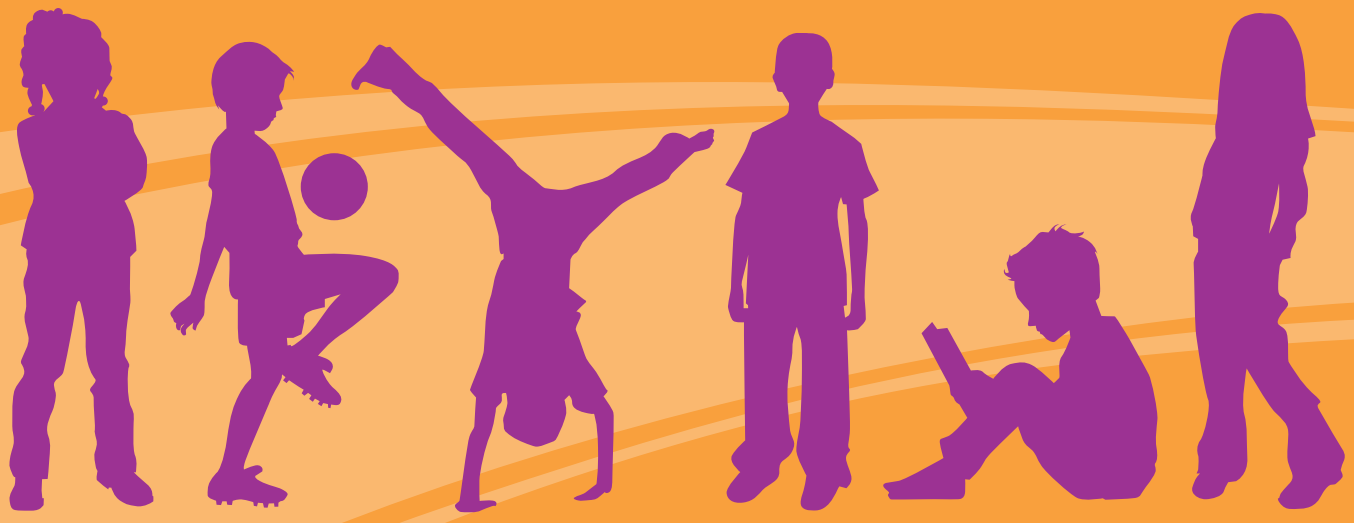

My Changing Body

Puberty and Fertility Awareness for Young People

2nd Edition

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USAID
FROM THE AMERICAN PEOPLE

My Changing Body

Puberty and Fertility Awareness for Young People

2nd Edition

My Changing Body:
Puberty and Fertility Awareness for Young People
2nd Edition

The first edition of this publication was developed by the Institute for Reproductive Health of Georgetown University and Family Health International in collaboration with Elisa Knebel.

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The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to improving reproductive health worldwide.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This project aims to increase knowledge, access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches. IRH has also initiated a number of programs on body literacy and fertility awareness for youth and very young adolescents. IRH approaches body literacy and fertility awareness for youth as a way to help young people understand their maturing bodies and how to protect their own reproductive health.

Institute for Reproductive Health
Georgetown University

USAID
FROM THE AMERICAN PEOPLE

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Acknowledgments

My Changing Body, a puberty and fertility awareness manual for 10 to 14 year old girls and boys, was first published in 2003. Created by Georgetown University's Institute for Reproductive Health and Family Health International, and available in English, French, and Spanish, the first edition of the guide has been widely disseminated in Asia, Africa, and Latin America, and people continue to download electronic versions of *My Changing Body* from IRH's website. *My Changing Body* **introduces the concept of body literacy** and adds cross-cutting topics and activities that help youth become more aware of **gender roles and other social changes** that occur with the onset of puberty and developing gender identity and sexuality. This second edition includes a parents' manual that aims to provide parents with information on puberty, sexuality, and gender as well as suggestions to help develop parent-child communication skills so that they may better support their children experiencing puberty in a world quite different from the one in which they experienced adolescence. Finally, this second edition includes a **facilitators' guide**, which aims to help trainers and educators working with youth to improve their skills in participatory methodologies and facilitation, as well as gain critical information and comfort in talking about puberty, gender, sexuality, and fertility awareness, so they can better support Very Young Adolescents (VYAs) and parents reached by *My Changing Body*, *2nd Edition*.

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Institute for Reproductive Health of Georgetown University

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Overview

Why Choose *My Changing Body*?

Human development, interpersonal relationships, personal skills, sexual behavior, sexual health, and sex in society and culture––there are many topics to cover when teaching youth about fertility, sex, and development! *My Changing Body*, *2nd Edition* goes into detail about several of these topics, including fertility awareness and body literacy, using participatory activities. It is not meant to be a comprehensive sexuality education manual.

Fertility awareness is a way to help very young adolescents (VYAs) understand their maturing bodies and how to protect their own sexual and reproductive health by knowing more about the signs of fertility and the physical and emotional changes that occur during puberty. This helps VYAs become knowledgeable about how their bodies function and empowers them to make appropriate decisions about sexual behavior. Helping VYAs understand their fertility increases comfort with their changing bodies and dispels myths and misconceptions about sexual and reproductive health better preparing them for adulthood.

Body literacy explores what we are, how we came to be, and how our bodies function, in order to lead healthier lives. It rests on the premise that an understanding of one's body should be approached both biologically and socially. In addition to understanding pubertal changes, being aware of gender role expectations and power relations enables VYAs to recognize how their sexual and reproductive selves are influenced by gender and social norms. Together, fertility awareness and body literacy empower VYAs in navigating puberty and attempt to fill the gap in knowledge and practice with a holistic understanding of one's own body.

Most parents, schools, youth organizations, and religious institutions are not well prepared to help VYAs understand and prepare for puberty, yet they want to help. VYAs often lack skills and information to deal with the many physical, emotional, and social changes associated with this time of rapid change and want advice and information from trusted adults. When VYAs are better aware of how their bodies work and what changes to expect as they become adults, they are much better prepared to deal with sexual and reproductive health issues and challenges.

My Changing Body provides accurate, factual information about puberty in objective and reassuring terms for VYAs. What VYAs learn from *My Changing Body* will help them to become

more self-confident, practice good health habits, and gain a positive self-image as well as a greater awareness of gender stereotypes and issues that they deal with in their daily lives. *My Changing Body* is a fun and engaging manual for VYAs. Each session includes interactive activities, role-plays, games, and craft-making that not only promote the mastery of new knowledge, but also stimulate participants to share feelings and emotions. By engaging the "heart," in addition to the "head," participants hear, learn, and absorb very important messages about their changing bodies.

The companion curriculum, *My Changing Body for Parents*, provides information similar to that provided to young people. In addition, *My Changing Body for Parents* allows a safe space for mothers, fathers, aunts, and uncles to talk about issues of puberty, gender, and sexuality and promotes development of communication skills and behaviors to facilitate better discussions between parents and children.

Who is the Target Audience?

This manual is designed for adults who teach VYAs (and their parents) about human development and fertility. Youth group leaders, religious instructors, school teachers, or any adults regularly meeting with and instructing VYAs can use this manual. This manual is ideal for youth-serving organizations such as the Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), World Association of Girl Guides and Girl Scouts (WAGGGS), World Organization of the Scout Movement (Boy Scouts), and others. The content and activities covered in *My Changing Body* are targeted towards very young adolescents, ages 10 to 14 and their parents who play an important role in the lives of VYAs.

Although this manual does not cover topics around sexual behavior and practice, participating VYAs will likely ask about these issues. Thus, there are questions and answers available throughout the manual to help guide these discussions. It is also very important for you to be objective in how topics concerning sexuality are approached. Personal biases and attitudes should not interfere with the teaching of this manual. VYAs have a right to honest, accurate, and appropriate information about their sexuality and reproductive health.

Overall Objectives

During the six-session course, participants will do the following:

1. Identify specific physical and emotional changes experienced by both boys and girls during puberty.
2. Identify how and when puberty occurs.
3. Discuss their own physical development and body image.
4. Begin to understand their own sexual feelings.
5. Describe the process of conception and the definition of female and male fertility.

6. Dispel common myths around female and male fertility.
7. Describe the process of fertilization.
8. Become conscious of their own signs of fertility.
9. Develop practices for maintaining good hygiene.
10. Develop an awareness of socially-constructed and expected gender roles and their influence on decision making and interactions.
11. Become more comfortable communicating with parents and peers about puberty.

Introduction for the Facilitator

How is *My Changing Body* Organized?

This manual can be used as a supplement to existing materials being used to teach sexuality and life skills education. Additional information or resources on sexual health and sexuality education, are available in the "Resources" section at the end of this manual.

Depending on the amount of time available, this course can be taught over a series of weeks, days, or during a two- or three-day workshop. Each session in the manual should be followed in consecutive order, but the amount of time between each session can vary based on your program's needs. An advantage of moving through the material slowly is that participants will have enough time to complete the suggested long-term homework activities.

The parents' session is an independent course specifically targeting parents. It can be taught in two separate sessions or as one complete session.

The Fertility Awareness Chain

The manual uses a circular chain with 32 beads of different colors to help facilitators explain the monthly changes that girls experience when they menstruate. The chain provides a visual tool to help girls better understand their fertility and the changes in their bodies that occur at the onset of puberty and continue as they mature. Menstruation is a regular occurrence that involves the same changes in their bodies each month. The chain can also be used to teach boys how the female body works and when a girl can become pregnant. The fertility awareness chain can be made simply and locally or drawn using the instructions in this manual.

The idea of using a chain to teach fertility awareness to VYAs had its genesis in the work of the Institute for Reproductive Health which developed a natural family planning method called the Standard Days Method® (SDM) in the early 2000's. Many SDM users rely on CycleBeads®, a color-coded string of beads with a rubber ring, to help them track their fertile days while using this method. A number of individuals from youth organizations suggested that the cyclical chain concept would be a helpful visual aid for teaching VYAs about fertility. Thus, it is important to note that the chain used in this manual is different from CycleBeads® and is not intended for use in family planning. If a woman wants to use CycleBeads® for family planning, it is important for her to have additional information. She should contact her family planning provider.

Teaching Methodology

Talking with youth about the process of growing up takes courage. In many societies, people are taught not to talk about intimate things, including our so-called "private parts." However, experience shows that *not* talking only leads to more myths and misinformation.

The methodology of this manual is based on engaging participants in very interactive exercises. Activities are meant to be fun for VYAs, but be sure that in the role of facilitator, the lessons of each session are drawn out. It is important to not get lost in the activity and to be sure to process the most important points for the participants.

To make this course a success, fears or discomforts about discussing sexuality and the human body must be overcome. This will contribute toward creating an atmosphere of openness and trust for participants. Before teaching the manual, it is necessary to prepare for the activities that will take place. Below are some recommendations to help you successfully conduct this course:

- **Read the whole manual.**

A preliminary reading of the manual will give a holistic view of what will be discussed, an idea about the materials that need to be gathered, and how to prepare to teach the course.

- **Identify and understand the beliefs and values of youth participants and of yourself.**

Do you remember how it felt to be a young person? Do you remember what it was like to have your first period or wet dream? Do you remember what it felt like to be told not to do something because you were a boy or a girl? Think about what participants must be feeling as they grow up. Pay attention to your own beliefs and values. Doing so will make you a much more effective facilitator.

Understand how girls and boys define potential issues and concerns. We suggest taking time out of the course to hold discussion groups with boys and girls to learn from them. Boxes indicating types of questions to ask are located throughout the sessions and will help you adapt sessions to local context.

- **Create a nonjudgmental environment where participants' values are respected.**

Accept and respect all participants' comments and questions. Let them know that their concerns and opinions are valid and worthwhile.

- **Promote gender-sensitive language, images and examples.**

Encourage the use of non-sexist, non-judgmental words (for example, "woman" rather than "chick" or "broad"). Avoid using the male pronoun (he/his/him) to connote a general reference and instead use gender-neutral terms (anyone, their, those). Consider words such as chairperson instead of chairman, artisan or worker instead of craftsman, etc. Be alert to language that assumes that men are exclusively in positions of power and out in the

community while women are subordinate and stay in the home. For example, in conveying the idea that work in the world may impact on family life, the phrase *"Wage workers may not be able to devote the same amount of time to their families"* is preferable to *"Workmen may not be able to devote the same amount of time to their wives and children."* Look for or create visual images that show men and women involved in the full range of domestic, work and community activities. Find materials in the newspaper, in health education and other materials that show girls and boys and women and men participating equally in the lives of their families, at schools, in healthcare service and in communities.

When participants use biased or sexist language or make gender stereotypic assumptions, gently call their attention to the assumption, question whether that is always true for all girls/boys or women/men and then move on. Avoid shaming the participant while encouraging a shift in peer norms related to gender role assumptions. Over time participants will correct themselves and each other.

- **Be enthusiastic!**

Help VYAs develop attitudes about human development by setting the tone of the learning experience. Maintain a positive approach to the normal, healthy process of growing up. No matter how objective adults are trying to be, youth notice negative feelings and attitudes. How something is presented is often more powerful than what is said.

- **Always be prepared.**

Before each session, *read all the session steps and content*. Pay special attention to the **"Facilitator Note"** and **"Stress the Following"** shaded boxes. Be prepared for any questions participants might ask about that particular topic. Do not be afraid to say you do not know something, and offer to check it out and get back to the group.

- **Make participants feel comfortable.**

Avoid causing anyone potential embarrassment. Do not make participants answer a question they feel uncomfortable answering.

- **Provide opportunities for participants to ask questions anonymously.**

For some participants, asking questions is the easiest way to express their concerns. Give participants time to write down questions and deposit them in a "Question Box." Then answer the questions later for the entire group.

- **Identify resource persons and sites.**

If you are not comfortable facilitating a topic, or feel you do not have adequate information, invite someone (such as a health expert or fellow educator) who can.

- **Utilize brainstorming.**

Participants will likely know more about puberty and fertility than they or you might realize.

Brainstorming helps to bring out this information and to identify if their information is incorrect or incomplete.

- **Help participants make their own rules.**

Helping VYAs to develop and follow a clear set of rules to govern their discussions will make them feel comfortable sharing their thoughts and feelings. Ground rules also make clear what type of language and behavior is considered acceptable and appropriate. Once ground rules have been clearly stated, refer to them throughout the course and when dealing with difficult situations.

- **Conduct large group discussions.**

The more participants are able to debate and talk with each other, the more they grow. After creating an atmosphere of openness and trust, you will still need to stimulate participation and involvement. Much of the manual will consist of involving participants in large group and small group interactive exercises.

- **Use small group activities.**

Participants will take ownership of their work when working alone or in small groups. Small group work can also help to encourage VYAs to speak up more, especially those who may be shy or reluctant to speak in larger groups.

- **Engage the parents.**

Parents need information in order to support their children in early adolescence. Increasingly, youth programs engage parents in a variety of roles as educators of their children but also as advocates in their communities to ensure that all VYAs have access to appropriate sexual and reproductive health information. Consider forming a Parent-Youth Advisory Committee to organize outreach to parents. (See section "Preparing Parents" for more details.)

Teaching with This Manual

It is important to be familiar with the organization of the manual. The manual contains:

1. Six sessions. Each **Session** is devoted to a particular topic:
   - **Session 1. Puberty: My Body, My Self**
   - **Session 2. Female and Male Fertility**
   - **Session 3. Combining Female and Male Fertility: Fertilization**
   - **Session 4. Concerns about My Fertility: Female and Male Group Discussions**
   - **Session 5. Hygiene and Puberty**
   - **Session 6. Review**
2. A **Glossary** of important words in the back of the manual.
3. A list of other **Resources** at the end of the manual to help you gain more knowledge.

Each teaching Session contains:

1. **Objectives –** Specific skills and abilities the participants will gain from the session.
2. **Materials Needed –** Items that need to be gathered ahead of time for the session.
3. **Before You Begin –** Directions for what to do before starting the session.
4. **Time –** Schedule to guide the length of the session. Depending on the number of participants and other factors, the time for doing each activity could vary. Most sessions should take between one and a half to two hours to complete. It is most important to work at the pace of the participants.
5. **Steps –** Separate activities that comprise the session. Each step in the session should be followed in order. Instructions are provided for each step and may also include the following:
   - **Facilitator Note –** Special note or reminder for the facilitator on how to facilitate certain steps.
   - **Tips on Adapting to Local Context –** Questions to ask VYAs so you can learn from them about what they know and what their concerns are prior to the session. This will help you adapt the session to your local context.
   - **Stress the Following –** Main points to cover for certain steps.
   - **Take-Home Messages –** Points to review again with the participants at the end of the session.
6. **Possible Questions and Answers –** VYAs will certainly ask questions about each topic. Some possible questions and answers are listed after each session to aid the facilitator. *You do not have to cover all of these topics*. The questions and answers are only there to provide you with quick answers if participants ask questions. Read these questions before starting a session to be familiar with possible questions participants might ask. It is, however, recommended to go through all the topics listed in **Session 4** which addresses concerns about fertility.
7. **Extra Activities –** Activities listed at the end of the session that can be added to the manual to reinforce what the participants have learned. The activities are optional—you can decide whether or not to use them. Some activities are designed to last over several months.
8. **Key Information –** Main information to be covered during the session. It is critical to read and understand the content before starting every session.

It is important for participants to understand the objectives of each session. Stop and review important points if participants do not understand them. This manual is about the personal development of each participant. It should not be treated like a school class in which participants are preparing for an exam. Make the course fun and informative!

Boys and Girls: Together or Separate?

All of the sessions, except **Session 4: Concerns about My Fertility**, are designed to maximize the participation of boys and girls together. In **Session 4**, boys and girls are separated to give them an opportunity to ask questions of a facilitator of their own sex, among their peers. Some of the topics in this manual can be difficult to discuss. Separating boys and girls for this session enables them to feel more comfortable talking about their specific questions and concerns. After reading this manual, you might believe that boys and girls should be separated in some or all of the other sessions. In many cultures, girls and boys, and men and women, traditionally do not talk about bodily changes or sexuality with each other. In such settings, both boys and girls will likely be embarrassed to speak or participate in the activities. Therefore, you may decide to conduct the sessions with girls and boys separately. Promoting participation should be your first priority. Whether this means separating boys and girls for the whole or part of the course is your decision and should be based on the culture and society in which you are leading this course.

Course Location

Some of the material discussed in this manual is sensitive, and participants will likely want privacy. Where you choose to hold this course is critical. If possible, try to select a quiet, safe place where participants will not be viewed, listened to, or interrupted by outsiders. Assure the participants that none of their comments will leave this "safe place." Also, make sure that the manual is delivered at a location convenient to participants' homes.

Preparing Parents

Some parents and caregivers are uncomfortable discussing sexuality issues with their children. Others may feel anxious about providing too much information or embarrassed about not knowing answers to questions they are asked. Parents or caregivers may also feel uncomfortable communicating these things because of their cultural values, norms, and traditions. It is important that parents or caregivers be informed about the information being shared with their children. It is also important to remind parents that both the mother and the father play an important role in this stage of their child's development. Traditionally, in some cultures, these issues have been left to the mother to deal with. However, it is important to engage fathers and encourage them to play a role as well. Below is a sample letter that can be adapted and sent to them. This information can also be communicated in person if you are working with low-literate populations.

In addition to the letter, you might want to hold a meeting with parents or caregivers to discuss the manual and some of its more sensitive content. This will be essential for low-literate populations who cannot read. It is important to create a parents committee to oversee the program. Maintaining contact with and responding to any questions or concerns of parents or

caregivers throughout the course will contribute to a greater understanding of the topics and overall success of the course. Providing your contact information in case parents or caregivers want to ask you additional questions is also recommended.

It would be best to schedule the parents' session prior to that of the youth so that parents are better prepared and better able to respond and participate in the family activities and take home exercises that are part of the youth program.

Homework assignments and activities that encourage parent participation and parent-child communication as part of a sexuality education program provide an opportunity for parents and caregivers to participate in their children's sexuality education, keep parents informed about the topics that their children are learning, and encourage them to share their values with their children. Research tells us that most parents will participate in homework assignments and that these assignments do increase parent-child communication. Studies show that children and youth who feel they can talk with their parents about sex are less likely to engage in high-risk behavior than those children and youth who do not feel they can talk with their parents about the subject. Inform parents that their children will be bringing home activities to complete with them, and encourage parents to participate with their children in these activities.

Sample Letter

Dear Parents,

We are pleased to offer a special program concerning the emotional and physical growth and development of early adolescence for your child. The program involves group discussion and interactive exercises. In order to prepare participants to make healthy and responsible decisions as they grow and develop through adolescence, we will be studying the physical, social, and emotional changes associated with puberty. Fertility awareness and puberty education are part of a balanced, complete, health education program. The goals of this program are to help very young adolescents:

- Gain accurate and age-appropriate knowledge about puberty.
- Develop a positive self-image and attitude toward the changes that they are experiencing or will experience.
- Develop skills that will enable them to communicate appropriately with others about puberty.
- Communicate with their parents about puberty, sexuality and healthy decision-making.

Topics that will be covered include the social, emotional, and physical changes associated with puberty, development of the male and female reproductive systems, menstruation, fertility awareness, and personal hygiene. You may wish to become involved in your child's learning in the following ways:

- Encourage your child to discuss questions with you.
- Talk to your child about your own feelings and experiences during adolescence.
- Talk to your child about your own values and beliefs regarding sexuality, puberty, health, and hygiene.
- Encourage your child to share or discuss what he or she is learning in the manual.
- Work with your child to complete "homework" assignments that require parent participation.

The primary purpose of the program is to provide accurate, factual information about puberty in objective and reassuring terms for very young adolescents. These learning materials have been compiled by professional researchers and youth educators, and are based on experiences of youth-serving programs in lower and middle income countries.

As a youth leader, I feel it is in the best interest of our very young adolescents to provide them with this very valuable and important information. Thank you very much for your continued cooperation and support. If you have any questions or comments, please contact me.

Sincerely yours,

(NAME OF FACILITATOR)

(Provide contact information such as school or organization name, address, and/or telephone number.)

Referring Participants for Further Help

Boys and girls often have questions or concerns that they might not want to share with their parents. There are many people who can act as counselors or advisors to youth: health providers, teachers, religious leaders, community leaders, school principals, and relatives. Throughout the course, it is important to stress that participants should contact you or other adults whom they trust to discuss any of the information presented in the manual. You should also mention existing referral services in your area that deal with any issues or concerns that participants raise during the course.

Tips on Adapting to the Local Context

This is a generic guide and should be adapted to local contexts so that the content is very relevant to VYAs' lives and experiences in your community. Don't assume that you know what VYAs think! Talk with youth, parents or teachers, as needed, to learn about issues as they define them, to help you prepare for the session.

Session 1

Puberty: My Body, My Self

Objectives

By the end of this session, the participants will:

1. Identify five physical changes experienced during puberty by both males and females and discuss their feelings about them.
2. Identify three emotional changes accompanying puberty and discuss their feelings about them.
3. Identify the age around when puberty occurs.
4. Discuss their own physical development and body image.
5. Understand that sexual feelings are normal.

Materials Needed

- Two regular notebook-size sheets of paper and a pen or marker for each participant
- Six sheets of flip chart paper
- Markers
- Flip chart or chalkboard
- Tape

Before You Begin

- Carefully read all of **Key Information from Session 1**.
- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- For Step 6: Make photocopies for each participant of **Worksheets 1** and **2**.
- For Step 8: Make photocopies for each participant of **Worksheet 3**.

Facilitator Note

Some facilitators find **Step 3** challenging. Rehearse in your mind how you think this exercise might happen. Even though it might make you uncomfortable, it is important to remember that many young people use slang words for all of these terms every day. It is

important to appear calm and comfortable when doing this step. You will gain their trust and openness for the rest of the sessions if you calmly accept everything they say.

Time

Activity	Minutes
Step 1: Let's Get to Know Each Other (if relevant)	15
Step 2: Setting Ground Rules	10
Step 3: Words We Use about the Body	15
Step 4: How Our Bodies Have Changed	35
Step 5: Changes in Feelings and Relationships	20
Step 6: Being a Girl, Being a Boy- Gender Roles and Assumptions	45
Step 7: Talking about Puberty	20
Step 8: Take-Home Messages	15
TOTAL MINUTES	**170 or 175**

Step 1 Let's Get to Know Each Other

Pair Exercise and Large Group Activity (15 minutes)

Divide participants into pairs. If there is an odd number of participants, you can be someone's partner. When everyone has a partner, tell the group that each person should think of any number between one and five. Ask the participants to introduce themselves to their partner and tell their partner the number they chose. Next, tell the participants that each person needs to tell his or her partner the same number of things about himself or herself as the number he or she chose. For example, those who picked the number five must tell their partner five things about themselves. After about five minutes, ask everyone to rejoin as a group. Have each person introduce his or her partner to the group and explain what he or she learned about that partner.

