need this information to make informed decisions about their sexual and reproductive health.
- **It is important to talk about reproduction, sex and sexuality with confidence and using the correct terms.** There are often rules against talking about these topics, which leads people to use different words to speak about parts of their bodies or about sex. However, these other words are often seen as negative or even as insults, so it is very important for girls to learn to use the correct terms.
- **Adolescence is the time in everyone's life when they change from being a child to being an adult.** Adolescence occurs roughly between the ages of 13 and 20, and involves girls and boys leaving behind the attitudes and behaviours expected from children and learning to take on the roles expected from adults.
- **This process of physical and emotional change during adolescence is called 'puberty'.** Every individual experiences these changes in a different way and at a different pace. These differences are normal. Puberty may look different for boys and girls, but the changes that they experience have a lot in common.
- **Women and men have different reproductive organs that make it possible for humans to reproduce.** Many of the bodily changes girls and boys go through in puberty prepare these organs for reproduction.
- **Knowing accurate information about their own body strengthens girls' self-awareness and self-esteem.** Informed girls are better able to understand what their bodies are capable of doing, and to reject myths and misconceptions that can lead them to harm.
- **Having the capacity to get pregnant does not mean that teenage girls are physically or emotionally ready to have children.** There are many reasons for delaying pregnancies and a variety of contraceptive methods to do so.
- **We all have the right to get pregnant by choice, not by chance or obligation.** In fact, every person has two important rights: the right to have sex without wanting to have children; and the right to decide freely on if, when and how many children to have.
- **Teen mothers have rights too!** Being a teen mother creates many barriers for girls, but it should never isolate her or prevent her from reaching her potential. It is important for all girls to have a positive attitude towards all her peers, including girls who are pregnant or are already mothers.
- **Girls have the right to protect themselves against STIs.** It is very important for girls to know how to protect themselves and their partners against STIs. Being aware of the different infections you can get from unprotected or unsafe sexual contact is also important.
- **Having correct information about sexual and reproductive health allows girls to make better decisions about their bodies and their health.** Following these three steps can help us to make good decisions: 1) stop and think 2) know the facts 3) consider the consequences.
- **Girls have the right to girl-friendly sexual and reproductive health and information services.** Knowing where they are, and what services they are supposed to provide can help girls to claim this right.



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PLAN INTERNATIONAL

Plan International Headquarters.
Dukes Court, block A, Duke Street,
Woking, Surrey. GU21 5BH.
United Kingdom.

Tel: (+44)1483 755 155

Fax: (+44)1483 756 505

www.plan-international.org/girls