Step 2 Setting Ground Rules

Large Group Discussion (10 minutes)

Ask participants to brainstorm a list of rules they think will make the course more successful. Write these rules on the flip chart

or the chalkboard. Feel free to add any important rules that participants may have omitted (see below). These rules should be kept visible for all sessions and referred to as needed throughout the course.

The following are some sample ground rules:

- Listen to what other people say.
- No talking when someone else is talking.
- Be kind and give support.
- If people do not want to say anything, they do not have to.
- Do not laugh at what other people say.
- Insults are not allowed.
- The opinions and statements of boys and girls are equally valued.
- All experiences will be shared in a climate of privacy and trust.
- If you wish to speak, raise your hand and wait to be called upon.
- Questions are encouraged and may be asked at any time. There is no such thing as a stupid question.
- It is okay for the facilitator and participants to blush, feel embarrassed, or not know the answers to all the questions.
- The facilitator also may choose not to answer a question in front of participants.
- Things shared will be kept strictly confidential. They will not be discussed outside the group.
- Do not judge people because of what they do or say.

Tell the participants that they might also have questions during the course that they are afraid to raise in front of their peers and friends. Let them know that they can write questions anonymously and place these in a Question Box that has been set up specifically for the course. Explain that you will answer these questions after each session, or when appropriate.

Step 3 Words We Use About the Body[1]

Large Group Discussion (15 minutes)

Post six sheets of flip chart paper around the room. Write one of the following words on each sheet of paper:

1 This exercise is adapted from: Centre for Development and Population Activities. *Choose a Future! Issues and Options for Adolescent Boys: A Sourcebook of Participatory Learning and Activities.* (Washing: Centre for Development and Population Activities, 1998).98

Man	**Breasts**	**Vagina**
Woman	**Penis**	**Buttocks**

Instruct each participant to move around the room and write slang words or phrases for each of the words on the sheets of paper. Encourage them to use any words or phrases they know. Let the participants know it is okay to use words they may think are "bad." Once everyone has finished, come together and read through the lists out loud carefully and slowly.

Ask the following:

- Were you embarrassed to see, write, or hear any of these words? Why or why not?
- When do we use "slang" words and when do we use words that are more formal? Why?
- Do some of the words seem harsh or abusive?
- Do we ever use these to talk about women or men, in general? How do you think this makes men or women feel? Why do you think this happens?
- What does it mean when people use them?
- Did participants forget phrases with positive meanings? Why?

Stress the Following

This exercise is to get us more relaxed talking about puberty. Today we will talk about the physical and emotional changes you are going through or will go through as part of puberty.

Facilitator Note

If suitable during this exercise, you may talk to participants about the importance of appropriate behavior and actions when discussing our bodies. It is important to emphasize that everyone should be treated with respect and dignity and that boys and girls should be treated equally.

For participants who do not have strong writing skills, this exercise can be modified. Divide the group into three small groups. Give each group two words from the list. Have them brainstorm all the slang words or commonly used expressions for both terms. After five minutes, ask them to stand in front of the group and say their list.

Step 4 How Our Bodies Have Changed

Large Group Discussion (35 minutes)

Hand out paper and markers to each participant. Ask the participants to draw a picture of themselves at 16 years of age. Give them about five minutes to do this.

Facilitator Note

If participants are uncomfortable, they can draw a picture of a "friend" rather than themselves. They may be too shy to draw all the changes if they know the drawing is meant to be themselves. If the group is all girls or all boys, have participants also draw a picture of the opposite sex.

Write two titles on the flip chart or chalkboard: *Changes in Girls and Changes in Boys*.

Ask participants to compare the differences in physical appearance they see in themselves at their current age to the picture of themselves at age 16. Ask them about other physical changes that they cannot see. For example, ask them, "What will happen to your voice by the time you are 16?" Write the new changes in their bodies on the flip chart or chalkboard as in the table below.

After you cover each part of the body, read out loud the **Facilitator Main Message** listed in the third column of the table below.

Common Responses

	Major Changes in Females	Major Changes in Males	Factilitator Main Messages
Skin	Skin becomes oily, sometimes with pimples or acne	Skin becomes oily, sometimes with pimples or acne.	This lasts through your teen years and then usually ends. Wash the face each day with soap and water.
Hair	Hair increases on legs, under arms, and in pubic area.	Hair increases on legs, chest, face, under arms, and in pubic area.	The amount of new body hair that grows is different for each young man and woman.
Breasts	Breasts grow, swell, and hurt just a bit.	Breasts grow, swell, and hurt just a bit.	Both breasts may not grow at the same rate or to the same size. It is normal for one breast to be a bit smaller than the other one.

Body size	Hips broaden, breasts enlarge, weight and height increase.	Shoulders and chest broaden, weight and height increase.	Girls can reach their full height before boys. However, by the time puberty is complete, young men are often taller and weigh more.
Perspiration (Sweat)	Perspiration increases and body odor may appear.	Perspiration increases and body odor may appear.	This is normal. Can help control by washing or bathing daily.
Voice	Voice deepens slightly.	Voice deepens and may crack.	Male voices can suddenly go from high to low or from low to high. This cracking can be a bit embarrassing sometimes. In time, it will stop.
Female sexual organs	Period or menstruation begins, and there is more wetness in the vaginal area.		Girls might see and feel a white or clear liquid from the vagina. This does not mean anything is wrong. We will talk about this wetness and the menstrual period later.
Male sexual organs		Wet dreams and erections occur, and penis and testicles grow larger.	Wet dreams and erections are completely normal. We will talk about this more later.

Major Changes in Females

Skin becomes oily, sometimes with pimples or acne. Hair increases on legs, under arms, and in pubic area. Breasts grow, swell, and hurt just a bit.

Major Changes in Males

Skin becomes oily, sometimes with pimples or acne. Hair increases on legs, chest, face, under arms, and in pubic area.

Facilitator Main Message

Acne lasts through your teen years and then usually ends. Wash the face each day with soap and water. The amount of new body hair that grows is different for each young man and woman.

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following question: What do youth know about physical and emotional changes experienced during puberty? Use this information to make the session more relevant to participants.

Stress the Following

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

Step 5 Changes in Feelings and Relationships

Small Group Activity (20 minutes)

Divide the group into small groups of three to four participants each. Ask each group to think about and discuss for several minutes some of the general emotional and social changes that boys and girls may experience as puberty begins. If they are younger, ask them what they imagine they will feel as they grow older. Ask them to think about the following:

- Changes in the way they feel about themselves.
- Changes in their relationship with their parents.
- Changes in friendships and feelings of love.
- Changes in what others expect of them

Ask each group to write the emotional and social changes they discussed on large chart paper. Ask each group to share with everyone three new emotional changes or new feelings a boy or girl may experience, as well as three relationship changes a boy or girl may experience. Ask each group to share three relationship changes a boy or girl may experience with parents, friends, or others and how this makes them feel. Ask the group if they think emotional changes and feelings are different between boys and girls. Do adults expect boys and girls to have different emotions and feels during puberty?

Ensure that the following are mentioned as common feelings of those entering puberty:

- Struggling with a sense of identity and questions about oneself.
- Moodiness, anger, and depression.
- Need for more independence and privacy.
- Relationships with friends and opinions of others become more important.
- More concern or worry about appearance and body.
- Worry about the future (school, family, job, etc.).
- New "crushes" on movie stars, pop artists, teachers, peers, or fellow participants.
- Curiosity about sexual organs.
- Feeling sexually attracted to people.

Stress the Following

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

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following questions: What type of changes in feelings or sentiments do girls and boys experience during puberty? How are sentiments/feelings different or similar for boys and girls? Use this information to make the session more relevant to participants.

Step 6 Being a Girl, Being a Boy–Gender Roles and Assumptions[2]

Small Group Activity with Worksheet (45 minutes)

Choose a gender-neutral local name (a name used for both boys and girls) and prepare **Worksheet 1** and **Worksheet 2** as follows:

2 This exercise is adapted from: *Gender and Relationships: a practical action kit for young people.* Commonwealth Secretariat and Healthlink Worldwide

Worksheet 1:

"Tendai" (substitute appropriate gender-neutral name)

Tendai is 10 years old. He lives with his parents. He likes playing sports and listening to music. His best friend lives next door.

1. Which sports do you think Tendai likes playing?

_____

2. What do you think is his favorite band?

_____

3. What do you think his best friend is called?

_____

4. What do you think he does when he comes home from school?

_____

5. What do you think his favorite color is?

_____

6. What do you think his favorite food is?

_____

7. What job do you think he wants to do when he grows up?

_____

Worksheet 2:

"Tendai" (substitute appropriate gender-neutral name)

Tendai is 10 years old. She lives with her parents. She likes playing sports and listening to music. Her best friend lives next door.

1. Which sports do you think Tendai likes playing?

_____

2. What do you think is her favorite band?

_____

3. What do you think her best friend is called?

_____

4. What do you think she does when she comes home from school?

_____

5. What do you think her favorite color is?

_____

6. What do you think her favorite food is?

_____

7. What job do you think she wants to do when she grows up?

_____

Divide participants into 2 groups.

Give Group 1 a copy of **Worksheet 1** to complete. Give Group 2 a copy of **Worksheet 2** to complete. Do not tell participants that there are 2 different "Tendais". Ask participants to discuss the answers to the questions and record them on their worksheet. Ensure that there is at least one literate person in each group to take responsibility for this task. Encourage them to think of Tendai as a child from their community. Bring the groups back together and have them report their answer to each question. Discuss what different assumptions are made when Tendai is male or female, and explore why we make these assumptions. Ask participants to brainstorm other assumptions that we make based on gender.

Stress the Following

All cultures have traditional roles assigned to women and men. These are based on social expectations, not on the natural abilities of women and men. As our world changes, the social expectations change as well. For girls and boys to grow into healthy women and men, we must look at these traditional roles and expectations, and change some of them so that we can work together as equals in improving our lives and the lives of our communities. Many traditional female and male roles exist regarding sex and sexuality, and we will continue to explore these ideas as we work together in this program.

Step 7 Talking about Puberty

Pair Exercise (20 minutes)

Divide the group into pairs. Assign one of the following role-plays to each pair. If there are too many pairs, more than one pair can do the same role-play. Ask each pair to act out the situation with each other using the information they just learned. If culturally appropriate, encourage them to be creative and encourage girls to act out male roles or boys to act out female roles (in some societies, girls and boys, or participants of different ages, might not be comfortable performing with each other; arrange the pairs the way you think would be most effective). Give participants five minutes to prepare each role-play.

Role-play #1: One person plays the mother (aunt, grandmother); the other plays a 12-year-old girl. The girl is worried because she has not developed breasts, although most of her friends have. The

mother (aunt, grandmother) comforts the girl, letting her know that the age when breasts start forming varies and that breast sizes vary.

Role-play #2: One person plays a 12-year-old boy; the other plays the older brother. The boy is sad because everyone at school teases him about his cracking voice. The older brother explains why his voice is cracking and what to say to people when they tease him.

Role-play #3: Both people play 10-year-old girls. One girl teases the other girl because she is taller than all the other girls in the group. The tall girl explains that boys and girls grow at different paces and to different heights. She also explains why she does not like being teased and asks the other girl to be a nicer person. The teasing girl apologizes.

Role-play #4: One person plays a 12-year-old boy; the other plays his father (uncle, grandfather). The boy is worried because he is growing hair under his arms and a little on his face. The father (uncle, grandfather) comforts him and tells him that most boys develop hair in new places as they grow older.

Role-play #5: One person plays an 11-year-old girl; the other plays her friend. The friend is worried because she has not yet started having periods but the 11-year-old girl has. The girl comforts her friend, letting her know that the age when girls start menstruation varies.

Role-play #6: One person plays a 13-year-old boy; the other plays his friend. The friend is worried because he is not as tall and big as the 13-year-old boy. The boy comforts his friend, letting him know that the age when boys start the physical changes of puberty varies.

Role-play #7: One person plays a 14-year old boy; the other plays his father. The father tries to talk to his son about relationships, sex and reproductive health. His son is not very comfortable at the beginning of the conversation. But once he realizes that his father wants to help him, he's happy to have this opportunity.

Debrief questions:

- How did the role play feel?
- What was it like to be so and so or so and so?
- What did you learn from the role play?

- What does it make you think about?
- How can this help you as you go through puberty?

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following questions: Who do youth talk to about puberty? Where do they get their information and advice? Use this information to create or adjust the role plays to make the session more relevant to participants.

Step 8 Take-Home Messages

(15 minutes)

Close the session by stressing the following:

- All of these physical, emotional, and relationship changes are natural.
- Each person develops at an individual pace, some early, some late. It is important not to tease or make fun of others who may develop earlier or later.
- Young people often feel uncomfortable, clumsy, or self-conscious because of the rapid changes in their bodies.
- Menstruation and wet dreams are normal. These will be discussed later.
- During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child. In other words, they become fertile. We will talk more about this later.

End the discussion by asking the following questions:

- To whom could young people go with questions or worries about puberty? (Encourage them to talk to parents, facilitators, counselors, grandparents, aunts, uncles, doctors, nurses, etc.)
- What would you say to a friend who wished he or she never had to enter puberty?
- Do you have any questions about what we discussed today?

Stress the Following

Stress that you will cover more about puberty in the next session and that participants will get a chance to ask all the questions they have.

Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other. Encourage them to talk to their parents, even if it is difficult, because their parents have a lot to share and it is important to get the opinion and advice of parents.

Possible Questions & Answers

Q. Is it normal for some boys and girls to mature earlier than others?

A. Yes. Some boys start puberty as early as 10 years old, others not until they are 14 or 15. Some girls start puberty as early as age eight, others not until they are 13 or 14. However, if a girl does not start menstruating by the age of 16, she should consult a health provider.

Q. Why do some parts of the body mature more quickly than others?

A. During puberty, there is an order in which certain physical changes usually occur: For girls, breasts begin to grow; for boys, growth of the testicles is usually the earliest sign. However, bodily changes can occur in a different order and still be considered normal.

Q. Why do some boys experience breast tenderness during puberty?

A. Occasionally one or both of a boy's breasts can become slightly enlarged or sore. This is related to the rising levels of hormones in the body.

Q. Why do many teenagers have skin problems?

A. During puberty increased hormonal activity leads to increased activity in the skin glands. Oil produced by the glands blocks skin pores and mixes with bacteria to cause pimples or spots. To help keep skin clear, teens should wash faces and hands frequently.

Q. How long does it take for breasts to be fully developed?

A. It takes a different amount of time for each girl. If a girl starts later than other girls, it does not mean that her breasts will always be smaller. There is no link between what size breasts will be and when they start to develop.

Q. Do all women have to wear a bra?

A. No, but some find it is more comfortable.

Home Activity: Talking with Your Parent or Other Adults[3]

Hand out the **Worksheet 3: Family Activity Worksheet** on the following page. Ask participants to bring their completed worksheet to the next session. Assure them that they will not have to share any private information that they do not feel comfortable sharing.

For those who cannot read and write, the facilitator should remind them to do the following: 1) share what they learned with their parents; and 2) ask them about two things: their experiences when they were adolescents, and the advice they have to give about adolescents.

3 This exercise is adapted from: Wait4Sex, ETR Associates.

WORKSHEET 3:
FAMILY ACTIVITY

Name_____

Family member you talked with_____

1. Tell your family member 3 things that you learned about puberty today (write them here):

   1. _____

   2. _____

   3. _____

2. Between 10 and 14 years, what did he/she like the best and least about being that age?

   _____

3. Ask what puberty was like for him/her at your age. For example, what are the emotional changes that he/she experienced during puberty? Did their social life change during puberty?

   Write 3 things that they told you here:

   1. _____

   2. _____

   3. _____

4. Ask your family member 3 things that he/she thinks you should know about puberty and growing up. Write them here:

   1. _____

   2. _____

   3. _____

Extra Activities

The following are optional activities you may do with the group

Activity 1

Interviews with Adults about Puberty

Begin by dividing the group into small, same-sex groups. Ask each group to think of a list of questions that they would like to ask an adult of the opposite sex and same sex. Suggest that participants think of questions about physical changes and emotional changes that the adult went through during puberty. Possible questions include:

- What did you like best about being age 10 to 14?
- What did you like least about being age 10 to 14?
- What emotional changes did you have during puberty?
- How did your social life change in puberty?
- Where can I get accurate information about puberty?
- Do you have any advice for anyone about to enter puberty?

Ask each participant to then use the questions his or her group has listed as the basis for an interview with an adult of one's choosing. Discuss the results of the interviews. Make a list of the changes the males and females experienced. Compare the lists to note similarities and differences between the two sexes.

Activity 2

Growth Diaries

Ask participants to keep a growth diary for self-observation and reflection. The end product will include: a) a print notebook that participants will enjoy reviewing and perhaps sharing with others later in life; and b) a personal essay about the process of maintaining the notebook. This exercise may be more appropriate for 12- to 14-year-olds, depending on their literacy level.

Materials Needed

- Blank notebooks
- Camera for snapshots
- Access to scales and tape measures for participants to weigh themselves and track other measurements
- Rulers

Explain to participants that the activity will proceed over many weeks. To avoid misunderstandings at home, consider informing parents or caregivers about this activity before you assign it to participants. The single most important fact to share with participants about their growth diaries is that they will remain confidential. Neither you nor other participants should at any time have access to anyone else's growth diary.

1. At the beginning of the assignment, present each participant with a photo of himself or herself. Tell each participant to paste this photo in the front of a notebook.
2. Show participants how to arrange their notebook pages in columns and rows to track the data they will collect on a regular basis during the rest of the assignment (see following sample table).

   Advise participants to designate one section of their notebook as a journal, in which they will comment on their physical changes (or lack of changes) and accompanying emotional changes

Sample Growth Diary

Change	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
Height									
Weight									
Chest									
Hips									
Skin Condition									
Presence of period (for girls)									

3. Tell participants in more detail what you mean by asking them to "comment on their physical changes and accompanying emotional changes." Explain that it is not unusual for young adolescents to feel pride or embarrassment, excitement or fear, as they grow. Those emotions are what you want participants to write about so that they will be able to remember them when they are older.
4. Remind participants that you are expecting them to maintain their growth diaries every month. After Month 9, present

each participant with a second picture of himself or herself to include in the growth diary.

5. Toward the end of the assignment, tell participants more about the personal essay that you expect from each of them about the process of keeping the growth diary. Go over what the personal essay should contain:
   - Title.
   - Clear statement about the process of keeping the growth diary.
   - Coherent and unified paragraphs with topic sentences.
   - Support for the statement and topic sentences: examples, statistics, sound opinions, and other details.
   - Strong conclusion.

   Explain that the challenge in writing these personal essays is for participants to make clear to you what they thought about keeping the growth journal—positives and negatives of the process—without sharing intimate feelings that they do not want to share with you.

Facilitator Note

For low-literate or younger participants, you can modify this activity—ask the participants to keep a picture diary. Using the notebook, they can draw pictures of themselves each month illustrating any new physical or emotional changes.

Activity 3

Letter to Sibling About Puberty

Explain to participants that they are to write a letter to an imaginary brother or sister about to enter puberty. In the letter, each participant should explain what he or she will go through and offer tips to better prepare for these changes.

Facilitator Note

For low-literate or younger participants, you can modify this activity—ask the participants to make up a poem, story, or song instead of writing a letter.

Key Information from Session 1

What is Puberty?

Puberty is a time when the bodies of boys and girls physically change—bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child.

Why is Puberty Happening?

New chemicals produced by the body—hormones—are developing in the body, creating changes in the body and turning young people into adults.

When Does Puberty Start and How Long Does it Last?

Puberty typically starts between ages eight to 13 in girls, and ages 10 to 15 in boys, although some young people start puberty a bit earlier or later. Each person is a little different, so everyone starts and goes through puberty at one's own pace. During puberty, young people are experiencing a major growth change. It lasts for about two to five years. Some people grow four or more inches in one year! This growth during puberty will be the last time the body will grow taller. When the growth period is over, young people will be at their adult height.

How Do Our Bodies Change?

Boys' Size and Sexual Organs

Boys' shoulders will grow wider, and their bodies will become more muscular. Some body parts (especially hands and legs) may grow faster than others. Many boys have uncomfortable growing pains in their arms and legs as the bones grow faster than the muscles can stretch to keep up with them. Some boys develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones that are pulsing through the body and will usually go away with time. During puberty, boys will start to have erections and wet dreams. They will notice other changes as well, such as the lengthening and widening of the penis and the enlargement of the testicles.

Girls' Size and Sexual Organs

Girls' bodies usually become rounder and more womanly. They gain weight on their hips, and their breasts develop, starting with just a little swelling under the nipples. Sometimes one breast might develop more quickly than the other, but should even out over time.

Girls will notice an increase in body fat and occasional soreness under the nipples as the breasts start to enlarge––this is normal. Gaining some weight is part of developing into a woman, and it is unhealthy for girls to go on a diet to try to stop this normal weight gain. About one to two years after girls' breasts start to develop, they usually experience their first menstrual period––one more thing that lets them know puberty is progressing. It means that the puberty hormones have been doing their job. Girls might see and feel a white or clear liquid from the vagina. It is usually just another sign of their changing body and hormones; it doesn't mean anything is wrong.

Hair

One of the first signs of puberty is hair growing where it did not grow before. Hair will grow under arms and in the pubic areas (on and around the genitals). At first it is light and sparse. Then it becomes longer, thicker, heavier, and darker. Eventually, young men also start to grow hair on their faces and chests.

Skin

Acne (pimples or spots) often starts around the beginning of puberty and can remain all through adolescence (the teen years). It usually gets better or disappears by the end of adolescence. Young adults should wash their faces each day with soap and water to keep their skin clean.

Sweat

A new odor under arms and elsewhere on the body might develop. This is body odor, and everyone gets it. The puberty hormones affect glands in the skin, and the glands make chemicals that have a strong odor. Bathing or washing every day helps reduce this odor, as does deodorant.

Voice

Boys will notice that their voices may "crack" and eventually get deeper. Girls' voices might get a little deeper, too. The cracking of boys' voices will end as they mature.

Emotions

During puberty, young people might feel overly sensitive or become easily upset. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression they may have. Boys and girls may have similar or different experiences.

Sexual Feelings

During puberty, it is normal to become more aware of the opposite sex and to feel more sexual. In boys, the main sign of sexual feelings is an erection of the penis. In girls, it is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older.

Relationship Changes

During puberty, your relationship with parents, adults, and your friends or classmates may change. Young people may want to be independent of their parents and spend more time with friends. Adults may also have new expectations of how young people should behave, because they are starting to become young adults.

This is normal and we should be aware that girls and boys can work together and help each other be more equal.

Session 2

Female and Male Fertility

Objectives

By the end of this session, the participants will:

1. Describe the menstrual cycle.
2. Describe sperm production.
3. Dispel three common myths about menstruation.
4. Dispel three common myths about erections, ejaculations, and wet dreams.

Materials Needed

- Flip chart or chalkboard
- Assorted feminine products that are commonly used in your country (pads, rags, tampons, etc.)
- One egg
- Empty bowl
- Six cups or glasses of water

Before You Begin

- Carefully read all of **Key Information from Session 2**, and adjust as necessary.
- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- For Steps 3 and 6: Make photocopies for each participant of **Handout A: Female Reproductive System—Internal Genitalia**, **Handout B: Female Reproductive System—External Genitalia**, and **Handout C: Male Reproductive System** (after **Key Information from Session 2**). (If you cannot make a photocopy, draw them on the flip chart or chalkboard for everyone to see.)
- For Step 5, bring samples of products that women use when

having their period (pads, rags, tampons, etc.). Bring what is used and available in your country.

- For Step 6, write down the role-plays on sheets of paper for each pair.
- For Step 4 and Step 6, crack the egg and place only the egg white in a bowl.

Time

Activity	Minutes
Step 1: What is Fertility?	10
Step 2: Fertility Myths and Facts	20
Step 3: Introduction to Female Fertility	20
Step 4: Signs of Fertility	10
Step 5: Products We Use during Menstruation	20
Step 6: Introduction to Male Fertility	20
Step 7: Talking about Our Fertility	30
Step 8: Take-Home Messages	20
TOTAL MINUTES	**150**

Step 1 What is Fertility?

Large Group Discussion (10 minutes)

Pose the following questions to the participants:

- What does "fertility" mean?
- When does a woman become fertile?
- When does a man become fertile?

After you listen to their answers, tell the group that you are going to discuss these items in more detail in this session.

Facilitator Note

Encourage participants to say what they know about this topic even if it is wrong. This will give you an opportunity to gain a better understanding of what they know. Be certain that participants understand what fertility is. Stress that boys and girls are developing their fertility at approximately the same time.

Step 2 Fertility Myths and Facts

Large Group Game (20 minutes)

Explain that the group is going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams, and that this game will help them identify and correct myths (incorrect beliefs) around the topic. Divide the group into two teams and place them on opposite sides of the room. Have each team choose a name.

Read one of the following statements to the first member of Team A. That person should consult with the rest of the team to determine whether the statement is a "myth" or "fact." Once the first player responds, say whether the answer is correct and mark the score on the flip chart or chalkboard. Award one point for each correct answer. If the answer is correct, ask the player to say why this is correct. If the answer is incorrect, provide the right response and briefly explain why.

Continue by reading another statement to the first member of Team B, then alternate teams until everyone has had a chance to respond. After you have read each of the myths and facts, ask the teams to come up with two things that they have heard about menstruation and wet dreams and share these. Have the opposite team state if it is a myth or fact, and again, tell them if they are correct and why. Afterward, add up the score and announce the winning team.

Myth or Fact?

Statement	Myth or Fact
The blood coming from a woman during menstruation means that she is sick.	**Myth**
Warm drinks cause menstrual cramps.	**Myth**
Women are able to eat spicy or sour foods during menstruation.	**Fact**
If a woman misses her period, this could mean she is pregnant.	**Fact**
If men do not ejaculate, sperm will collect and make their penis or testicles burst.	**Myth**
It is perfectly safe for a woman to wash her hair or take a bath during her period.	**Fact**

Having menstrual blood means a woman is dirty.	**Myth**
When a boy or a man has a wet dream, it means he needs to have sex.	**Myth**
Most boys have wet dreams during puberty.	**Fact**
If a penis is touched a lot, it will become permanently larger.	**Myth**

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare, gather several young people and ask them the following questions: What myths and rumors exist in your area? Use this information to make the session more relevant to participants.

Close the activity by asking:

- How did you feel about this activity?
- What new facts did you learn?
- Do you think it is good to have these myths in society? How could society do better in helping people understand about menstruation and wet dreams?

Step 3 Introduction to Female Fertility

Large Group Discussion (20 minutes)

Ask the girls to volunteer what they have heard about menstruation from their sisters, mothers, aunts, other female friends and relatives, media, school, etc. After you have let them speak, confirm or correct their statements. Distribute **Handout A: Female Reproductive System—Internal Genitalia** to each person in the group. Explain the basis of menstruation using the **Key Information from Session 2** as your guide. Be sure to cover the following sections from the **Key Information from Session 2**:

- **What is menstruation?** Use **Handout A: Female Reproductive System—Internal Genitalia** to explain each point. Have participants take turns reading the text aloud and ask them to point out the place in the picture mentioned in the text.
- **At what age do girls start menstruating?**
- **What is the sign that menstruation has started?**
- **What is the menstrual cycle?**
- **How much blood flow is there?**

- **What is the length of the menstrual cycle?**
- **How does the body feel during menstruation?**
- **What is ovulation?**
- **What are some of the things a woman may feel around the time of her period?**
- **What is menopause?**

Explain to participants that a woman's menstrual cycle happens in phases:

1. She has her period and bleeds.
2. There is no bleeding for a few days.
3. She may start to have secretions.
4. She ovulates.
5. She has no secretions.
6. She may start to experience bodily or emotional changes just before her next period.
7. The cycle starts all over again.

After discussing the menstrual cycle, distribute **Handout B: Female Reproductive System—External Genitalia** to each person in the group. Explain to participants the various parts of the external female anatomy.

Stress the Following

- Once a girl has started to menstruate (have her period), she is physically able to become pregnant.
- A girl can become pregnant before her first period if she has already become fertile.
- It is called the menstrual cycle because it repeats continuously, except during pregnancy, until menopause.
- The menstrual cycles start at puberty and ends at menopause.
- Having a period means that a girl is becoming a woman.

Almost every woman in the world has her period. There is nothing to worry about. It means a girl is becoming a woman.

Step 4 Signs of Fertility

Large Group Discussion (10 minutes)

Get the bowl with the egg white in it. Tell the group that sometimes girls can see a whitish or clear fluid on their

underpants or experience a feeling of wetness around their vagina. This fluid or wetness is called a "secretion." Secretions do not happen every day— just some days of the menstrual cycle. Tell the group that those secretions from the vagina help sperm travel through the uterus to meet the egg.

Explain that women are most aware of their secretions during ovulation—when women are most fertile—because the secretions have more water in them at this time. Women may have other kinds of secretions during the rest of their cycle, but these are less moist. Some women may have no secretions. It depends on the woman.

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

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

Stress the Following

- Some women get heavy secretions; some get very light secretions or none at all.
- Having secretions means that her body is going through its normal, constant menstrual cycle changes.
- If secretions suddenly change color or smell, this might mean that a woman has an infection, and she should see a health provider.
- Most women do not have secretions all the time—just on some days of the menstrual cycle.

Step 5 Products We Use During Menstruation

Small Group Activity
(20 minutes)

Ask participants to form five or six small groups. If culturally appropriate, have boys and girls mixed together.

Give each group one of the products used during a woman's period and a cup or glass of water. Allow participants to touch

and and become familiar with the products. Ask the participants in each group to explain how the products are used and disposed of. Tell each group to place the products in water. Explain that the products absorb water like a sponge and this is what they do for blood during the menstrual period. Encourage the boys to ask questions for the girls to answer.

Ask participants the following questions:

- Why use these products?
- How do they work?
- How often do they need to be changed?
- How should they be disposed of or cleaned?
- Where are they sold and how much do they cost? (Or, where do we find the materials to make them?)

Step 6 Introduction to Male Fertility

Large Group Discussion
(20 minutes)

Get the bowl with the egg white in it again. Ask the participants to volunteer what they have heard about erections, ejaculations, and wet dreams from their brothers, uncles, other male friends and relatives, media, school, etc. After you have let them speak, confirm or correct their statements. Be sure to cover the following sections from the **Key Information from Session 2**:

- **How are sperm produced?** Use the **Handout C: Male Reproductive System** to go over this briefly. Have participants take turns reading the text aloud and ask them to point out the place on the picture mentioned in the text.
- **What is an erection?**
- **What is ejaculation?** (Pinch the egg white here between your fingers to show what this liquid looks like and point out that the color of ejaculate (semen) is often whiter and less clear than the egg white.) Explain to participants that semen is the fluid that leaves the man's penis when he ejaculates.
- **What are wet dreams?**

Stress the Following

- A boy cannot control when he will have an erection or wet dream.
- Erections and wet dreams are completely normal. It means a boy is becoming a man.
- Boys do not have to ejaculate each time they have an erection.
- Semen leaves the body during ejaculation.
- Ejaculation means a boy is physically able to get a girl pregnant (if they have intercourse).

Step 7 Talking about Our Fertility

Pair Exercise
(30 minutes)

Divide the group into pairs. Assign the following role plays to each pair. If there are too many pairs, more than one pair can do the same role-play. Ask each pair to act out the situation with each other using the information they just learned. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give participants five minutes to prepare each skit.

Role-play #1: One person plays the aunt; the other plays a 12-year-old girl. The girl is worried because she has not gotten her period yet, but her friends have. The aunt comforts the girl, letting her know that the first period starts as early as age nine or 10, but can also start a few years later.

Role-play #2: One person plays a 10-year-old girl; the other plays her older sister. The girl is frightened because she began her period and does not understand what it is. The older sister explains what menstruation is and why it is happening.

Role-play #3: One person plays the father; the other plays the 13-year-old son. The son is worried because he keeps waking up, and the bed is a little wet. He asks his father what is wrong with him. The father explains to him what wet dreams are and that they are normal.

Role-play #4: One person plays a 12-year-old girl; the other plays her mother or father. The girl has stained her clothes with menstrual blood at school and is too embarrassed to return to school because she thinks everyone saw her. The mother or father

comforts her and tells her that every woman has an occasional spot on her clothes. The mother or father explains what to use to help her be prepared for and manage her menstrual bleeding.

Role-play #5: One person plays the older brother; the other plays a 12-year-old boy. The boy is worried because he ejaculated and now thinks his sperm is floating in the air and might get someone pregnant. The brother explains to him about wet dreams and ejaculation.

Step 8 Take-Home Messages

(20 minutes)

Close the session by stressing the following:

- Menstruation, erections, ejaculations, and wet dreams are entirely normal signs of puberty.
- Menstruation means that a girl is physically able to become pregnant.
- Ejaculation means that a boy is physically able to get a girl pregnant.

Stress the Following

Encourage participants to ask questions, but let the group know that they will have a private session to talk about these things with a facilitator of their own sex (Session 4). Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other.

Home Activity

Course participants should talk to a trusted adult and tell them what they learned today.

Girls should ask the adult: When did she have her first period? How did she feel? Who did she tell about her period starting? How did she react?

Boys should ask the adult: When did he start to have wet dreams? Ejaculations? Erections? How did he feel at the time? Who did he speak to about these experiences? How did he react?

Extra Activities:

The following are optional activities you may do with the group.

Step 9 Tracking Our Fertility (For Girls)

This exercise is most appropriate for 12- to 14-year-old girls who are more likely to have started menstruating. The activity calls for girls to keep a private daily calendar of their menstrual cycles and secretions. For those girls who have not begun their periods, they can ask their mothers or older sisters to do this activity with them. Because this is a private and confidential activity, a girl who has not started her period should not feel embarrassed or left out, since no one else will know this information. The final product will include a calendar that the girls can use to understand their bodies better (and thus predict their behavior) and an essay describing the process of keeping the calendar.

Materials Needed

- Blank notebooks or blank one-year calendars
- Coloring pencils or crayons

Explain to participants that the activity will proceed over several months. To avoid misunderstandings at home, consider informing parents or caregivers about this activity before you assign it to them. The single most important fact to share with the participants about the calendars is that they will remain confidential. Neither you nor fellow participants should at any time have access to anyone else's calendar.

1. Present each girl with a calendar for the year. If buying calendars for everyone is not affordable, have them make their own in a notebook. They can put each month on a different page of the notebook like the following:

January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2. Tell the girls that for each month, they are to mark the day that their period starts with a large "**X**" and then mark every day that there is bleeding with a small "**x**." They should also mark those days on which they observe secretions with a small "**o**." Below is a sample calendar.

Sample Mentrual Cycle Calendar

January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 X	11 x	12 x
13 x	14 x	15	16	17	18	19 o
20 o	21 o	22 o	23 o	24 o	25 o	26
27	28	29	30	31		

3. As the months progress, remind participants that you are expecting them to mark their calendars each month.
4. Ask the girls to calculate the length of their cycle each month. This means counting the number of days between the first day of their period to the day before they get their next period. Ask them to observe the number of days in their short cycles and in their long cycles—and then ask them what they think the typical pattern might be. Ask them to add up each cycle length and divide by the number of cycles to get the average length of their cycles for the year. The following is a sample calculation based on nine cycles:

Cycle 1	*26*
Cycle 2	*28*
Cycle 3	*33*
Cycle 4	*31*
Cycle 5	*33*
Cycle 6	*28*
Cycle 7	*29*
Cycle 8	*29*
Cycle 9	*28*
Average	***29***

Stress that many girls have irregular periods when they first begin menstruating, and if they miss a month, it does not necessarily mean there is a problem.

5. Toward the end of the course, tell participants more about the personal essay that you expect from each of them about the process of keeping the calendar. Go over what the personal essay should contain.

Explain that the essay should answer the following questions:

- What did you think of keeping the calendar—positives and negatives?
- Were you surprised at how regularly or irregularly your body acted?
- What did you learn about your body that you did not know before?
- How did you feel during menstruation physically and emotionally?

Key Information from Session 2

What Is Menstruation?

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

At What Age Does a Girl Start Menstruating?

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

What Is the Sign That Menstruation Has Started?

A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly. Usually by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out. This is why it is important to anticipate approximately when each month she will start bleeding, so she can wear a sanitary napkin or other protection to prevent the blood from staining her clothing.

How Much Flow Is There?

The menstrual flow—meaning how much blood comes out of the vagina—can vary widely from person to person. Usually, an entire period consists of a few to several spoonfuls of blood—how much depends on the individual. The blood often starts off as a rusty color and then gets redder. It lightens to a rust color again until it stops. The amount of blood can also vary from day to day.

What Is the Menstrual Cycle?

The menstrual cycle is the period of time beginning on the first day of a woman's period until the day before she begins her next menstrual period. Since this happens regularly, it is called a "cycle."

What Is the Length of the Menstrual Cycle?

The length of the menstrual cycle (the time between one period and the next) varies for each woman. For some, the cycle is as short as 21 (or even fewer) days. For others, it is as long as 35 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place. For example, a young girl may have the same length cycle for two months, then miss a month, or have two periods with fewer days in between them. Her menstrual cycle will probably become more regular, although she may continue to have irregular periods into adulthood. Sometimes she might have some spotting of blood for a day or two in the middle of her cycle. This is usually nothing to worry about.

When Is a Woman or Man Fertile?

A woman is fertile when she has the ability to become pregnant. A woman is fertile only certain days of each menstrual cycle—these are the days when she can become pregnant. A woman is fertile for a few days each cycle from her first menstruation until menopause. Beginning with his first ejaculation, a man is fertile every day and has the ability to father a child for the rest of his life.

What Is Ovulation?

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

Can a woman get pregnant during her period?

Typically a woman does not get pregnant during her period. This is because a woman's fertile days are around the middle of her menstrual cycle. However, if a woman has a very short menstrual cycle or has many days of menstrual bleeding, it is possible that she could become pregnant during her period.

What Is Menopause?

Menopause is the stage at which a woman's menstruation ends. It ends because the hormones that cause eggs to mature in her ovaries stop. Menopause usually occurs when women are in their late forties or early fifties. But, menopause can take place earlier or later than this. Some women may stop menstruating by the time they are 35, and some not until their late fifties.

How Does the Body Feel During Menstruation?

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

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

Emotional symptoms: short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervous tension, fatigue, or depression. These changes are sometimes referred to as premenstrual syndrome (PMS). PMS is related to changes in the body's hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect the way she feels, both physically and emotionally. She may find that taking pain relievers, hot water compresses, herbal teas, or other local remedies can give her relief from menstrual symptoms. If these do not help, she should visit a health provider and discuss the matter.

What Are Secretions?

Girls can sometimes see secretions on their underpants or experience a feeling of wetness. These secretions are a whitish liquid. Girls often get secretions around the time of ovulation, when the body is ready to receive and nurture a fertilized egg. Secretions help sperm travel through the uterus to meet the egg for fertilization, so when a girl has secretions, she knows that this is the time when she is fertile. Paying attention to vaginal secretions helps girls understand their bodies. Knowing what is normal for the body helps girls recognize things that are not normal. For example, yellow or strong-smelling secretions are not normal. These kinds of secretions are often a sign of infection, and she should visit a health provider.

What Products Do Girls Use During Menstruation?

Clean rags: These are cut to fit in the panty area by sewing several layers of cotton rags on top of each other. These must be clean. They must be washed thoroughly and hung in a private but sunny place to dry. They should not be shared with others.

Toilet tissue: One can use toilet tissue by making a thick, long wad of toilet tissue. Sometimes toilet tissue is too rough, however, and it can cause irritation and soreness to the skin. It also may not be

sufficient to absorb the quantity of blood.

Pads or sanitary napkins: These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties, and the panties help to hold the pads close to the opening of the vagina. Pads have a plastic lining to minimize the spill of blood. If a woman uses pads, she needs to throw them down a pit latrine, bury them, or burn them after use. They should not be left in the garbage pile or flushed down the toilet, as they will cause blockage.

Tampons: These are small, compressed cotton objects, formed into solid, tube-like shapes that are pushed up into the vagina during menstruation. The cotton softens as it absorbs the blood that comes into the vagina from the uterus. Attached to the tampon is a strong, soft cotton thread, which hangs out of the vagina. Pulling this thread removes the tampon. A girl must always wash her hands before and after inserting a tampon. A tampon also needs to be changed frequently, because it could cause infection if left in the vagina. One should never leave a tampon in for more than eight hours.

Whatever a girl uses (rags, toilet tissue, pads, or tampons), she should change it frequently to avoid staining and odor. When menstrual blood comes in contact with air, it can develop a stale odor. Pads and tampons cost more than toilet paper and rags, but all work equally well. A girl can usually ask her sister, mother, or other close female relative what she uses. A girl might be worried that her friends might see her carrying such products with her. She should know that placing these in a simple plastic bag in her purse, school bag, or backpack usually prevents any embarrassment.

If a girl's panties or clothes get stained with blood, she can soak them in cool, mildly salty water. Hot water will cause the blood to set and remain as a permanent stain.

What Is an Erection?

An erection occurs when the penis fills with blood and becomes hard and straight. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning. While asleep at night, a boy's penis will probably become erect

and then go down about five to seven times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate.

What Is Ejaculation?

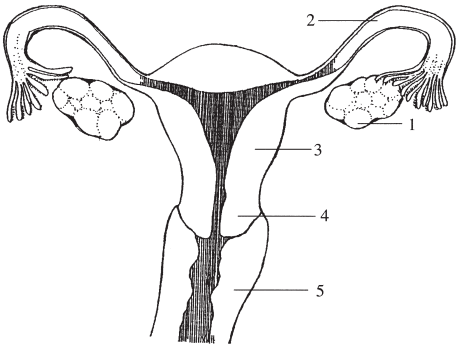
Ejaculation is when semen comes out of a boy's or man's erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. When a boy begins puberty, the ejaculated semen tends to be slightly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

What Is a Wet Dream?

A wet dream (or nocturnal emission) is when a boy's penis becomes erect, and he ejaculates while sleeping. This causes the boy's underwear or the bed to be a little wet when he wakes up.

If a boy does not know about wet dreams, he could be worried or confused. Wet dreams are completely natural and normal. A boy cannot stop himself from having wet dreams.

HANDOUT A:
Female Reproductive System—Internal Genitalia



1. Ovary
2. Fallopian tube
3. Uterus
4. Cervix
5. Vagina

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

Key Words

Cervix: Lower portion of the uterus, which extends into the vagina.

Fallopian tubes: Tubes that carry the egg from the ovaries to the uterus.

Fertilization: Union of the egg with the sperm.

Menstruation: The monthly discharge of blood and tissue from the lining of the uterus.

Ovaries: Two glands that contain thousands of immature eggs.

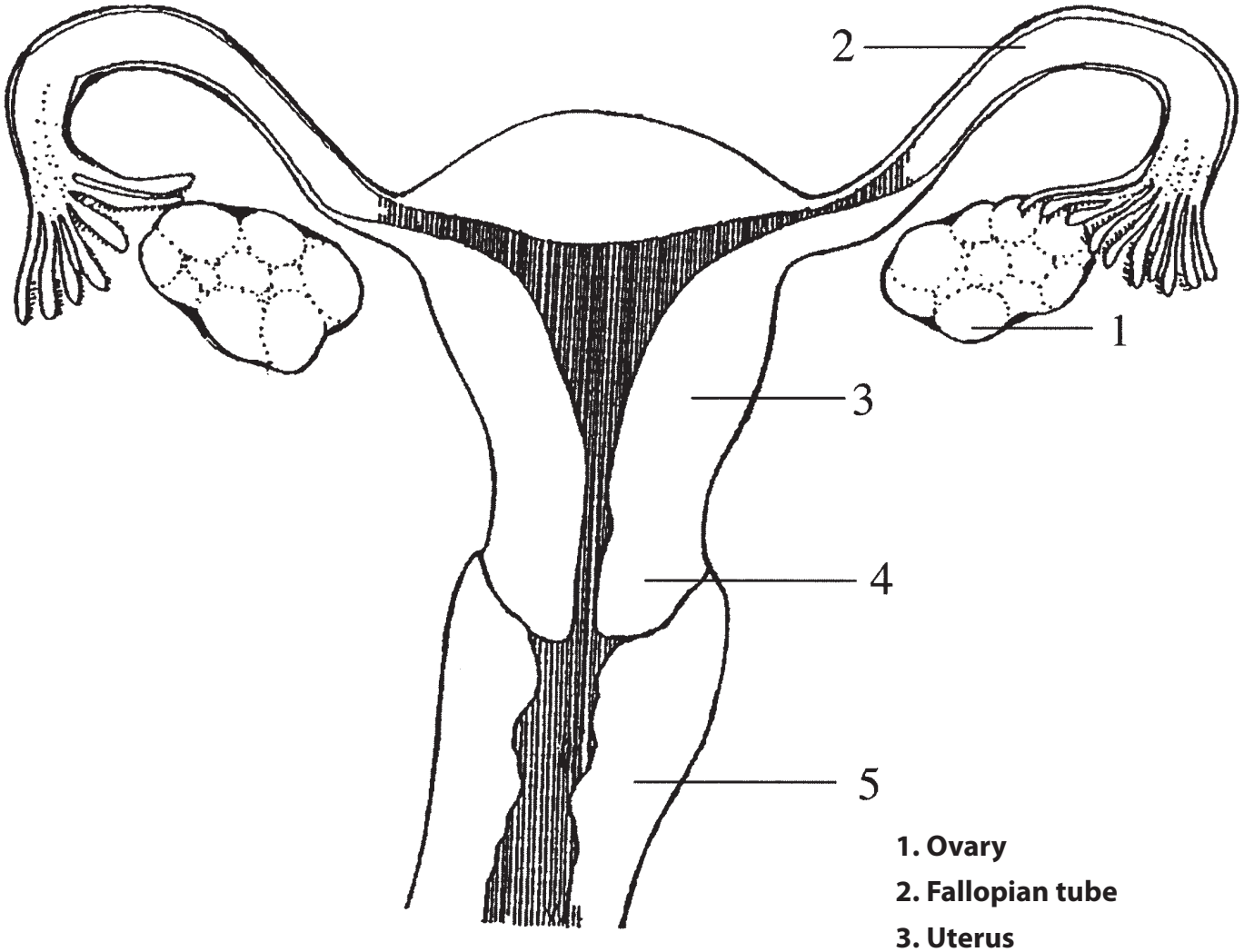
Ovulation: The periodic release of a mature egg from an ovary.

Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

Uterus: Small, hollow, muscular female organ where the fetus is held and nourished from the time of implantation until birth.

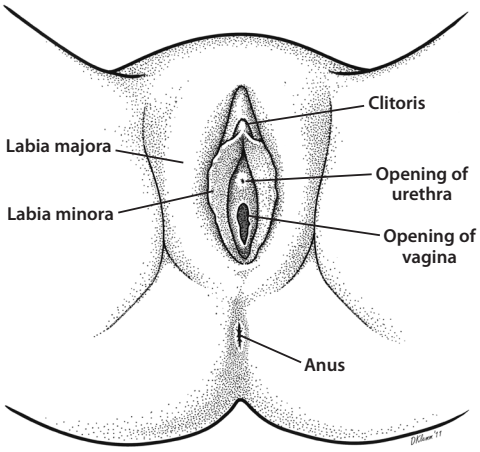
Vagina: Canal that forms the passageway from the uterus to the outside of the body.

Female Reproductive System—Internal Genitalia



1. Ovary
2. Fallopian tube
3. Uterus
4. Cervix
5. Vagina

HANDOUT B:
Female Reproductive System – External Genitalia



The external genitalia includes two sets of rounded folds of skin: the **labia majora** (or **outer lips**) and the **labia minora** (or **inner lips**). The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area. Near the top of the lips, inside the folds, is a small cylindrical body called the **clitoris**. The clitoris is made up of the same type of tissue as the head of the male's penis and is very sensitive. The **urethra** is a short tube that carries urine from the bladder to the outside of the body. Urine leaves a woman's body through the **urethral** or **urinary opening**. The **vaginal opening** is the place from which a woman menstruates. Altogether, the external genital organs of the female are called the **vulva**.

Key Words

Clitoris: Small organ at the upper part of the labia, which is sensitive to stimulation.

Labia majora (outer lips): Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule.

Labia minora (inner lips): Two folds of skin between the labia majora that extend from the clitoris on each side of the urethral and vaginal openings.

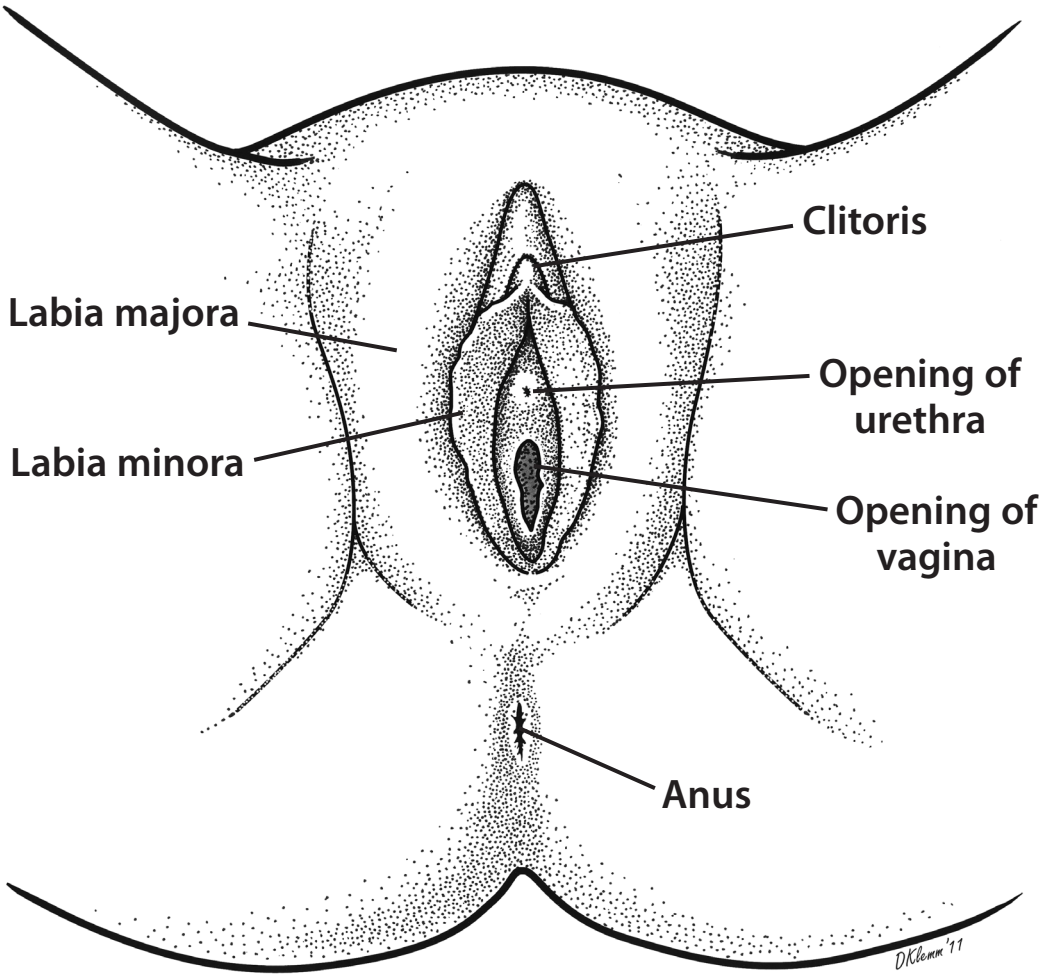
Urethra: Short tube that carries urine from the bladder (the place where urine is collected in the body) to the outside of the body.

Urethral (urinary) opening: Spot from which a woman urinates.

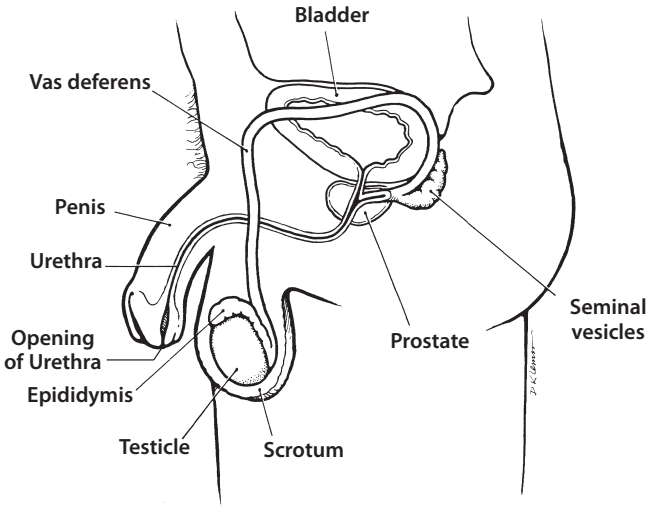
Vaginal opening: Opening from the vagina where menstrual blood leaves the body.

Vulva: The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule.

Female Reproductive System – External Genitalia



HANDOUT C:
Male Reproductive System



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

Key Words

Ejaculation: Forceful release of seminal fluid from the penis.

Epididymis: Organ where sperm mature after they are produced in the testicles.

Penis: External male organ through which semen or urine leave the body.

Prostate gland: Gland that produces a thin, milky fluid that enables the sperm to swim and become part of the semen.

Scrotum: Pouch of skin behind the penis that holds the testicles.

Semen: Fluid that leaves a man's penis when he ejaculates.

Seminal vesicles: Small glands that produce a thick, sticky fluid that provides energy for sperm.

Sperm: A male sex cell.

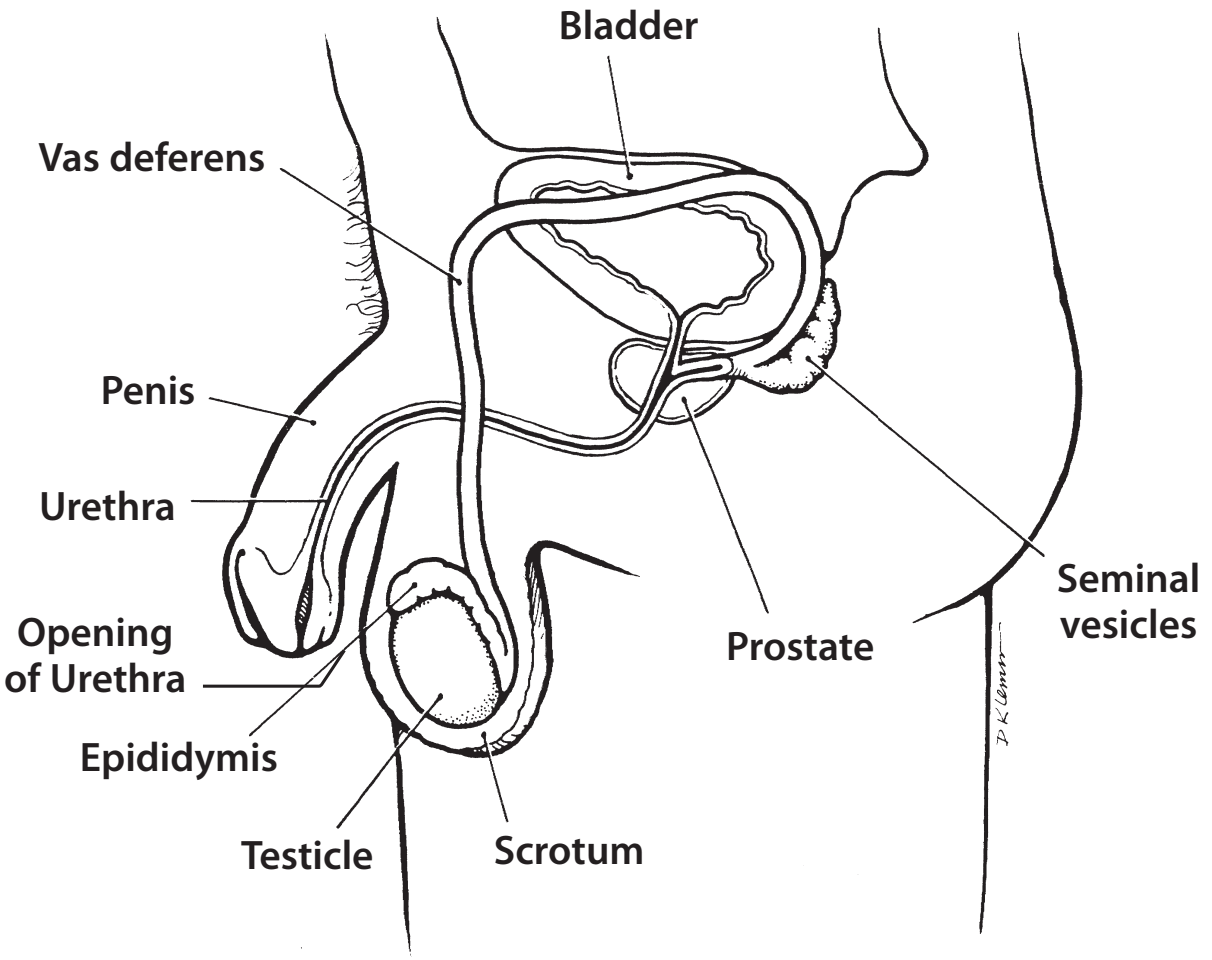
Testicles (testes): Male reproductive glands, which produce sperm.

Urethra: Canal that carries urine from the bladder (the place where urine is collected in the body) to the urinary opening. In males, the urethra also carries semen.

Urethral (urinary) opening: Spot from which a man urinates.

Vas deferens: Long, thin tubes that transport sperm away from the epididymis.

Male Reproductive System



Session 3

Combining Female and Male Fertility: Fertilization

Objectives

By the end of this session, the participants will:

1. Describe three things that must occur for a girl or woman to get pregnant.
2. Define fertilization and pregnancy.
3. Understand the importance of recognizing signs of fertility.

Materials Needed

- Scissors
- Tape
- Flash Cards
- Fertility awareness chains

Facilitator Note

The beads might be difficult to find in your setting. If this is the case, you have the option of drawing a paper copy of the chain.

There are two options: 1) to make a fertility awareness chain; or 2) to draw a paper copy of the fertility awareness chain if beads are not readily available. 1) Materials to Make a Fertility Awareness Chain: For each participant and yourself, provide: A copy of **Handout D: How to Make the Fertility Awareness Chain with Beads**, a copy of **Handout G: How to Use the Chain as a Way to Track the Menstrual Cycle** (after **Key Information from Session 3**), one plastic bag or small container, 1 red bead, 19 dark beads, 12 white or light beads, and 30-60 centimeters of string (depends on the size of the beads). All beads should be approximately the same size. The beads should be made of material that can be marked on with a pencil or other marker.

Materials to Draw the Fertility Awareness Chain:

For each participant and yourself, provide: A copy of **Handout E: How to Draw a Paper Version of the Fertility Awareness Chain**, a copy of **Handout G: How to Use the Chain as a Way to Track the Menstrual Cycle** (after **Key Information from Session 3**), and coloring pencils or crayons in red, a dark color (such as brown), and a light color (such as yellow).

Before You Begin

- Carefully read all of **Key Information from Session 2** and **Session 3**.
- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- For Step 1, prepare 31 flash cards (one for each day) like the **Menstrual Cycle Review Flash Cards** (after **Key Information from Session 3**).You can cut out the cards from the page or make your own using these as a guide.

For Making the Bead Chain:

- Divide the beads into sets, being sure that each participant has 1 red bead, 19 dark beads, and 12 light or white beads. Each participant also should have a piece of string 30-60 centimeters long. Place each set of beads and string in plastic bags or small containers.
- Prepare photocopies of **Handout D: How to Make the Fertility Awareness Chain with Beads** and **Handout G: How to Use the Chain as a Way to Track the Menstrual Cycle** (after **Key Information from Session 3**) for each participant.
- Make one chain for yourself.

For Making the Paper Chain:

- Provide participants with the **Handout E: How to Draw a Paper Version of the Fertility Awareness Chain** and **Handout G: How to Use the Chain as a Way to Track the Menstrual Cycle**, as well as coloring pencils or crayons. You will need coloring pencils for each participant as described on the previous page.

Time

Activity	Minutes
Step 1: Menstrual Cycle Review Using Flash Cards	20
Step 2: How Does a Woman Get Pregnant?	15
Step 3: Make Your Own Chain	45
Step 4: Question and Answer Using the Chain	25
Step 5: Take-Home Messages	20
TOTAL MINUTES	**125**

Step 1 Menstrual Cycle Review Using Flash Cards

Large Group Discussion (20 minutes)

Take the flash cards you have prepared for this step. Give each participant a flash card with a number (and picture) on it. If there are not enough people, have some people take more than one card. Have each person tape the flash cards to his or her chest. Ask participants to form a circle in the order of the numbers on their cards.

Tell the group that they will pretend to be a menstrual cycle that lasts 31 days for a woman named Sarah. Stress again that not all cycles last 31 days; some are shorter and some are longer, but they are just going to look at Sarah's cycle, which usually lasts about 31 days.

Ask each participant to look at his or her flash card(s). Ask each participant to say what is happening on his or her card(s). Once they describe the picture, ask them to state why they think this is happening. Pose the following questions to each participant. The answers are in parentheses:

- What is happening to Sarah on Days 1 through 6? (She is having her period.)
- What is happening to Sarah on Days 11 through 17? (She may be having secretions, and she may feel wetness. With each passing day, it is more likely that she will have secretions.)
- What is the purpose of secretions? (They protect and nourish sperm and aid them to travel toward the egg.)
- What is happening to Sarah on Day 15? (She is ovulating.)

- What is happening to Sarah in her vaginal area on Days 30 through 31? (She has no secretions.)
- What is happening to the rest of Sarah's body on Days 30 through 31? (She may have a backache, headache, skin problems, bloating, food cravings, etc.)
- What is happening on what would have been Day 32? (She starts her period again. This is the beginning of her next cycle.)

Emphasize again to the participants that a woman's menstrual cycle happens in phases

1. She has her period and bleeds.
2. There is no bleeding for a few days.
3. She may start to have secretions.
4. She ovulates.
5. She has no secretions.
6. She may start to experience bodily or emotional changes just before her next period.
7. The cycle starts all over again.

Step 2 How does a Woman Get Pregnant?

Large Group Discussion (15 minutes)

Tell the group that now that they know about female and male fertility, they are going to talk about what happens when female and male fertility are combined. Ask participants to volunteer common stories of how babies are made. Common ones include:

- Babies drop from heaven.
- Babies come from the airplane.
- Babies come out of the nurse's or doctor's bag.

Next, ask a participant to volunteer to stand up and demonstrate the real way in which a baby is conceived using their hands as props (demonstrate this yourself).

To reinforce the point, show participants how to create puppets with their hands to show fertilization. They should:

- Hold up their right hand and wave it back and forward like a worm to represent the sperm.

- Hold up their left hand like a fist to represent the egg.

Repeat the following sentence:

I was conceived when my parents had sexual intercourse and the sperm from my father (wave the right hand like a worm or sperm) and the egg from my mother (fist the left hand) came together (join your hands) and created me.

Have participants repeat this a few times. Make it fun. Draw an egg and sperm on the flip chart or chalkboard.

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following questions: When do people think a girl can get pregnant? At what age? At what time during the month? When do people think a boy can get a girl pregnant? At what age? Under what conditions (full moon, etc.)?

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

Ask participants:

- What is sex or sexual intercourse?

This is just to open up discussion. Encourage them to offer what they know about the process and let them know that they will study this further during the session.

Stress the Following

- The time when the union between the egg and the sperm occurs is called fertilization.
- Sperm enters a woman's vagina through sexual intercourse with a man.
- The egg must be released from the ovary and be present in the fallopian tube. The egg is usually released around the middle of her menstrual cycle, but one cannot predict exactly what day this will be. A woman's egg only survives in the fallopian tube for 24 hours after it is released from her ovaries, while the sperm can survive up to six days.

Step 3 Make Your Own Chain

Self-Exercise

(45 minutes)

There are two possible versions for this exercise. In the first version, participants will make a fertility awareness chain using beads and string. If you do not have materials for making a chain, you should use the second version in which participants draw a chain on a handout.

To Make the Chain Using Beads:

Distribute **Handout D: How to Make the Fertility Awareness Chain with Beads** as well as one set of chain materials to each participant. Go over the directions for making the chain. Let them know that they will use this later to learn more about fertility. Ask each person to make a chain using the handout as a guide.

To draw the chain, distribute **Handout E: How to Draw a Paper Version of the Fertility Awareness Chain** as well as coloring pencils or crayons. Go over the directions for drawing the chain. Let them know that they will use this later to learn more about fertility. Ask each person to draw a chain using the handout as a guide.

Facilitator Note

If you are unable to copy the handout for drawing the chain, you can have the participants draw the chain on a blank sheet of paper using coloring pencils or crayons.

Step 4 Questions and Answers Using the Chain

Large Group Discussion

(25 minutes)

Distribute the **Handout G: How to Use the Chain as a Way to Track the Menstrual Cycle**. Ask each participant to take turns reading the handout. Using either your bead or paper chain as an example, state the following:

- Look at the red bead *(show the group the red bead)*.

This represents Day 1 of the menstrual cycle, the day on which bleeding begins.

- After the red bead, there are six dark beads *(show the group)*. A woman has her period during some or all of these days. During this time, a woman's body is not yet ready to receive a fertilized egg. These days are infertile days, when a woman cannot get pregnant even if she has sexual intercourse.
- After these dark beads, there are 12 white or light beads *(show the group)*, which are the fertile days. These are the days when a woman can get pregnant if she has sex. You will notice that there are 12 white or light beads in this chain even though a woman can usually become pregnant for only five to six days each cycle. A woman is fertile for only 24 hours, but because sperm can stay alive for up to six days in the fallopian tube and wait to fertilize the egg, a woman can become pregnant for up to six days. We use 12 beads because we do not know exactly which days these are. These 12 beads represent the approximate time of fertility.
- After these white or light beads, there are 13 more dark beads *(show the group)*. These are the days that are infertile days.
- Some women use this chain to help them keep track of their menstrual cycle and identify the days on which they may be fertile. It will also help them know when to expect their period. Pose the following questions to the group to confirm comprehension. Ask them to demonstrate on their chains while giving their answers:
- Mary has her period today; on what bead should she make a mark? *(Red bead.)*
- If she makes a mark on the next bead every day, on what color bead would she make a mark in six days? *(Dark bead.)* In twelve days? *(White or light bead.)*
- Mary would like to get pregnant. What color beads represent the days when she is fertile (could get pregnant if she has sexual intercourse)? *(White beads.)*
- Mary does not want to get pregnant. What color beads represent the days when she is infertile (could not get pregnant if she has sexual intercourse)? *(Dark beads.)*
- What should Mary do when she gets her period again? *(She should erase all the marks on the beads and make a mark on the red bead again. Or, she should draw another chain and make a mark on the red bead.)*

Facilitator Note

When girls first get their periods, they can have long or short cycles which typically get more regular over time. The fertility awareness chain is intended to help girls know more about their menstrual cycles.

Step 5 Take-Home Messages

Session Review

(20 minutes)

Close the session by stressing the following:

- The union of a sperm and an egg is called fertilization.
- A woman can only get pregnant on certain days of the month. These are called fertile days. On other days, she cannot get pregnant. These are infertile days. Every time a woman has sexual intercourse during her fertile days, she has a chance of becoming pregnant. A woman is capable of getting pregnant as long as she continues to have her menstrual cycle. When she reaches menopause, she stops menstruating and thus cannot get pregnant.

Even though a girl who has started to menstruate is physically capable of getting pregnant, it is best that she wait to have sex until she is physically and mentally prepared for sex and having a baby. A male who has reached puberty can get a woman pregnant for the rest of his life. He is fertile every day. However, it is also best that he wait to have sex until he is mentally prepared.

Stress the Following

Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes, and that you are proud of them for participating and sharing with each other. Ask participants to take the worksheet home and complete it with a parent (adapted from F.L.A.S.H. Seattle and King County Public health).

Family Activity

Sexuality Interview

Ask your parent to spend some time with you completing this activity. Explain that you are going to interview them about their attitudes and ideas, so that you can understand what they think about these topics. Let them know that you have discussed these

topics in your class and want to know what they think about them.

Topic 1: Abstinence

What do you think about abstinence?

What feelings do you have about when abstinence is appropriate or not?

What are other ways that married people can express love and affection?

Topic 2: Other kinds of sexual touch

Are there other kinds of sexual touch you approve of? If so, why? If not, why not?

Topic 3: Sexual Intercourse

When is it right?

When is it wrong?

What can make it a better or worse experience for both people?

What do young people need to think about before getting pregnant?

What are the common practices in the local context?

Possible Questions & Answers

Fertilization and Pregnancy

Q. Why are there some women who cannot get pregnant?

A. Infertility—or not being able to get pregnant––may be caused by: hormonal problems in the man, woman, or both; blocked fallopian tubes; low sperm count in the man; or older age. Sometimes doctors cannot determine the cause of permanent infertility.

Q. Can a girl get pregnant during her period?

A. Yes, it is possible although very uncommon. It depends on the length of her cycle, how many days her period lasts, and when she has sexual intercourse, because the sperm can stay alive up to six days in the body.

Q. Can a girl become pregnant before she has her first period?

A. Before a girl's first period, her ovaries release the first egg during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.

Q. From what age can a girl get pregnant?

A. When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby, only that she is physically capable of getting pregnant.

Q. Can a girl become pregnant even if she does not have sexual intercourse?

A. There is no evidence to prove that if a boy's penis goes near a girl's vagina and he ejaculates that she will get pregnant. However, if there is contact between a boy's penis and a girl's outer genitalia, sometimes it is possible to get a sexually transmitted infection.

Q. What causes a woman to have twins?

A. The explanation depends on whether the twins are fraternal or identical. Fraternal twins may resemble each other, but are not "identical." They may be of either the same or different sexes. They occur when two eggs are in the fallopian tubes at the same time and are fertilized by two separate sperm cells. Identical twins, always of the same sex and same appearance, occur after fertilization when a single developing egg divides in two.

Q. What determines whether the baby is a boy or a girl?

A. When a human egg is fertilized with sperm, the sex of the baby is determined immediately. Sperm contain agents called "chromosomes." There are two types of chromosomes––either an X or a Y. If the sperm contains a Y chromosome, the child will be male; if it contains only an X chromosome, the child will be female. The man's sperm determines whether the baby is a boy or a girl.

Q. What are the things I should think about before getting pregnant?

A. Having a baby is a very serious issue to consider. A young mother-to-be would have to ask herself the following questions:

- **Am I emotionally ready?** A child needs attention 24 hours a day, seven days a week. It takes a lot of patience and attention.

- **Am I financially ready?** A young mother or couple would have to find a source of money to pay for the baby's daily needs—food, medicine, clothes, childcare—as well as the mother's own needs.
- **Am I willing to compromise my education?** It is very difficult to raise a baby while going to school. Many young girls find that they have to drop out of school and ultimately give up their plans for the future after having a baby.
- **Does my partner want to have a child?** It is very difficult to raise a child without a father. Single mothers often struggle to support themselves and their children financially and emotionally, and many young women are forced to depend on their parents or others for such assistance.
- **Do your parents or caregivers want you to have a child?** Will they help you? If a young mother tries to stay in school or needs to work, she will need help in taking care of the baby.
- **What do my culture and religion say about a young unmarried woman having a baby?** In many cultures, young unmarried women who have babies are disapproved of and may even be discriminated against.

Sex

Q. Does sex hurt for a woman?

A. Some women experience pain the first time they have intercourse and others do not. Everyone is different.

Q. Does a woman always bleed when she has sex for the first time?

A. No. Some women bleed when they have sex for the first time; others do not. Absence of bleeding the first time one has sexual intercourse is not a sign that one was not a virgin.

Q. What happens to semen after it has been ejaculated into a woman's vagina?

A. Semen, if ejaculated into the vagina, could travel into the uterus, seep out, eventually dry up, or all three. Semen that remains in the body will carry sperm that can survive in the body for up to six days. When semen evaporates in the open air, the sperm it contains die.

Q. Does a girl lose her virginity if she sticks her finger in her vagina?

A. No. Most people agree that women and men lose their virginity the first time they have sexual intercourse.

Q. What is an orgasm?

A. When a man has an orgasm, his penis gets larger and hard, and semen comes out. Then his penis gets smaller and soft again. The orgasm takes about five to 20 seconds. When a woman has a vaginal orgasm, her vagina squeezes together. It lasts about the same time as a man's orgasm, but can last longer. A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse. A woman can get pregnant even if she does not have an orgasm.

Q. Do people ever have sex any way except for the man's penis to be inserted in the woman's vagina?

A. People express their sexual feelings in many different ways. The most important thing is that you should be comfortable with everything that you do.

Q. When is a good age to have sex?

A. Having sex for the first time can be an important emotional event. There are many questions that should be considered before actually doing it:

- Am I really ready to have sex?
- How will I feel about myself after I have sex?
- How will I feel about my partner afterward?
- Am I having sex for the right reasons?
- How will my parents and friends feel about me having sex?
- What do my religion and culture say about sex and sex before marriage?
- How will I protect myself against unintended pregnancy or infection?
- If I have sex, will I have to lie about it later?
- Will I feel guilty?

Q. Can a man get a woman pregnant if he removes his penis from her vagina before he ejaculates?

A. Yes. Sometimes even before he ejaculates, a tiny bit of fluid comes out of the penis, called pre-ejaculate, that contains sperm.

Emotions Around Sex

Q. What is the difference between being in love and having sex?

A. There is no "right" definition of love for everybody. Being in love with someone involves feelings of romance, attraction, caring, etc. Having sex is an event or physical act.

Family Planning (Contraceptives)

Q. How do couples prevent pregnancy?

A. When a man and a woman want to have sexual intercourse without having a child, they can use a family planning method to prevent pregnancy. There are many types of family planning methods, also called contraceptives. The couple's choice is based on physical and emotional reasons. A couple can also avoid a pregnancy by abstaining from sex during the woman's fertile time, if they know when she is fertile. When a couple is using a family planning method correctly, this means they are "protected." Unprotected sexual intercourse means sex without any contraception.

Q. What kinds of family planning methods are there?

A. [Note: If someone poses this question and samples of family planning methods are available, show them while offering an explanation of the methods.]

- **Abstinence.** Abstinence is the total avoidance of sexual intercourse between partners. It is the safest and most effective way to prevent pregnancy and STIs.
- **Male Condom.** The male condom is a thin rubber tube. It is closed at one end like the finger of a glove so that when a man puts it over his penis, it stops the sperm from entering a woman's vagina.
- **Female Condom.** The female condom is a rubber sheath that fits inside the vagina and covers the vulva, preventing sperm from entering a woman's vagina.
- **Intrauterine Device (IUD) or Intrauterine Copper Device (IUCD)**. IUDs are small plastic or metal devices of varying shapes and sizes that are placed in the uterus to prevent pregnancy.
- **Diaphragm.** The diaphragm is a shallow, dome-shaped

rubber cup with a flexible rim. It fits into the vagina and over the cervix, keeping sperm from joining the egg. It is most effective when used with spermicidal cream, jelly, or foam.

- **Lactational Amenorrhea Method (LAM).** Women who are exclusively using breastfeeding as the baby's nutrition can use LAM. LAM suppresses ovulation because breastfeeding changes the body's physiology so that ovulation does not occur.
- **Natural Family Planning and Fertility Awareness Methods.** These are methods by which couples time sexual intercourse to avoid the woman's days of fertility in her menstrual cycle. Women with regular menstrual cycles can use the chain as a family planning method to identify when a woman is fertile. Other women may want to use other ways to know which are their fertile days. They can check each day to see whether or not they have secretions. If they do, they will know that they are fertile on those days. They can also take their temperatures to determine when they are ovulating.
- **Oral Contraceptives.** Oral contraceptives (sometimes called birth control pills or "the pill") contain hormones. These pills stop the release of an egg every month—but do not stop periods. A woman must take all of the pills in each pack to be fully protected.
- **Injectable Hormonal Contraceptives (Injectables).** The injection works the same as the pill. However, a woman receives a shot every eight or twelve weeks (depending on the type of injectable used) instead of taking a pill every day. Common names for these contraceptives are DMPA, Depo-Provera, and NET-EN.
- **Emergency Contraceptive Pills (ECPs).** Often called the "morning-after pill" or postcoital contraception, ECPs can reduce the risk of pregnancy after unprotected sexual intercourse. They work by using increased doses of certain oral contraceptive pills within 72 hours after sexual intercourse. The sooner ECPs are taken after unprotected sexual intercourse, the greater their effectiveness.
- **Spermicides.** Spermicides are chemical agents inserted into the vagina that keep sperm from traveling up into the cervix.
- **Male Sterilization (Vasectomy).** This is a surgical operation

performed on a man. A small portion of each sperm duct is cut. Afterward, the sperm, which are produced in the testicles, can no longer be transported to the seminal vesicles. Therefore, the ejaculate of a man who has been sterilized does not contain any sperm.

- **Female Sterilization (Tubal Ligation).** This is a surgical operation performed on a woman in which the fallopian tubes are tied and cut, thus blocking the egg from traveling to the uterus to meet sperm.

Q. Can a woman use the chain as a family planning method?

A. Yes. Women with regular menstrual cycles and supportive partners can use a special kind of chain, called CycleBeads®, to help keep them from getting pregnant. However, in order to do this, additional information is needed to ensure the method will meet their needs and is used correctly.

Sexually Transmitted Infections (STIs)

Q. What are the names of common STIs?

A. Syphilis, gonorrhea, chlamydia, genital herpes, trichomoniasis, hepatitis B, human papilloma virus (HPV), and HIV.

Q. What are the signs or symptoms of an STI in a man?

A. Men may experience painful urination, urethral discharge, ulcers, or sores, depending on the STI. Adolescent boys should be counseled to seek treatment as soon as possible if they have any of these symptoms.

Q. What are the signs or symptoms of an STI in a woman?

A. Women may experience genital sores or ulcers, lower abdominal pain or tenderness, unusual vaginal discharge, vaginal itching, painful urination, or painful sexual intercourse, depending on the STI. Adolescent girls should be counseled to seek treatment as soon as possible if they have any of these symptoms.

Q. Is it possible for a person to have an STI and not know it?

A. Yes. STIs in women commonly go untreated because they don't have any noticeable signs or symptoms.

Q. How can I protect myself against STIs?

A. The only methods for protecting oneself against STIs are using

condoms or not having sex with an infected person. If you do contract an STI, it is important that you see a health provider in order to treat the infection with medicine.

Q. Can someone get an STI from any kind of sexual activity?

A. STIs are spread via sexual contact, which includes sexual intercourse and anal or oral contact.

Q. Can there be serious long-term health problems when a person contracts an STI at a young age?

A. Yes. Some STIs cause permanent infertility, chronic pain, and cancer of the cervix. Without treatment, heart and brain damage can develop 10 to 25 years after initial exposure to syphilis.

HIV/AIDS

Q. What is HIV?

A. HIV is the abbreviation for the human immunodeficiency virus. HIV is the virus that causes AIDS.

Q. What is AIDS?

A. AIDS is the abbreviation for acquired immunodeficiency syndrome. AIDS refers to a group of illnesses due to infection by HIV and is the last stage of HIV infection. The virus weakens and finally causes a collapse of the body's ability to fight off illness.

Q. How do people become infected with HIV?

A. There are three major ways of becoming infected with HIV:

- Through any type of unprotected sexual intercourse.
- Through the exchange of blood, primarily by sharing needles, but also by blood transfusions.
- From an HIV-infected woman to her baby during pregnancy or birth or through breast milk.

Q. Can someone become infected with HIV from food, air, or water?

A. No. There have been no known cases of HIV infection from toilet seats, clothing, dishes, sneezing, coughing, sharing food, biting, kissing, or simple contact with a person who is HIV-positive or has AIDS. One cannot get HIV from living with someone who is infected.

Q. Can anyone become infected with HIV?

A. Anyone who has unprotected sexual intercourse or receives contaminated blood through transfusions, sharing needles, or other means, is at risk for HIV infection.

Q. Is there a cure for AIDS?

A. No. There are treatments for helping people with HIV infection to lead longer, healthier lives, but there is no cure and no vaccine to stop it from ever happening.

Q. How do you know if someone has HIV?

A. There are tests that can tell if a person is infected with HIV. However, it is not possible to look at a person and know whether or not he or she is infected. A person can look healthy but actually be infected.

Q. How can one protect oneself from getting an infection like HIV/AIDS?

A. The best method for preventing HIV is abstaining from sex, or for a person who does not have HIV/AIDS to only have sex with another person who does not have HIV/AIDS. But, one cannot tell who is infected without a test. It is safer to always use a condom during sexual intercourse.

Dual Protection

Q. Is it possible to prevent pregnancy and STIs at the same time?

A. Yes. A couple can use the male or female condom to protect against both pregnancy and STIs, including HIV. A couple may also use two contraceptives (for example, a condom and an IUD) to protect against both pregnancy and STI/HIV transmission. Lastly, the surest form of protection from unintended pregnancy and infection can be achieved through abstinence, the avoidance of sexual intercourse altogether.

Q. How would you get your partner to use a condom?

A. Sometimes people are reluctant to use condoms, because they think that condoms diminish the experience of sexual intercourse. It is easier for two partners to discuss condom use before engaging in sexual intercourse. Talking about preventing an unintended pregnancy or STI before sexual

intercourse helps partners understand the importance of using condoms.

Specific Cultural Practices

Q. What is male circumcision?

A. This is a procedure usually performed on male babies soon after birth, although in some cultures it is performed later. This procedure removes all or part of the foreskin of the penis. The operation is not usually considered medically necessary but is done for religious or cultural reasons. Circumcised and non-circumcised penises perform and feel the same. There is evidence that male circumcision lowers the risk of HIV transmission.

Q. What is female genital cutting?

A. In some African and Middle Eastern cultures, a girl may have her clitoris removed and/or labia removed or closed at birth, during childhood, or at puberty. This procedure is meant to prevent young girls from being promiscuous or sexually stimulated or becoming pregnant outside of marriage. This is illegal in many countries, because it can cause a great deal of emotional and physical pain for the girl at the time of the procedure and often for the rest of her life. For more information and resources to address female genital cutting, please visit www.popcouncil.org.

Q. Are there some places where boys and girls get married at a younger age?

A. Yes. In some societies, early marriage is an ongoing practice. Though most countries dictate the minimum age to be married is 18, there are some countries that have minimum ages as low as 13. Often, such early marriages are arranged without the consent of the boys or girls involved. There is evidence that early marriage creates a barrier to continued education. It can also compromise a person's right to decide when to have sex.

Extra Activities

The following are optional activities you may do with the group.

Activity 1 — Essay on How Our Society Talks about Fertility

Invite the group to write an essay on the way their society shares information about fertility. Ask them to write about each of the following points:

- How do boys in our society usually learn about male and female fertility?
- How do girls in our society usually learn about male and female fertility?
- How are messages for boys and girls different?
- Do you think our society should change the way boys and girls learn about fertility, or do you think things should stay the same? Why?
- If you were teaching a course on fertility to people your age, what topics would you include?

Activity 2 — Fertility Awareness Crossword Puzzle

Photocopy the **Handout H: Fertility Awareness Crossword Puzzle** (see **Key Information from Session 3**) and distribute it to each participant. Ask participants to either work on it at home or in pairs during the session.

Activity 3 — Use the Chain to Track Fertility

Ask each menstruating girl to use the drawing of the fertility awareness chain for a month. Non menstruating girls can ask a female relative (older sister, aunt, mother, etc.) to use the drawing. Have all participants describe in a short one-page written plan how she is going to use or teach her female relative to use the drawing.

After the month is over, ask all participants to write a short essay on using the chain drawing. The following questions should be answered in their essays:

- Were there any problems using the drawing of the chain? If so, what?
- Was it easy to remember to mark the bead each day?
- What did you (or your female relative) learn about the body when using the chain?
- How did it feel to use the drawing of the chain?

Facilitator Note

For low-literate or younger participants, you can modify this activity—ask the participants to discuss these questions as a large group or in smaller groups.

Activity 4

Consequences of Sexual Intercourse

Ask participants to make a list, with either words or pictures, of how they spend their time each day and how much time they spend doing those activities. It might be helpful to have them list all 24 hours in the day so that they do not forget about their free time in the mornings and evenings. After students are finished, have them share their lists with the class. As they speak, list the activities on the flip chart or chalkboard. Sample activities may include: school; eating; sports; sleeping; extracurricular activities; reading; doing chores at home, the farm, or the family business; visiting with friends; singing; dancing; etc. Include in the discussion how the students feel about spending their free time outside of school doing their chores or other activities. Also discuss the responsibilities of doing chores, such as getting to work on time, being responsible for your tasks, etc.

Ask students what type of responsibilities they think are involved in being a parent. List some of the suggestions on the flip chart or chalkboard. You may prompt them to include any responsibilities they leave out or forget. Once again, you want to be sure to cover 24 hours of time so that they can understand the full effect of caring for a baby.

Have the participants compare and combine the two lists of responsibilities that they just made. When the comparison is made between the teens' and parents' responsibilities, have the students circle the activities that are required (feeding the baby, bathing the baby) and place an "X" by those that are optional (hanging out with friends, sports). Discuss the activities they could not do if they had a baby as a teenager. Stress that pregnancy

often results when young people have sexual intercourse, because they do not think of the consequences of this important event. Stress that young people might be physically ready to have sexual intercourse, but they usually are not emotionally ready. In addition, young people often are not prepared to use protection to guard themselves against pregnancy or STIs.

Key Information from Session 3

What Happens during Sexual Intercourse?

Sexual intercourse is when a man's penis enters a woman's vagina. This can cause him to have an ejaculation of semen. If he ejaculates inside the woman's vagina, the sperm from his semen swim into the uterus, then into the fallopian tube, searching for an egg to fertilize. During sexual intercourse several million sperm can be ejaculated. Some will live up to six days inside the woman.

How Does Fertilization Occur?

During the menstrual cycle, the egg is released from a woman's ovary. The egg floats down the fallopian tube toward the uterus. During the 24 hours that the egg is moving slowly through the fallopian tube, it has a chance of meeting sperm, if present. The egg is many times larger than each sperm. Only one sperm can penetrate or fertilize the egg. Once fertilized, an egg plants itself into the uterus lining. This takes about six days. Once safely planted, the fertilized egg begins to grow.

How Do You Know If You Are Pregnant?

Soon after implantation of the egg, hormones are secreted in the body to prevent menstruation from occurring and to ensure the development of the fetus. These hormones can be detected in tests of the woman's blood and urine. Many women know they are pregnant because they do not menstruate or because they notice bodily changes like breast swelling or tenderness and weight gain. Not menstruating, however, is not a sure sign of pregnancy.

Purpose of the Chain

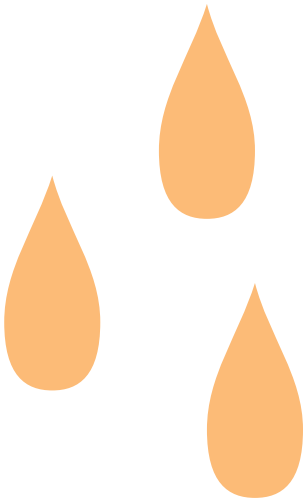
The fertility awareness chain is used to help girls learn about and understand the menstrual cycle. The chain has 32 beads. Each bead represents one day in a menstrual cycle. The red bead represents Day 1 of the menstrual cycle, the day on which bleeding begins. The six dark beads represent the time of menstruation and a few days afterward. These days are infertile days, when a woman cannot get pregnant even if she has sex. These days are then followed by 12 white or light beads, which are the fertile days. These are the days when a woman can get pregnant if she has sex. You will notice that there are 12 white beads in this chain even though a woman can really become pregnant for only five to six days each cycle. A woman is fertile for only 24 hours, but because sperm can stay alive inside a woman for up to six days, a woman can become pregnant for that many days. There are 12 beads because we do not know exactly which days these are. These 12 beads represent the approximate time of fertility. These white or light beads are followed by 13 dark beads, which are infertile days. The chain represents the menstrual cycle of most women. Each woman's cycle may be a little different, so the chain does not represent the menstrual cycle of a specific woman. For example, a cycle may last 28 rather than 32 days. Both are normal. If a woman is using this chain to keep track of her cycle, she should realize that her next cycle starts when she has her period, even if there are several dark beads left.

Facilitator Note

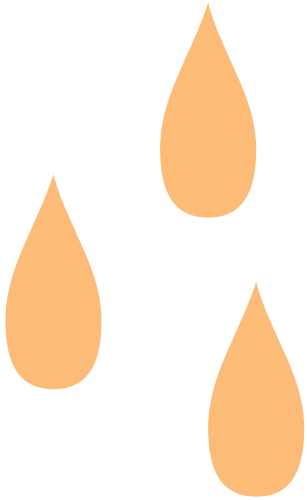
•If CycleBeads® are available in your country, participants may know of them and could confuse them with the fertility awareness chain. Please refer to page 7 of the Introduction for the Facilitator for clarification.

Menstrual Cycle Review Flash Cards

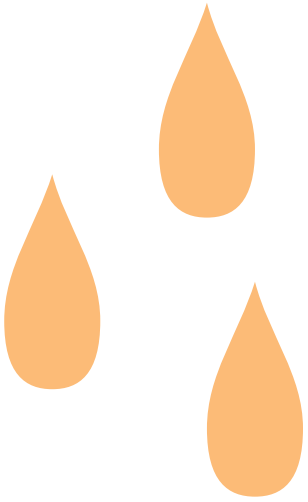
Day 1



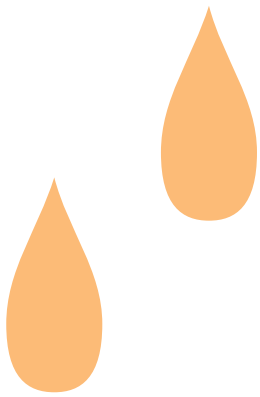
Day 2



Day 3



Day 4



Day 5

Day 6

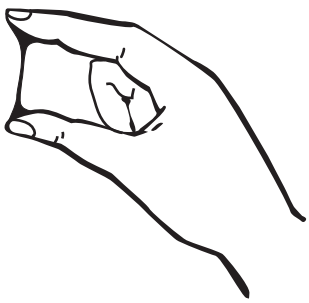
Day 7

Day 8

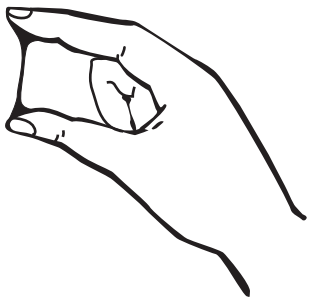
Day 9

Day 10

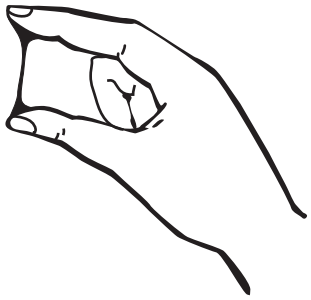
Day 11



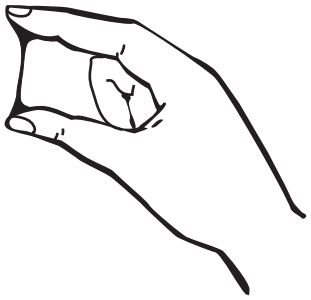
Day 12



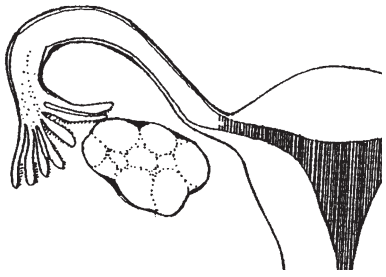
Day 13

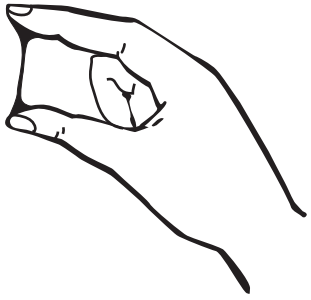


Day 14

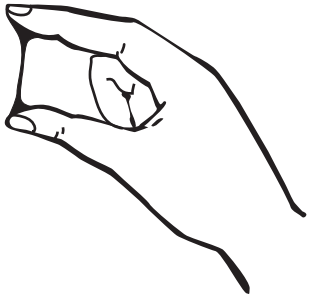


Day 15

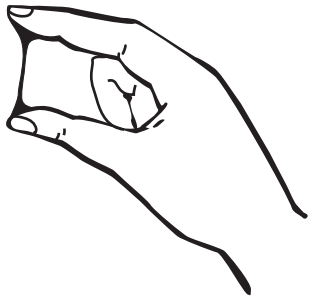




Day 16



Day 17



Day 18

Day 19

Day 20

Day 21

Day 22

Day 23

Day 24

Day 25

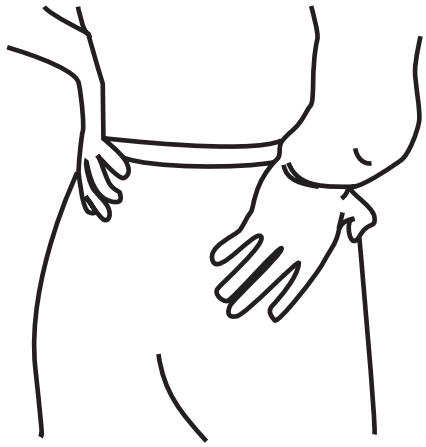
Day 26

Day 27

Day 28

Day 29

Day 30



Day 31

HANDOUT D:
How to Make the Fertility Awareness Chain with Beads*

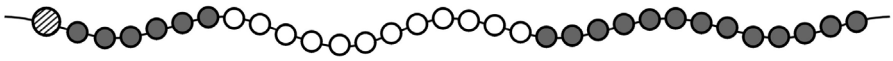
Step 1: String the beads in the following order:

1 red bead (for the first day of menstrual bleeding)

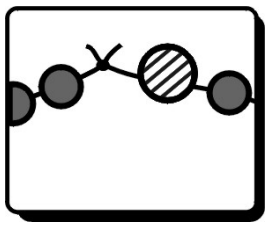
6 dark beads (for the early infertile days)

12 white or light beads (for the fertile days)

13 dark beads (for the later infertile days)

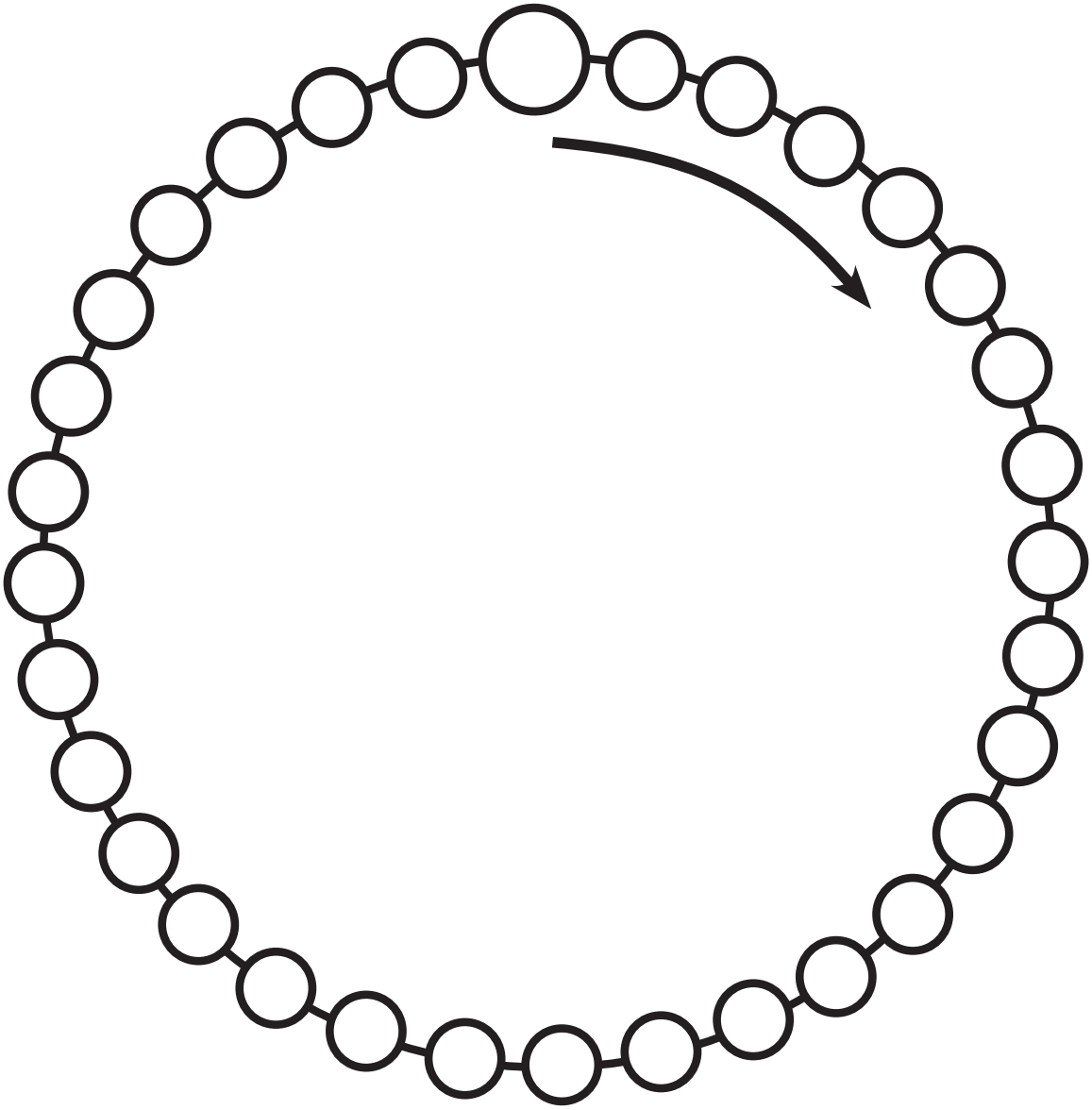


Step 2: Fasten or knot the chain securely.

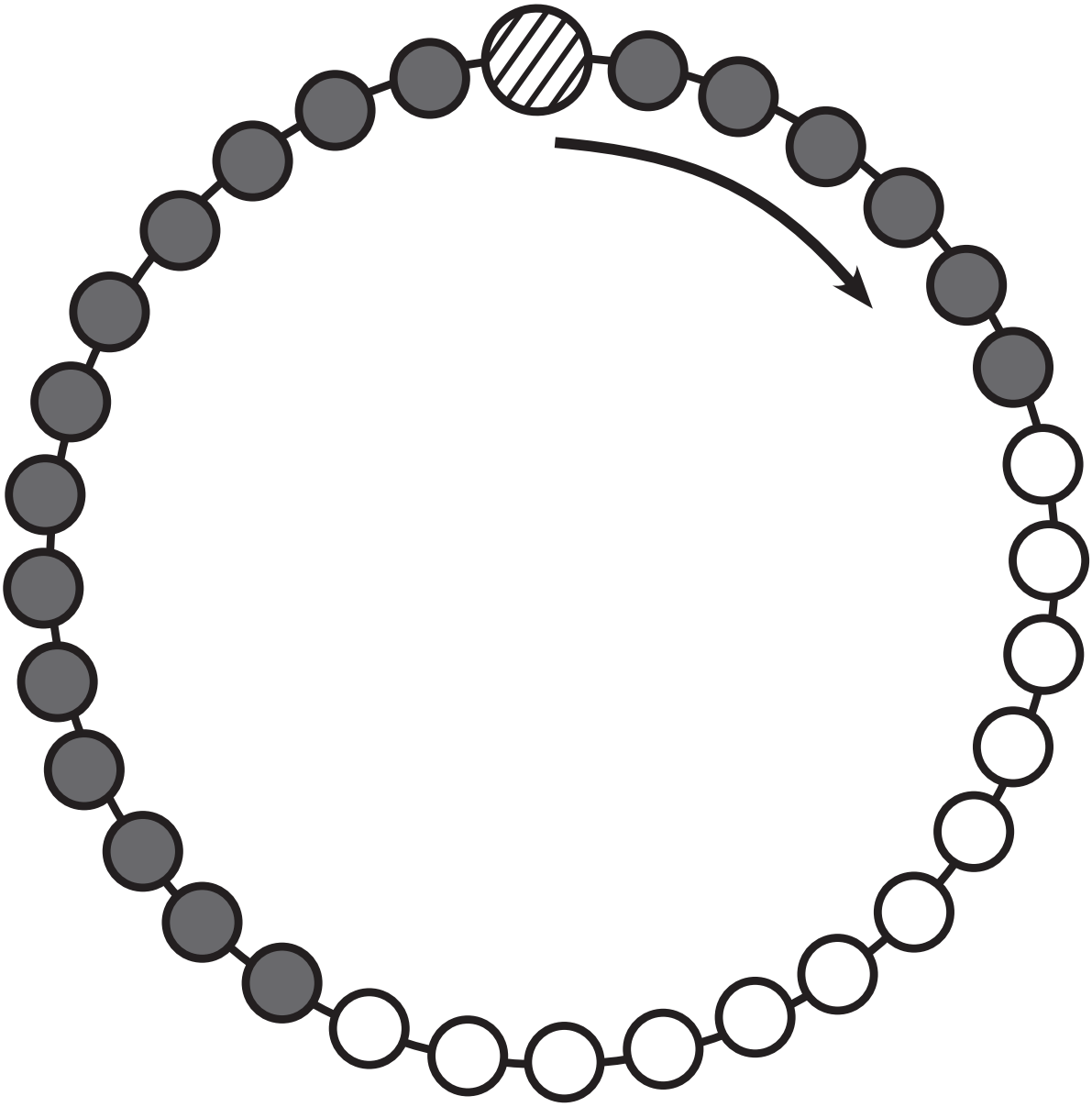


* Because this document may be printed with black-and-white printers, the colored 'beads' are represented with different types of shading. Please note that the red bead is represented by a striped bead throughout the manual.

HANDOUT E:
How to Draw a Paper Version of the Fertility Awareness Chain

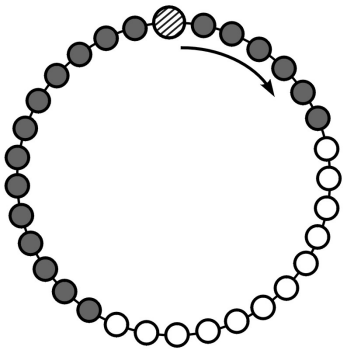


HANDOUT F:
How to Draw a Paper Version of the Fertility Awareness Chain —Answer Key



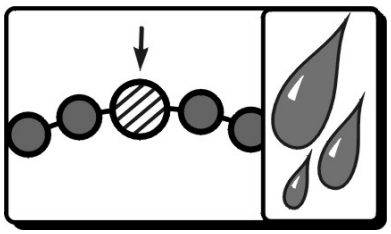
HANDOUT G:
How to Use the Chain as a Way to Track the Menstrual Cycle

This chain represents a woman's or girl's menstrual cycle. Each bead is a day of the cycle. The chain has beads of different colors.

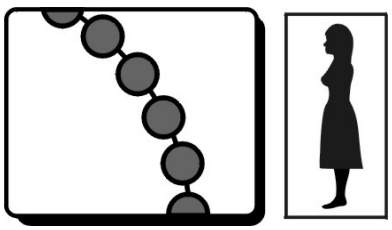


The fertility awareness chain can help you keep track of your menstrual cycle; know when to expect your period; and understand fertility changes occurring in your body during the menstrual cycle.

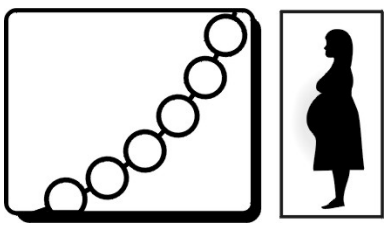
The marked red bead represents the first day of a woman's or girl's period.



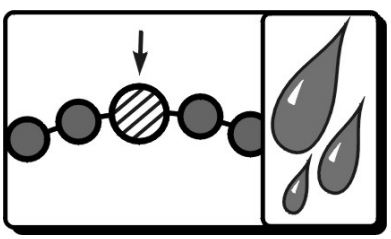
Dark beads represent infertile days. These are days when a woman is very unlikely to get pregnant.



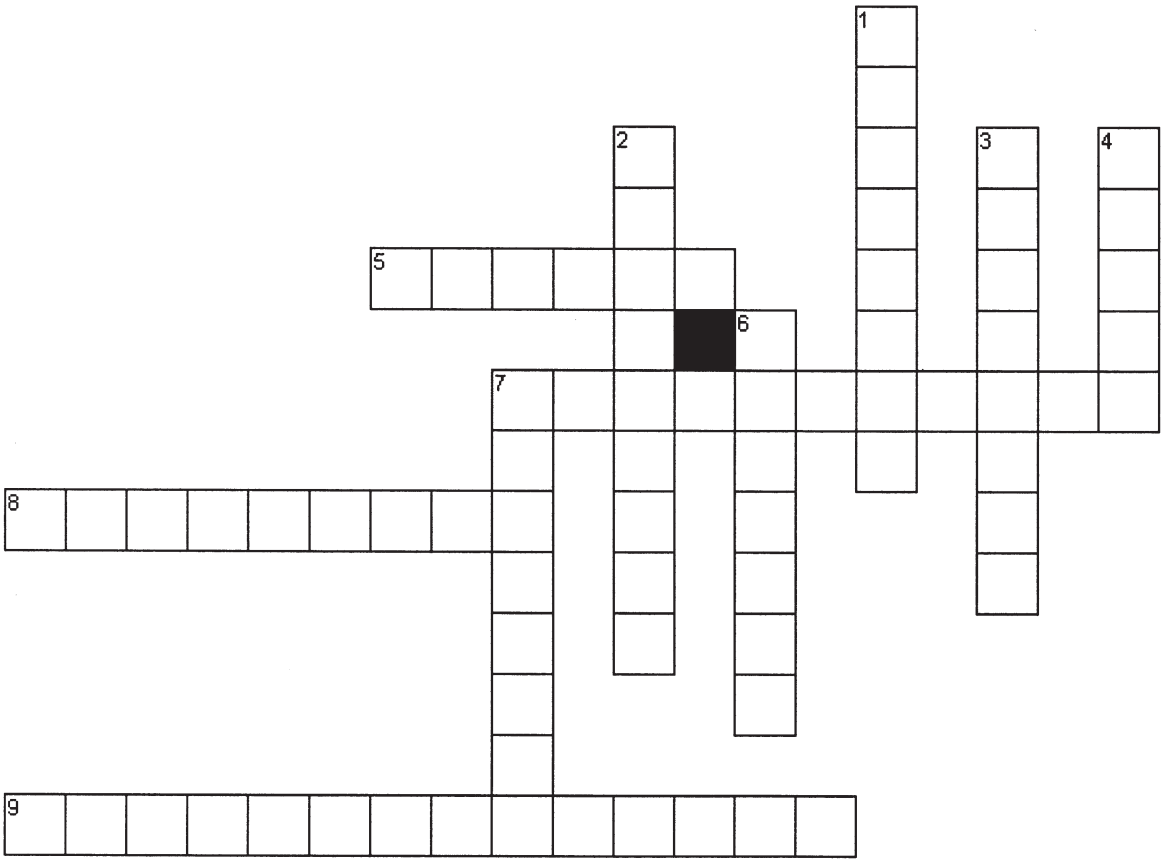
White or light beads represent fertile days. These are days when a woman can get pregnant.



On the day her period starts again, a new menstrual cycle has begun.



HANDOUT H:
Fertility Awareness Crossword Puzzle



Across

5. The place where a baby develops

7. Forceful release of semen from the penis

8. Time in life when a woman's menstruation ends

9. The part of the woman that takes the egg from the ovaries to the uterus (two words)

Down

1. Passing of semen during sleep (two words)

2. Release of an egg from an ovary

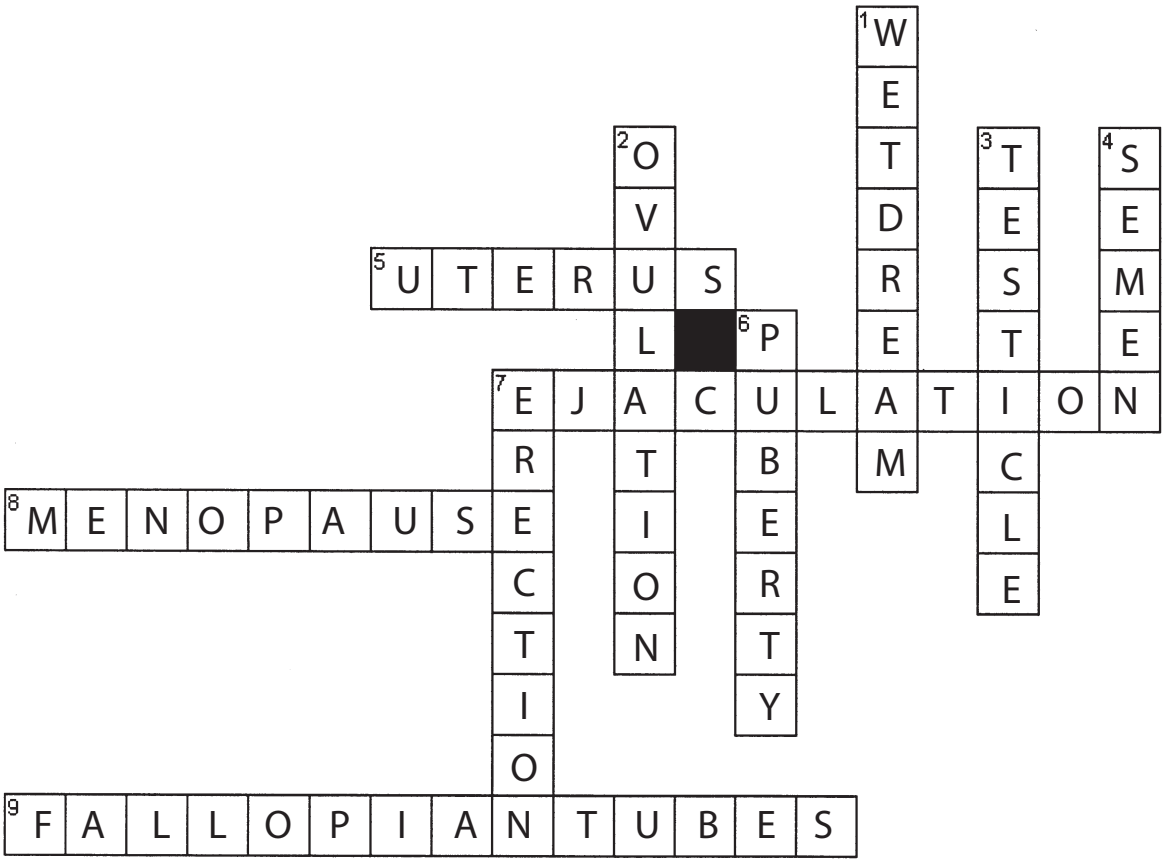
3. Place where sperm is produced

4. A thick fluid that is discharged from the penis during ejaculation

6. Process of becoming an adult

7. Hardening of the penis

HANDOUT I:
Fertility Awareness Crossword Puzzle—Answer Key



Session 4

Concerns About My Fertility: Female and Male Group Discussions

Objectives

By the end of this session, the boys will:

1. Dispel three concerns about male fertility.

By the end of this session, the girls will:

1. Dispel three concerns about female fertility.

At the end of the sessions, the boys and girls will be able to dispel gender myths and stereotypes.

Materials Needed

- Strips of paper or note cards

Before You Begin

- Carefully read all of the **Key Information from Session 1, Session 2,** and **Session 3**.
- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- Decide how you will teach the Boy's and Girl's Step 2.
- Carefully read the **Facilitator Notes** on masturbation in **Step 2: My Body Feels Good**.
- Though there is no medical evidence that masturbation is "bad" in any way, there are many myths that say it is harmful to the mind or body. As a result of such myths, many people feel extremely anxious or guilty about masturbating, and thus worry about the consequences of touching themselves. Masturbation is discouraged in some cultures, societies, and religions. Your own society might have taboos around the topic. With this in mind, you will have to decide how to teach Step 2. At a minimum, you can define what masturbation is and dispel any beliefs around the topic that are not medical fact.

- Break the participants into two groups.
- For Boy's and Girl's Steps 1 and 2 of this lesson, boys and girls will be separated. Ideally, a male leader will work with the boys and a female leader will work with the girls. They will be brought back together for Step 3.
- Tell the group in advance about the separate sessions. Explain that you want to give them time alone with an adult of the same sex in case they have any questions that they have been embarrassed to discuss in front of the whole group. Make sure that participants understand that it is very appropriate for boys and girls to discuss puberty or sexuality issues together. However, at their age, they sometimes want time alone with members of the same sex, and that is okay, too.
- Introduce the activity before separating participants by saying, "Today the girls will be with Ms. _____ and boys will be with Mr. _____. Girls will get extra information about menstruation and boys will get extra information about wet dreams. Both groups will receive additional information about their bodies."

Time

Activities for Boys	Activities for Girls	Minutes
Step 1: Addressing Male Fertility Concerns	Step 1: Addressing Female Fertility Concerns	45
Step 2: My Body Feels Good	Step 2: My Body Feels Good	10
Step 3: Early Messages and Influences (boys and girls together)		30
Total Time		**85 Minutes**

ACTIVITIES FOR BOYS

Step 1

Boys: Addressing Male Fertility Concerns

Male Group Discussion (45 minutes)

Read each of the following statements. Tell them they are from typical boys like them:

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

"I didn't know what an erection was. I was very upset and felt shy

both with my parents and my peers. I even prayed and asked God to make that thing go away. I later realized it was part of life."

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

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

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

Ask participants to write down any questions they have about puberty on the strips of paper or note cards. These questions can be about the material covered in all of the previous sessions or about other things about puberty and fertility awareness heard outside of the course. Collect the strips of paper or note cards and then read each question out loud. It is important not to identify any question with a particular participant. After each question, ask the group if they know the answer. If no one responds, provide your response.

Facilitator Note

As you recall from the other sessions, the Possible Questions and Answers are optional. If participants ask questions, the answers are there for you to use. Session 4 is different. Even if participants do not ask the following questions, you can try—depending on how much time you have—to raise these questions with the group. These questions are common ones among young people, and it would be beneficial for participants to know the answers. Try to keep the discussion lively, yet be aware of boys who may be self-conscious and shy.

Facilitator Note

Although there is not a specific question below related to child abuse, it is a question that may be raised by your participants—some of them may even be victims of physical or sexual abuse, incest, or coerced sex. Therefore, it is important that you are sensitive to this issue, and that you point out to participants that no one deserves to be physically or sexually violated, and it is not their fault if they are. Young people often blame themselves if they are abused, and this makes them even more afraid to tell anyone. But a trusted adult, such as a parent, health provider, teacher, or religious leader, can often help. Anyone who has experienced child abuse,

sexual abuse, incest, or coerced sex, or suspects that a young person has been the victim of such a violation, needs to tell someone and get assistance as soon as possible. People and places that can provide assistance include: health provider, school principal, teacher, women's center, religious leader, police, lawyer, etc.

Possible Questions & Answers

Q. Do boys get a period?

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

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

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

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

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

Q. What is the right length of a penis?

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

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

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

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

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

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

A. The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the glands. However, if it accumulates beneath

the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

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

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

Q. Will wet dreams or ejaculation make a boy lose all of his sperm?

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

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

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

Q. What if a man or woman wants to have sex and the other person does not?

A. Sex should be a pleasurable and consensual act between two persons. A man or woman should never be forced to have sexual intercourse or do anything else with his or her body that he or she does not want to do. A person must offer his or her permission before letting anyone touch him or her. If a situation arises in which someone is inappropriately touching another person without permission, the person should seek help immediately. It is important to talk with a trusted adult.

Step 2 Boys: My Body Feels Good

Group Exercise (10 minutes)

Ask the group to think of a favorite activity or thing. Ask them how it feels to be doing, holding, or eating this thing. Ask them to describe the feelings of pleasure they experience. Ask if they have ever heard of getting a feeling of pleasure from touching their own body. Ask them what the word for this is. If they do mention

masturbation, briefly describe what it is and why it happens, stressing that medical professionals say it is completely normal, but some cultures and religions do not support it. Encourage the group to say what they have heard about masturbation.

Make sure the following myths, and others that may be common in your community, are covered and corrected:

- Masturbation makes you insane.
- Masturbation makes you grow hair on the palms of your hands, causes pimples on your face, or makes you go blind.
- Masturbation makes you pale and uses up all of the boy's sperm.
- Masturbation makes you weak and makes it impossible for a man to father children.
- Masturbation causes you to lose your desire for the opposite sex.
- Girls who masturbate are obsessed with sex.

Facilitator Note

Discussing myths around masturbation will help make the topic seem less personal. There might be different myths about masturbation in your culture. Adapt this exercise to include any myths in your society.

After doing the exercise, explain to participants what masturbation is. Masturbation is rubbing, stroking, or otherwise stimulating one's sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. Boys may stroke their penises until they ejaculate. Girls' vaginas may become wet, moist, or tingly from self stimulation, and they may experience orgasm. Many people, males and females alike, masturbate at some time in their lives. There is no scientific evidence that masturbation causes any harm to the body or mind. Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether or not to do it is a personal one.

Stress the Following

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.

- Some boys and girls never masturbate.
- Masturbation does not cause physical or mental harm.
- Some cultures and religions oppose masturbation. If you have questions about your religion's position, talk to your religious leader.

Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other.

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following question: What do young boys think about masturbation?

Please note: Step 5 is an activity for boys and girls together. Please refer to Step 5 following the Step 3 and Step 4 activities for girls.

ACTIVITIES FOR GIRLS

Step 3 Girls: Addressing Female Fertility Concerns

Female Group Discussion (45 minutes)

Read each of the following statements. Tell them they are from typical girls like them:

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

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

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

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

Ask participants if they can relate to what these girls are saying. State that most girls feel the same and that is why participants have this special time to ask questions. Ask participants to write down any questions they have about puberty on the strips of

paper or note cards. These questions can be about the material covered in all of the previous sessions or about other things about puberty and fertility awareness heard outside of the course. Collect the strips of paper or note cards and then read each question out loud. It is important not to identify any question with a particular participant. After each question, ask the group if they know the answer. If no one responds, provide your response.

Facilitator Note

Explain that most girls wonder about situations they will find themselves in when they begin menstruating. State that it can be helpful to think about those situations and plan what you would do. Stress that even if you already have had your period, this exercise will be useful because you might not know all there is to know.

As you recall from the other sessions, the Possible Questions and Answers are optional. If participants ask questions, the answers are there for you to use. Session 4 is different. Even if participants do not ask the following questions, you can try— depending on how much time you have—to raise these questions with the group. These questions are common ones among young people, and it would be beneficial for participants to know the answers. Try to keep the discussions lively, yet be aware of girls who may be self-conscious and shy.

Although there is not a specific question below related to child abuse, it is a question that may be raised by your participants—some of them may even be victims of physical or sexual abuse, incest, or coerced sex. Therefore, it is important that you are sensitive to this issue, and that you point out to participants that no one deserves to be physically or sexually violated, and it is not their fault if they are. Young people often blame themselves if they are abused, and this makes them even more afraid to tell anyone. But a trusted adult, such as a parent, health provider, teacher, or religious leader, can often help. Anyone who has experienced child abuse, sexual abuse, incest, or coerced sex, or suspects that a young person has been the victim of such a violation, needs to tell someone and get assistance as soon as possible. People and places that can provide assistance include: health provider, school principal, women's center, teacher, religious leader, police, lawyer, etc.

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

A. No one can be sure exactly when this will happen. Most girls begin menstruating between the ages of 12 and 16. The average age is 12 or 13. The best way a girl can know is to

look for signs. Underarm hair and a whitish discharge from the vagina are signs that the period probably is not too far away.

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

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

Q. What causes period pain?

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

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

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

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

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

Q. Why are periods irregular?

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

Q. Can a virgin use tampons?

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

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

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

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

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

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

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

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

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

Q. What if a man or woman wants to have sex and the other person does not?

A. Sex should be a pleasurable and consensual act between two persons. A man or woman should never be forced to have sexual intercourse or do anything else with his or her body that he or she does not want to do. A person must offer his or her permission before letting anyone touch him or her. If a situation arises in which someone is inappropriately touching another person without permission, the person should seek help immediately.

Step 4 Girls: My Body Feels Good

Group Exercise

(10 minutes)

Ask the group to think of a favorite activity or thing. Ask them how it feels to be doing, holding, or eating this thing. Ask them to describe the feelings of pleasure they experience. Ask if they have ever heard of getting a feeling of pleasure from their own body. Ask them what the word for this is. If they do mention masturbation, briefly describe what it is and why it happens, stressing that medical professionals say it is completely normal, but some cultures and religions might not support it. Encourage the group to say what they have heard about masturbation. Make sure the following myths, and others that may be common in your community, are covered and corrected:

- Masturbation makes you insane.
- Masturbation makes you grow hair on the palms of your hands, causes pimples on your face, or makes you go blind.
- Girls who masturbate are obsessed with sex.
- Masturbation makes you pale and uses up all of the boy's sperm.
- Masturbation makes you weak and makes it impossible for a man to father children.
- Masturbation causes you to lose your desire for the opposite sex.

Facilitator Note

Discussing myths around masturbation will help make the topic seem less personal. There might be different myths about masturbation in your culture. Adapt this exercise to include any myths in your society.

After doing the exercise, explain to participants what masturbation is. Masturbation is rubbing, stroking, or otherwise stimulating one's sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. Boys may stroke their penises until they ejaculate.

Girls' vaginas may become wet, moist, or tingly from self stimulation, and they may experience orgasm. Many people, males and females alike, masturbate at some time in their lives. There is no scientific evidence that masturbation causes any harm to the body or mind.

Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether or not to do it is a personal one.

Stress the Following

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.
- Some boys and girls never masturbate.
- Masturbation does not cause physical or mental harm.
- Some cultures and religions oppose masturbation. If you have questions about your religion's position, talk to your religious leader.

Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other.

Step 5 Early Messages and Influences – Myths and Gender Stereotypes[4]

Brainstorm Group Activity (30 minutes)

Ask participants to think about the messages that they have received from parents, teachers and other adults as well as from their peers about the ways in which girls and boys and men and women should behave around sexual pleasure; around the subject of getting pregnant. Ask the participants to brainstorm messages the girls receive, using the following phrases, and record their ideas on large chart paper:

GIRLS ARE…

Women should…

Men like women who…

Girls who…

It is best if women…

Girls have a right to…

4 This is exercise is adapted from: *Gender and relationships: a practical action kit for young people.* Commonwealth Secretariat and Healthlink Worldwide

Now follow the same procedure with the following phrases:

BOYS ARE...

Men should…

Women like men who…

Boys who…

It is best if men…

Boys have a right to…

Discuss the differences in the messages girls and boys receive. Ask which messages have a positive effect on their behavior and which have a negative effect. Which messages have a positive and negative effect on the behavior of the opposite sex? How can they change the negative messages so that they can make healthy decisions?

Session 4

Session 5
Hygiene and Puberty

Objectives

By the end of this session, the participants will:

1. Explain the need for increased hygiene during puberty.
2. Describe hygiene procedures for adolescents.

Materials Needed

- Note cards
- Several poster-size sheets of paper
- Markers

Before You Begin

- Carefully read all of the **Key Information from Session 5**.
- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- Prepare note cards for **Step 2**, as directed.
- Make your own advertisement, song, or rap for **Step 2** to share as an example.

Time

Activity	Minutes
Step 1: Taking Care of Your Body	15
Step 2: Body Care Advertisement/Commercial	45
Step 3: Question and Answer Race on Hygiene	30
Step 4: Take-Home Messages	10
TOTAL MINUTES	**100**

Step 1 Taking Care of Your Body

Large Group Discussion (15 minutes)

Ask the following questions to promote discussion and use the opportunity to introduce a new topic:

- We talked before about bodily changes in puberty. Does this mean we have to care for our bodies differently? How?
- Why is it important to keep different parts of our body clean?
- How can you keep each area of your body clean?

Mention any other areas or aspects of the body that they forgot (face, hair, teeth, odor, and genital area).

Step 2 Body Care Advertisement/ Commercial

Small Group Activity (45 minutes)

Divide the participants into pairs or small groups and assign one of the following topics to each group. Using the **Key Information from Session 5**, create a note card for each of these topics with basic information about each topic and give it to each group (or alternatively, make a photocopy of each page and distribute one topic to each group).

- Washing the Body
- Smelling Good
- Hair
- Teeth and Mouth
- Underwear
- Genital Area (Boys)
- Genital Area (Girls)

Ask groups to review the information about their topics.

Ask each group to create either a television/radio commercial or newspaper/magazine advertisement to publicize an exciting new product or method to manage their topic. For example, an advertisement could be a poster that gives the complete steps and process for smelling good. Encourage participants to be creative. For example, they may invent a product to use; act in the role of "expert" on the subject; incorporate an activity, such

as new dance steps, to use while brushing and flossing teeth; or develop a "keep clean" rap. Show them what you made as a sample. After completing their work, ask the participants to share their commercial/advertisement with the larger group.

Step 3 Questions and Answer Race on Hygiene

Large Group Game
(30 minutes)

Divide participants into two teams. Ask Team 1 a question from the list below. The team has 30 seconds to answer. If the answer is correct, then the team receives one point. If the answer is incorrect, give the same question to Team 2. Continue until all the questions have been answered correctly. The team with the most points wins.

1. What should boys and girls use to wash their genitals? *(Soap and water.)*
2. If a boy's penis is not circumcised, how should he wash it? *(Gently pull the foreskin of the penis back and wash the head of the penis.)*
3. What is the best way to take care of acne on your face? *(Washing your face at least twice a day with soap and water.)*
4. What is the best way to stay clean? *(The answer should be what is most common in your country.)*
5. What is the best way to brush your teeth? *(The answer should be what is most common in your country.)*
6. Why do we brush our teeth? *(To avoid cavities and keep them clean.)*
7. Why do we wear clean underwear? *(To avoid infection and keep the genital area clean.)*
8. When do you always wash your hands? *(Before meals, after meals, and after going to the bathroom.)*
9. Why should you always wash your hands after going to the bathroom? *(To avoid the spread of bacteria and infection.)*
10. Should women put perfume (herbs, douche, etc.) into their vagina? Why or why not? *(No, this will cause dryness, irritation, or infection.)*

Step 4 Take-Home Messages (10 minutes)

Close the session by stressing the following:

- Keeping clean means keeping healthy. Keeping clean should be a routine part of your day.

Stress the Following

Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other.

Possible Questions and Answers

Q. My sister told me that it was good to put perfume, herbs, douches, etc. in the vagina to keep it smelling nice. Is there something wrong with that?

A. Yes, this will cause dryness, irritation, or infection in the vagina. Some women put products there because they do not like the secretions that come out. But the secretions are normal. Women should not try to fix this by putting unusual products there.

Q. How often should you wash your hair?

A. It depends on your hair type and your environment. If your hair and scalp get oily quickly or if you are in a dusty area or sweat a lot (for example if you play a lot of sports), then you can wash your every day or every two or three days. If your hair and scalp tend to be dry, then once a week is fine.

Q. Do all men shave?

A. No. Some men grow beards or moustaches. Some men do not have to shave because they do not grow much facial hair.

Q. Is it okay to pick at acne on the face?

A. It is important to try not to pick at, or squeeze, the spots as this can cause them to become infected. It may also lead to scarring.

Key Information from Session 5

Washing the Body

Washing the body helps one to stay clean, avoid infection, and avoid becoming sick.

Bathe with water or soap and water once or twice per day. Wash hands before and after meals. Wash hands after using the bathroom to prevent the spread of bacteria and infection. Washing the face at least twice a day with soap and water can help keep acne away or make it less severe.

Smelling Good

Use deodorant, baby powder, or the most common product in your country for smelling good under your arms.

Hair

Wash your hair regularly to keep it clean. How frequently you wash your hair depends on the type of hair you have and your environment. Those with straight or fine hair may notice a quick build-up of oil and may need to wash their hair every day or every two or three days. Those with curly or coarse hair generally experience a slower build up of oil and can wash their hair once a week. It also depends on cultural beliefs. If you are unsure of how often to wash your hair, ask a friend or family member with a similar hair type who can give you advice. Boys should talk to a parent, an older brother, or another adult they trust about shaving. Girls can ask a female they trust about shaving their legs. Not all men and women shave. This depends on culture and choice.

Teeth and Mouth

Use what is most common in your country to clean the teeth after every meal and before bed each night. Cleaning teeth helps avoid cavities or rotted teeth. Using toothpaste with fluoride can also help to strengthen your teeth.

Underwear

Wear clean underwear every day to avoid infection and keep the genital area clean.

Genital Area (Boys)

It is important to wash and clean the penis every day. Wash the scrotum, between the scrotum and the thighs, in between the buttocks, and the anus with soap and water every day. For uncircumcised boys, it is important to pull back the foreskin and gently clean this area. Whether a boy is circumcised or not, it is important to wash and clean the penis and the area around the anus every day.

Genital Area (Girls)

Girls need to wash the area around the vulva and the anus with soap and water every day. The inside of the vagina cleans itself naturally. You should never try to wash inside the vagina unless a health provider instructs you to do so. Unfortunately, some girls and women try to wash inside the vagina with harsh soaps. Some women also use deodorants, perfumes, herbs, or douches to clean the vagina. None of this is necessary, and it can even be harmful because such products can change the normal fluids inside the vagina and can irritate the skin inside the vagina and cause infection. Girls should try to wipe from front to back after they use the bathroom. Whether or not a girl uses toilet tissue, paper, water, grass, or leaves to clean herself, she should make sure she avoids wiping forward. If she wipes forward, she risks pulling germs from the anus to the vagina and urethra. This can give her an infection. Regularly change the pads or whatever else you use during menstruation.

Family Activity

Participants should share and discuss the information that they learned with their parents and get their comments and responses. Ask them to note down what things might make it difficult for people/teens to follow proper hygiene.

Session 6

Review

Objectives

By the end of this session, the participants will:

1. Have their previous knowledge of female fertility reinforced.
2. Have their previous knowledge of male fertility reinforced.
3. Be aware that they should wait before engaging in sexual activities with others.
4. Understand the importance of taking care of and protecting their bodies so they can grow into healthy adults.

Materials Needed

- Strips of paper or note cards (enough for two separate activities)
- Large basket or hat
- Copies of **Handout J: Helen's Story** and **Handout K: Fred's Story** (after **Step 4**) for each participant
- Several poster-size sheets of paper
- Markers

Before You Begin

- Read each step of the session. Think about how you will perform each step and what you will add to every session.
- Write **Step 1** questions on strips of paper or note cards and place them in the basket or hat. Add any questions about topics that you think your participants need to review.
- Make copies of **Helen's Story** (Handout J) and **Fred's Story** (Handout K) for each participant.

Time

Activity	Minutes
Step 1: Fertility Review	20
Step 2: Puberty Stories	25
Step 3: Menstrual Cycle Mix-up	15
Sexuality Exercise	30
Step 4: Fertility and the Future	30
TOTAL MINUTES	**120**

Step 1 Fertility Review

Large Group Game (20 minutes)

Write on strips of paper or note cards the questions below and place them in the basket or hat.

Form two teams. Ask each participant to choose paper from the basket or hat. A participant from Team 1 should read his or her question to the group and ask their team to answer it. If the question is answered well by the team, they earn a point. Alternate each team and try to give all participants a chance to ask a question. Remember that it is important to promote an environment of healthy competition that allows for learning.

1. What is fertilization? ***(When a woman's egg unites with a man's sperm.)***
2. What is menstruation? ***(The expulsion of the unfertilized egg and interior lining of the uterus through the vagina.)***
3. What happens on the first day of a woman's menstrual cycle? ***(She bleeds.)***
4. When does the menstrual cycle end each month? ***(On the last day before the next menstruation or period.)***
5. What is ovulation and when does it occur? ***(When the egg leaves the women's ovary. This occurs approximately in the middle of the woman's menstrual cycle.)***
6. Can a woman become pregnant during every day of her cycle? ***(No.)***
7. Can a woman become pregnant the first time she has sexual intercourse? ***(Yes.)***

8. What are fertile days? ***(The days a woman can become pregnant.)***
9. What are infertile days? ***(The days a woman cannot become pregnant.)***
10. After he starts puberty, is a man always fertile? ***(Yes, he can be fertile every day for the rest of his life.)***
11. Who begins puberty earlier, girls or boys? ***(Most girls begin puberty one to two years earlier than do boys, but boys eventually catch up.)***
12. How do uncircumcised boys clean their penises? ***(Pull back the foreskin and clean gently.)***
13. Where does the sperm meet the egg in a woman's body? ***(The fallopian tube.)***
14. What is the purpose of vaginal secretions? ***(They aid the sperm to travel up through the vagina.)***
15. Do all boys have wet dreams? ***(No. However, most do, and it is perfectly normal.)***
16. Will a woman have her period the rest of her life? ***(No. She will stop when she reaches menopause.)***
17. What are some of the changes a woman might experience just before or during her period? ***(Cramping, bloating, weight gain, food cravings, skin problems, headaches, etc.)***

Review

Step 2 Puberty Stories[5]

Small Group Activity (25 minutes)

Begin by telling the group that you want to find out how much they remember about puberty, specifically about menstruation in girls and wet dreams in boys. Tell the group that you have some unfinished stories that you want them to complete. They will need to use their knowledge and their creativity so that each story will be unique. Have participants form small groups of four or five people and pick a person to take notes. (Distribute a copy of both **Helen's Story** (Handout J) and **Fred's Story** (Handout K) to each group.) Ask the small groups to fill in the blanks for both stories. After about 10 minutes, have the recorder read the group's version of **Helen's Story**. Then do the same with **Fred's Story**. When the groups are finished, lead a discussion covering the following:

5. Center for Population Options. When I'm Grown: Life Planning Education for Grades 5 and 6. (Washington: Center for Population Options, 1991) 11.

- Which story was easier to complete? Why?
- Whom would you consider asking if you had a question about puberty or sexuality?
- Would people act differently than Helen or Fred? Why?

Step 3 Menstrual Cycle Mix-up

Small Group Activity (15 minutes)

Divide the participants into groups of six people. Give each group a set of note cards with one of the following phrases written on each card.

- The woman starts her period.
- The uterus prepares the lining for the egg.
- An egg matures.
- An egg is released from the ovary.
- The uterus discards the unfertilized egg.
- A sperm does not fertilize the egg.

Have each participant in the group take one note card. Tell them that these cards represent what happens in the menstrual cycle. Tell the group to arrange themselves in a line so that the cards are in the right order of events.

Facilitator Note

The answers to the mix-up are:

1. An egg matures.
2. An egg is released from the ovary.
3. The uterus prepares the lining for the egg.
4. A sperm does not fertilize the egg.
5. The uterus discards the unfertilized egg.
6. The woman starts her period.

Step 4 Expressing Affection

Small Group Activity (30 minutes)

Begin the exercise by stating the following: *"There are many kinds of love, and many ways to express love and affection for another person. Love between parents and young people or brothers and*

sisters, love between friends, and romantic love are some of the different kinds of love. How do you show someone that you love him or her? How do you show your parents? Your brother or sister? Your friend? A boyfriend or girlfriend? Talking, smiling, kissing, hugging, and touching are ways of expressing love and affection."

Divide the participants into small groups of three to four people. Ask each group to draw a large heart on a poster-size sheet of paper. Ask participants to list, inside the heart, all the things a boy and girl could do to show that they like each other. These things can include places to go, activities to do, gifts to give, or favors to do for others. Each small group can read their list to the rest of the group. Have participants decide whose list represents the most exciting, creative, and affordable ideas for participants. See the Sample List below for ideas.

Tell them that the coming years will be a time of significant change for their bodies and their minds. Reinforce the idea that participants might be changing emotionally and physically, but they are still children growing into a more mature body. Stress that they might be physically becoming an adult and may even be having some adult feelings in thinking about kissing or touching someone sexually, but they are not ready yet to act on these feelings.

Review

Sample List

- Laugh
- Play or listen to music
- Write
- Dance
- Play sports
- Visit family
- Watch a play (theater)
- Take a nice walk
- Talk
- Watch movies
- Go shopping
- Play computers
- Watch the sunset
- Eat chocolate
- Hang out with friends

Stress the Following

Thank them for being such an enthusiastic group. If they have other questions in the future, encourage them to always ask you and other adults they trust. Tell them that you will keep your Question Box available for any questions they might have in the future.

HANDOUT J:
Helen's Story

Complete Helen's story by filling in the blanks. Try to fill in every blank. This is not a test, so do not worry about getting the "right" answers.

Helen is 12 years old. After learning about menstruation in a fertility awareness course, she was feeling _____about starting her period.

One day she went to the bathroom and noticed _____.

She had started her period. Helen felt _____ _____

_____.

She got _____ from _____to prevent getting a spot on her pants. As soon as school was over, she rushed to tell

_____.

Helen knew that her period would last about _____days but she wanted to find out _____

_____.

Now that she had finally started, Helen was glad that _____

_____

_____.

Something new had happened to Helen. It meant that she was_____

_____

_____.

HANDOUT K:
Fred's Story

Complete Fred's story by filling in the blanks. Try to fill in every blank. This is not a test, so do not worry about getting the "right" answers.

One morning Fred woke up and discovered that he had his first wet dream the night before. He knew this because _____ _____. Fred remembered that another name for a wet dream is _____.

Although Fred had learned about wet dreams in school and knew that he was normal, he still felt a little embarrassed that_____ _____ _____.

On the other hand, Fred felt good about _____ _____ _____.

Fred thought a lot about wet dreams that day.

One of the questions on his mind was _____ _____ _____ _____.

To find out the answer, he decided to ask _____ _____.

Something new had happened to Fred. It meant that he was _____.

Evaluation: How Much Do You Know?

You can use the evaluation on the following page to find out how much the boys and girls have learned from the *My Changing Body* manual. Ask them to think about what they now know about the changes that boys and girls experience as they enter puberty and grow into men and women. Go through each statement with the young people, correcting any misunderstandings they may have. Correct answers are below:

Statement	True	False
Sperm are produced in the penis.		X
"Wet dreams" are common for boys during puberty.	X	
Semen contains seminal fluid and sperm.	X	
When a boy or man has an erection, he always needs to ejaculate.		X
A boy's breasts never change during puberty.		X
Men usually stop having ejaculations when they are around 60 years old.		X
During puberty a boy's shoulders broaden and he begins to grow taller.	X	
Circumcision is an operation performed only on boys.		X
New thoughts and feelings accompany the physical changes of puberty.	X	
At puberty, a boy is capable of becoming a father.	X	
If a girl does not get her period by the time she is 14, there is something wrong with her.		X
If a woman misses a period, she could be pregnant.	X	
The period of menstruation always lasts five days.		X
All women have a menstrual cycle that lasts 28 days.		X
Ejaculation happens only during sexual intercourse.		X
Both men and women masturbate.	X	
Masturbation can cause people to go crazy.		X
A girl can get pregnant the first time she has sex.	X	
Sexual intercourse is a physical act in which the man's penis enters the woman's vagina.	X	
During puberty, body hair grows in new places.	X	
During puberty, rapid changes in height and weight take place in boys and girls.	X	
Having sex and being in love are the same thing.		X
Washing your genitals with soap and water is necessary for good hygiene.	X	

Evaluation: How Much Do You Know?

Statement	True	False
Sperm are produced in the penis.		
"Wet dreams" are common for boys during puberty.		
Semen contains seminal fluid and sperm.		
When a boy or man has an erection, he always needs to ejaculate.		
A boy's breasts never change during puberty.		
Men usually stop having ejaculations when they are around 60 years old.		
During puberty a boy's shoulders broaden and he begins to grow taller.		
Circumcision is an operation performed only on boys.		
New thoughts and feelings accompany the physical changes of puberty.		
At puberty, a boy is capable of becoming a father.		
If a girl does not get her period by the time she is 14, there is something wrong with her.		
If a woman misses a period, she could be pregnant.		
The period of menstruation always lasts five days.		
All women have a menstrual cycle that lasts 28 days.		
Ejaculation happens only during sexual intercourse.		
Both men and women masturbate.		
Masturbation can cause people to go crazy.		
A girl can get pregnant the first time she has sex.		
Sexual intercourse is a physical act in which the man's penis enters the woman's vagina.		
During puberty, body hair grows in new places.		
During puberty, rapid changes in height and weight take place in boys and girls.		
Having sex and being in love are the same thing.		
Washing your genitals with soap and water is necessary for good hygiene.		

My Changing Body

Instructions for Parents

My Changing Body: Instructions for Parents

Parents play an important protection role for their children, and studies show that improving parent-child communication can help reduce adolescent sexual risk-taking, so it is worthwhile to invest in parents as a component of youth-serving programs.

Research conducted in many countries showed that very young adolescent girls and boys wanted to ask their parents and other trusted adults for advice and information on puberty, sexuality, and other issues. It was equally clear that parents and teachers wanted to support their children better during puberty but lacked knowledge, felt uncomfortable about the subject matter, were bewildered by changing gender and sexual norms, and did not know how to adjust their behaviors in light of their changing pre-adolescents.

Although it is considered better program practice to engage parents in communicating and supporting their children during puberty, many youth-serving programs do not reach out to parents. So, special efforts will likely be needed to identify venues where parents congregate so that they can benefit from participating in their own learning activities.

My Changing Body: Instructions for Parents was created to help improve knowledge, comfort in talking about sensitive subjects, and communication skills of parents and other trusted adults so that they could provide better support for very young adolescents. The curriculum includes participatory activities and discussions on the same themes as those in *My Changing Body* and delves into more detail on gender, sexuality, and parent-child communication.

Objectives

By the end of this session participants will:

1. Identify 3 reasons that they believe their involvement in their children's sexuality education is important.

2. Identify 3 ways in which they can participate in their children's sexuality education.
3. Discuss the major changes boys and girls experience during puberty.
4. Gain an understanding of the basic information about male sexuality and female fertility.

Materials Needed

- Flip chart paper
- Markers
- Tape
- Handouts for participants:
  1. **Handout L: Ten Road Blocks to Effective Communication**
  2. **Handout M: Definitions of Road Blocks to Effective Communication**
  3. **Handout N: Ten Building Blocks to Effective Communication**
  4. **Handout O: Definitions of Building Blocks to Effective Communication**
  5. **Handout P: Circles of Sexuality**
  6. **Handout Q: Physical Changes During Puberty for Boys and Girls**
  7. **Handout R: Sexual Development of Boys and Girls**
  8. **Handout S: How to Use the Chain as a Way to Track the Menstrual Cycle**
  9. **Handout T: Are you an Askable Parent?**

Before You Begin

- Read each step of the session. Think about how you will perform each step.
- Prepare materials for activities in **Steps 1** through **5**.

Time

Activity	Minutes
Welcome and Introductions	15
Step 1: Why Talk About It: What we know about parental involvement	15
Step 2: Communicating Better with Your Child	30
Step 3: Understanding Sexuality and Gender	60
Step 4: What Changes During Puberty	30
Step 5: Fertility Awareness	60
Step 6: Summary and Conclusion	30
TOTAL MINUTES	**180**

Welcome and Introductions

Discussion
(15 minutes)

Arrange chairs for participants in a large circle. Welcome participants, introduce yourself and have participants introduce themselves by first name and name, age and sex of their child who is participating in the program. Ask participants to identify one thing that they would like to learn during the session. Clarify for each participant whether that information will be covered in the session and if not that they are welcome to talk with the facilitator later.

Step 1 Why Talk About It: What we know about parental involvement

Presentation with Questions and Answers
(15 minutes)

- Flip chart with 3 points written on it
  1. Parents are important educators of their children in many areas, including sexuality. They teach them values. They let their children know their expectations of them.
  2. Children care about what their parents think and believe is right.
  3. The only way children can know what their parents believe is if they talk with them.

Key points for the facilitator to emphasize:

1. Parents are the primary sexuality educators of their children. Programs like *My Changing Body* are meant to support and reinforce what parents teach, and to clarify scientific information. Only parents can teach their children the values and expectations that they have for them related to sexuality.
2. Children care what their parents think and believe is right. Although teenagers are influenced by the media and by their peers, they turn to their parents to teach them what to expect as they grow and change, and what decisions they expect them to make about sex and relationships.
3. Children who know what their parents believe are the best choices to make as they grow older and think about sexual decisions are more likely to make the decisions that their parents think they should make.
4. The only way their children can know what they, as parents, believe is if they talk with their children about these issues.
5. *My Changing Body* has activities and homework for parents to complete with their children. These activities will help parents clarify with their children what they think is right and what choices they expect their children to make as they grow and change into young women and young men.

Background material for facilitator: **"Are you an Askable Parent?"** from Advocates for Youth, found under last session.

Step 2 Communicating Better with your Child

Group discussion on parent-child communication (30 minutes)

- Flip chart or transparency with definition of **Road Blocks to Communication**.
- Index card set
  1. 10 white cards, each with a Road Block Response
  2. 10 blue cards, each with a Building Block Response
- **Handout L: Ten Road Blocks to Effective Communication**
- **Handout M: Definitions of Road Blocks to Effective Communication**
- **Handout N: Ten Building Blocks to Effective Communication**

- **Handout O: Definitions of Building Blocks to Effective Communication**

Facilitator Note

In the tables at the end of this step are some situations that illustrate Road Blocks and Building Blocks to effective communication. Situations or statements from a child are on the left. Possible adult responses are on the right. These Road Blocks and Building Blocks tables are turned into a discussion activity by making index cards of each response, which are passed out to participants.

Road Blocks and Building Blocks to Effective Communication

Explain that you will be asking parents to participate in a discussion of some common ways that our words, the tone of our voice, the way we approach someone physically can shut or close the door to communication (Road Blocks) *or* strengthen and build healthy, respectful communication (Building Blocks). Verbal communication is the words we use; nonverbal communication is how we say the words (our tone, emotions, and body language).

Road Blocks to Effective Communication (10 minutes)

Display the **Definitions of Road Blocks** transparency or chart.

Pass out one white Road Blocks index card to each participant. If you don't have 10 participants, ask some participants to take two index cards. If you have more than 10 participants, some will not receive a Road Blocks card. Make sure that those who do not receive a card receive a Building Blocks card.

Beginning with the Road Blocks, the facilitator, or the person holding the card, should read a situation or statement from the left side of the table below and ask the participant who has the corresponding, numbered response to read it with energy, as a parent or adult who might say it in this situation. Briefly demonstrate how you want the participants to complete this exercise.

Referring to the definitions transparency or chart, explain very briefly what this Road Block is called and what it means.

If time permits, you may choose to role play some of the situations. Tell participants that you will give them a handout with all the situations or statements and responses to take home. Road Blocks usually start with judging, critical, or demanding words such as "you should …," "you'd better …," and "you're stupid."

You may close the exercise by asking the group to brainstorm feelings they had as the adult's response was read (i.e., hurt, angry, left out, demeaned, and unheard, among other feelings). Or, you may ask participants to share examples of when they have experienced these Road Blocks.

Building Blocks to Effective Communication (10 minutes)

Pass out one blue Building Blocks index card to each participant. Follow the same procedure with the Building Blocks exercise. Remember to display the definitions of Building Blocks transparency or chart.

Close the Building Blocks exercise with discussion as you did for the Road Blocks exercise. Ask the group to brainstorm feelings they had as the adult's response was read. Offer that Building Blocks help people feel valued, listened to, understood, respected, and/or loved. Stress that listening, especially reflective listening, is emphasized as a Building Block because it is the cornerstone of effective communication.

Review the Road Blocks situations by displaying the **Ten Road Blocks to Effective Communication** (on a transparency or chart).

If time is available, ask participants to construct Building Blocks responses to the Road Blocks situations. You may ask participants to pair up. Have one participant read the Road Block situation and the other participant give a Building Block response, or you may also ask individual participants to read the situations and ask anyone in the group to offer a Building Block response.

Distribute:
Handout L: Ten Road Blocks to Effective Communication,
Handout M: Ten Building Blocks to Effective Communication,
Handout N: Definitions Road Blocks, and
Handout O: Definitions of Building Blocks, and summarize this discussion with the following key points.

- Effective, healthy communication skills can be learned.
- Children deserve to learn communication skills from adults who are honest, respectful, and caring.
- Nobody is perfect. We all sometimes lose our patience and say and do things that we regret. But, we can say we're sorry—and use the Building Blocks to strengthen our relationships.

Collect the index cards and return them to the notebook.

HANDOUT L:
Ten Road Blocks to Effective Communication

Situations	Adult Responses (on white index cards)
S-1. Mom, I'm not sure what to do about my class schedule this year. It's really tough with all the extras I've got to do.	**R-1.** You should take every math and science course offered. You ought to see how important that is.
S-2. Dad, that boy just took my truck.	**R-2.** It's your problem. You solve it.
S-3. Mom, the jar of glue just fell over on the floor.	**R-3.** Look what you did! Now you've dirtied the floor. You are careless and irresponsible!
S-4. Your 8-year-old got dressed for church wearing his oldest shirt that has torn sleeves and his dirty play pants – instead of wearing his normal Sunday clothes.	**R-4**. Only a fool/crazy person would dress like that for church!
S-5. Dad, it's not my fault my math teacher hates me.	**R-5.** Let me tell you about my boss. You think you've got trouble!
S-6. I think I'll go to visit my friend this evening Mom.	**R-6.** You will not. You're going to stay home and study. You're going to bring your grades up.
S-7. But Dad, it's the last chance I have to see the village celebrations, and I haven't seen them.	**R-7.** If you don't study, there will be no car this weekend.
S-8. Mom, I really need to know if I will be able to participate in the school activity scheduled for the weekend.	**R-8.** We'll see—I'll think about it.
S-9. I'll do my chores later Dad.	**R-9.** I'm not going to tell you again. I've told you ten times already. Now!
S-10. Your child comes home from school, slams the door shut, goes to his/her room without greeting you, throws his/her school uniform on the floor and kicks the chest of drawers/closet.	**R-10.** You frown, cross your arms, tap your foot, and stand in front of your child.

HANDOUT M:
Definitions of Road Blocks to Effective Communication

Verbal		Examples
S-1. Judging	Making a judgment	You should … You ought to …
S-2. Rejecting	Giving no support	It's your problem, not mine.
S-3. Blaming/Criticizing	Placing fault on the other person	It's your fault.
S-4. Labeling	Calling names or words that are negative	Only a dummy would do it that way.
S-5. Transferring	Not listening and jumping in with one's own problems	Let me tell you what happened to me.
S-6. Ordering	Giving solutions with no choices	You must do this now.
S-7. Threatening/Bribing	Using threats or bribes to try to make someone do something	If you don't do what I want … If you do what I want, I'll do this for you.
S-8. Waffling	Not being clear and consistent in setting limits	Well, maybe … We'll see … I'll think about it …
S-9. Nagging	Persistently repeating orders or requests	I've told you a thousand times … How many times do I have to ask you to …
Nonverbal		**Examples**
S-10. Acting	Using body language that sends negative messages or that rebuffs; being physically abusive	Crossing arms; not looking at speaker; walking away; tapping feet; shaking finger in face; hitting; kicking

HANDOUT N:
Ten Building Blocks to Effective Communication

Situations	Adult Responses (on blue index cards)
S-1. Dad, it's been a terrible day. Absolutely horrible—I really messed up!	**R-1.** Would you like to tell me about it? I'll just listen.
S-2. Look at what I made with my pieces of wood, stones and sticks!	**R-2.** You worked a long time to build your machine and look at how you used all your material.
S-3. I hate you!	**R-3.** I love you and feel very sad when you say that.
S-4. Mom, I don't know what to do. He says he will break up with me if I don't go all the way.	**R-4.** What can I do to help you with this tough decision?
S-5. I can't believe that my teacher is giving me a bad grade on my paper. I worked really hard and did everything he told me to do.	**R-5.** You sound very frustrated and disappointed? Is that right? Would you like to talk about it?
S-6. She is a good person. She is careful, responsible and well behaved. Can I go to the lake with her?	**R-6.** I know I can trust you and you have good judgment.
S-7. Dad, look at me, look at me! I swam to the other side of the pool.	**R-7.** You are such a good swimmer and know how to be safe in the water.
S-8. You won't believe what she said and did to me. I'll never be her friend again!	**R-8.** You sound very angry with her. Is that right? Would you like to talk about it?
S-9. I hate him. He's such a dummy. I don't care if I ever play with him again.	**R-9.** Can you tell me more about what happened with him?
S-10. Your child comes home from school, slams the door shut, goes to his/her room without greeting you, throws his/her school uniform on the floor and kicks the chest of drawers/closet.	**R-10.** You sit next to your child, hold his/her hand, look him/her in the eye, and then tell him/her that you would like to know why he/she is so angry.

HANDOUT O:
Definitions of Building Blocks to Effective Communication

Verbal		Examples
S-1. Listening	Focusing on the present; not bringing up past problems or mistakes; creating safety to express anything	I feel that right now you need me to just listen to you.
S-2. Praising	Giving earned rewards frequently; recognizing efforts rather than products or end results	You worked so long and so hard on the project.
S-3. Feeling	Sharing feelings such as anger, joy, and frustration; using "I" statements	I feel … I'm so angry when you … I love you.
S-4. Respecting	Letting others make decisions; avoiding judging and advising; trying to help him/her make his/her own decisions	It's your choice. What can I do to help you?
S-5. Listening	Identifying the feeling as well as the content and asking the person to confirm it	It sounds like you were very frustrated by the class change. Is that right?
S-6. Trusting	Being consistent; asking for input and understanding that children need to learn in their own way even if they make mistakes	I know you will be thoughtful and responsible.
S-7. Affirming	Finding the positive to express	You are so competent. You make me happy when you…
S-8. Reflective Listening	Reflecting what another says; paraphrasing a person's words so he/she know he/she has been heard	You sound angry about your friend's response. Is that so?
S-9. Clarifying	Asking for more information when unsure	Could you tell me more about your fight with your friend?
Nonverbal		**Examples**
S-10. Acting	Finding physical ways to show care, concern, and attention	Making eye contact; touching when appropriate; hugging; staying near the person

Understanding Sexuality and Gender

To be a Man or Woman: What Defines Us?[6] (20 minutes)

Materials Needed

- Flip Chart with 2 columns, one labeled "Women" and one labeled "Men"

Ask participants "What are the characteristics of women and men," encouraging the participants to call out answers rapidly, in sequence (all responses for women first, then all for men), without thinking too hard about their answers. List responses in appropriate column.

Once the chart is completed, cross out "Women" and replace it with "Men", and cross out "Men" and replace it with "Women".

Now, ask the group which characteristics could not be possible in any society. Only "childbearing", "breast-feeding" and "fathering a child" should be underlined, as those are biologically driven.

Lead a brief discussion of roles that society expects of men and women (gender roles), elaborating on the difference between "sex" and "gender". Ask participants what the gender roles have in common (they are not biologically determined, but culturally determined). Assist the group in identifying how gender roles have changed over time in their family/community/culture/country. Emphasize to parents that the concepts of changing gender roles will be addressed in "My Changing Body" to help prepare their daughters and sons for the changing world that they are growing up in.

6 This exercise is adapted from: Workshop on Gender, Health and Development: Facilitator's Guide. Washington, D.C. PAHO. 1997.

Circles of Sexuality[7] (40 minutes)

Materials Needed

- 4-6 Flip chart pages (number will depend on number of participants, group will be divided into smaller groups of 4-6 participants each) prepared in advance with **Circles of Sexuality** diagram written on flip chart paper (5 circles with titles written in them as in **Handout P**).
- **Handout P: Circles of Sexuality** handout for each participant.

In large group, explain to participants that in the *My Changing Body* curriculum we discuss sexuality as broadly defined, meaning much more than just sex. Explain that they will be participating in an exercise to look at the broad meaning of sexuality.

Ask participants to call out all the terms/words that they can think of which are associated with sexuality. You as the facilitator, or two volunteers, record all words without editing on chart paper, probing for areas that may be overlooked.

Probe for missing words: Any positive associations? What part of sexuality does society not like to talk about openly? Try to pull out the hidden aspects of sexuality. What are some negative consequences or actions related to sexuality?

Break into small groups of 4-6 participants and give each group a blank **Circles of Sexuality** flip chart paper. On a paper that is empty of words, ask the group to record words from the brainstorm session in the appropriate circle, pointing out that some words may fit in more than one place.

Bring the group back together and post all the Circles charts. Lead a discussion addressing the following questions:

1. Are there any Circles without anything in them? How do we, as parents, feel about discussing these aspects of sexuality?
2. Are there any Circles with many words in them? How do we, as parents, feel about discussing these aspects of sexuality?
3. Are there any Circles that participants feel should not be discussed with 10-14 year old children? Why/why not?

7 This exercise is adapted from: *Advocates for Youth Circles of Sexuality Exercise and ISOFI Toolkit: Tools for Learning and Action on Gender and Sexuality*

4. Are there any Circles that participants feel are especially important to discuss with 10-14 year old children? Why/why not?

Here are some examples of terms/words from previous workshops (in no particular order)

Kissing	**Hugging**	**Contraception**	**Body image**
Massage	**Sexual harassment**	**Need to be touched**	**Impotence**
Petting	**Caring**	**Loving/liking**	**Pornography**
Infertility	**Abortion**	**Sperm**	**Bisexual**
HIV	**Date aggression**	**Self-esteem**	**Anal sex**
Touching	**Masturbation**	**Orgasm**	**Communication**
Fantasy	**Passion**	**Sexual attraction**	**Emotional vulnerability**
Sharing	**STIs**	**Withdrawal method**	**Flirtation**
Child spacing	**Ovaries**	**Getting pregnant**	**Incest**
Rape	**FGM**	**Lesbian, gay**	**Unwanted pregnancy**

Distribute **Handout P** at the end of the exercise.

Step 4 What Changes During Puberty?

Group Discussion

(30 minutes)

Materials Needed

- Prepare 3 flip chart sheets with the following headings: "Changing Bodies", "Changing Feelings", "Changing Relationships". Make 3 columns on each sheet: "Girls", "Boys", "Both".
- **Handout T: Are you an Askable Parent?**

Ask participants to think of a time when they have talked with their child about becoming a teenager/young man/young woman. Start by giving the following example (feel free to use an example that comes from your own experience or is particularly

appropriate to the context/culture/community you are working with):

"My daughter put on a sweater that was covered with dust. I took a damp cloth to wipe the dust off the sweater and as I passed it over her chest she said 'ouch'! I hadn't really noticed before that her breasts were developing and said, 'Oh, your breasts are sore because you are beginning to grow and change into a young woman. That is the start of many changes.'"

After giving your example, record it on the appropriate chart (if using the above example, record it on the "Changing Bodies" chart in the "Girls" column). Now go around the circle and ask each participant share an example, giving the circumstance and content they discussed with their child. When each has given an example, ask the group for other changes that they have observed in their child or remember from their older children or from their own puberty.

Once the lists are completed, pass out the **Puberty Handouts Q and R** to reinforce the information covered in the exercise. Ask parents to review the handouts and invite them to ask any questions they have about the content.

Once this discussion is over, ask parents to share ways that they encourage their children to ask them questions. Pass out **Handout T: Are You and Askable Parent?** and go over the contents. Invite parents to ask any questions that they have.

Step 5 Introduction to Fertility Awareness

Group Activity (60 minutes)

You will be using some of the activities from *My Changing Body* for young people to introduce fertility awareness to the parents. Follow the instructions in the *My Changing Body* manual for **Session 2**, **Steps 1, 2 & 3** and **Session 3, Steps 3 & 4**. Follow the instructions in the *My Changing Body* manual for materials, preparation and directions for activities. **Handout S** can be used during these activities.

Explain to the parents that fertility awareness is the cornerstone of fertility control. As their children grow and mature it is important that they understand their own body processes as well

as those of the opposite sex. Explain to the parents that because their participation is essential to their child's understanding, the activities they will be participating in today are the same activities that we will be doing with their children.

Encourage their active participation, assuring them that even as adults, we don't always fully understand how our own or others' bodies work. By developing this understanding parents can assist their children to better understand these issues.

Step 6 Summary and Closing

(30 minutes)

Review briefly the main themes of the parent session. Ask participants to reflect on the training they just received and to share their thoughts. What did they learn? What information surprised them? What did they like/not like about the sessions?

Once this discussion is over, ask parents what are their concerns going forward in terms of communicating with and supporting their children through puberty. Ask people to share things that they plan to do to encourage their children to ask them questions.

This is the closing session. Thank participants for participating.

HANDOUT P:
Circles of Sexuality

Sensuality

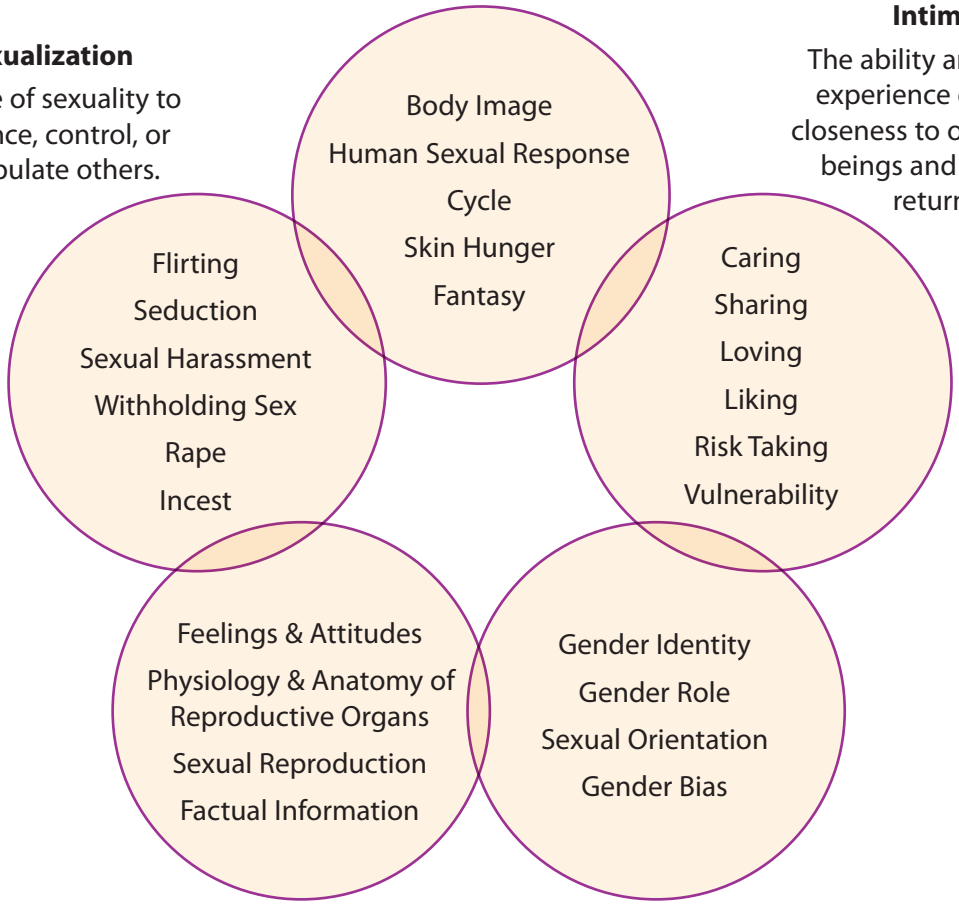
Awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses: touch, taste, feel, sight and hearing.

Sexualization

The use of sexuality to influence, control, or manipulate others.

Intimacy

The ability and need to experience emotional closeness to other human beings and to have it returned.



Sexual Health and Reproduction

Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organs, and health consequences of sexual behavior.

Sexual Identity

A sense of who one is sexually, including a sense of maleness or femaleness.

HANDOUT Q:
Physical Changes during Puberty for Boys and Girls

Adapted from: http://www.4parents.gov/sexdevt/index.html (Physical changes during puberty for boys; Physical changes during puberty for girls; Sexual Development of Boys and Sexual Development of Girls)

PHYSICAL CHANGES DURING PUBERTY

BOYS	GIRLS
• Height and weight increase.	• Breasts develop.
• Body hair grows in the pubic area, under the arms, and on the face, and becomes thicker on the legs.	• Height and weight increase.
• Muscles become stronger.	• Hips and waist become more defined.
• Vocal cords get thicker and longer - boys' voices deepen.	• Mood changes may occur.
• The body develops an increased number of red blood cells.	• Body hair grows in the pubic area, under the arms, and becomes thicker on the arms and legs.
• Sweat and oil glands become more active, and body odor changes.	• Muscles become stronger.
• Acne can develop.	• Vocal cords get thicker and longer.
• Some boys develop small and temporary breast tissue.	• Sweat and oil glands become more active, and body odor changes. • Acne may develop.
• Reproductive system begins to work	• Reproductive system matures

HANDOUT R:
Sexual Development of Boys

A boy goes through five stages of development during puberty. Boys usually start to show the physical changes of puberty between the ages of 11 and 14, which is slightly older than when girls start puberty. The male sex hormone called testosterone and other hormones cause the physical changes. Here are the 5 stages and what happens:

Stage 1	Stage 2
May begin as early as age 9 and continue until 14. • No sign of physical development but hormone production is beginning.	**May begin anywhere from age 11 to 13.** • Height and weight increase rapidly. • Testicles become larger and scrotum hangs lower. • Scrotum becomes darker in color. • Fine hair growth begins at the base of the penis. • Hair growth may begin on the legs and underarms.
Stage 3	**Stage 4**
May begin anywhere from age 12 to 14. • The penis, scrotum, and testicles grow. • Pubic hair becomes darker, thicker, and curlier. • Muscles become larger and shoulders become broader. • Sweat and oil glands become more active, which can result in acne. • Sperm production may begin. • Temporary swelling and tenderness may occur around nipples. • Height and weight continue to increase. • Hair growth on the legs and underarms continues.	**May begin anywhere from age 13 to 16.** • Sperm production has usually begun. • The larynx (Adam's apple) increases in size. Vocal chords become longer and thicker, and the voice begins to break or crack, then becomes low. • Height and weight continue to increase. • Penis and testicles continue to grow. • Pubic hair increases in amount and becomes darker, coarser, and curly.
Stage 5	
May begin anywhere from age 14 to 18. • Growth of facial hair begins. • Chest hair growth may begin (not all males get much chest hair). • Adult height is reached. • Penis and testicles have reached full adult size. • Pubic, underarm, and leg hair are adult color, texture, and distribution. • Overall look is that of a young adult man.	

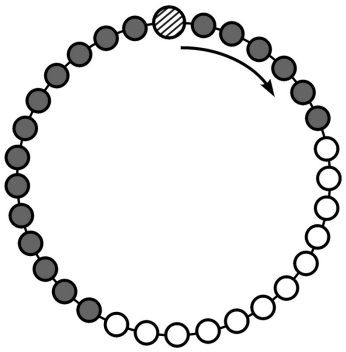
HANDOUT R (continued):
Sexual Development of Girls

Girls go through five stages of development during puberty. Girls usually start to show the physical changes of puberty between the ages of 9 and 13, which is slightly sooner than boys. The female sex hormone called estrogen and other hormones cause the physical changes. Many girls are fully developed by the age of 16. Some girls will continue to develop through age 18. Here are the five stages and what happens:

Stage 1	Stage 2
Age: Between ages 8 and 12. • No visible signs of physical development. But the ovaries are enlarging and hormone production is beginning.	**Age: May begin anywhere from age 8 to 14.** • Height and weight increase rapidly. • Fine hair growth begins close to the pubic area and underarms. • Breast buds appear; nipples become raised and this area may be tender. • Sweat and oil glands become more active which can result in acne.
Stage 3	**Stage 4**
Age: May begin anywhere from age 9 to 15. • Breasts become rounder and fuller. • Hips may start to widen in relation to waist. • A clear or whitish fluid, called a secretion, is seen at the outer opening to the vagina. • Pubic hair becomes darker, thicker, and curlier. • Height and weight continue to increase. • For some girls, ovulation and menstruation (periods) begin, but may be irregular.	**Age: May begin anywhere from age 10 to 16.** • Underarm hair becomes darker. • Pubic hair starts to form a triangular patch in front and around sides of genital area. • The nipple and the dark area around the breast (areola) may stick out from the rest of the breast. • For many girls, ovulation and menstruation (periods) begin, but may be irregular.
Stage 5	
Age: May begin anywhere from age 12 to 19. • Adult height is probably reached. • Breast development is complete. • Pubic hair forms a thick, curly, triangular patch. • Ovulation and menstruation (periods) usually occur regularly. • Overall look is that of a young adult woman.	

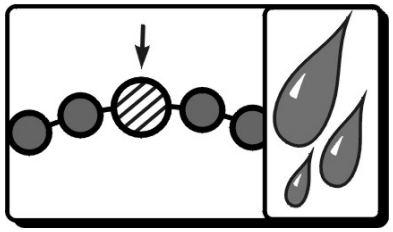
HANDOUT S:
How to Use the Chain as a Way to Track the Menstrual Cycle

This chain represents a woman's or girl's menstrual cycle. Each bead is a day of the cycle. The chain has beads* of different colors.

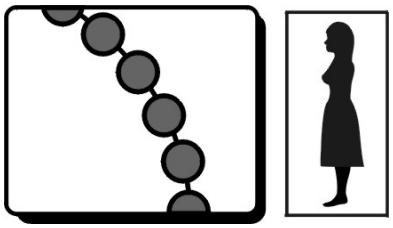


The fertility awareness chain can help you keep track of your menstrual cycle; know when to expect your period; and understand fertility changes occurring in your body during the menstrual cycle.

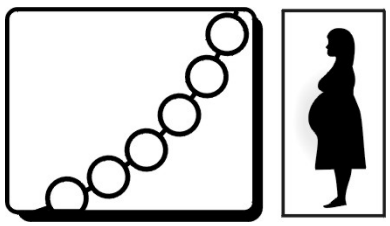
The marked red bead represents the first day of a woman's or girl's period.



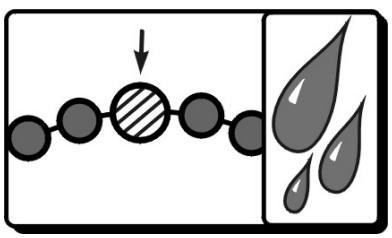
Dark beads represent infertile days. These are days when a woman is very unlikely to get pregnant.



White or light beads represent fertile days. These are days when a woman can get pregnant.

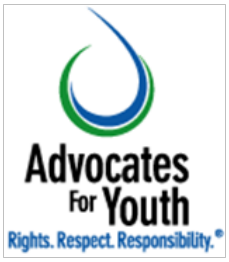


On the day her period starts again, a new menstrual cycle has begun.



* Because this document may be printed with black-and-white printers, the colored 'beads' are represented with different types of shading. Please note that the red bead is represented by a striped bead throughout the manual.

HANDOUT T:
Are You an Askable Parent?



As a parents or caregiver, it is very important for you to be ***askable***. What does that mean? How do adults become ***askable***?

To be ***askable*** means that young people see you as approachable and open to questions. Being ***askable*** about sexuality is something that most parents and caregivers want but that many find very difficult.

Adults may have received little or no information about sex when they were children. Sex may not have been discussed in their childhood home, whether from fear or out of embarrassment. Or, adults may worry about:

- Not knowing the ***right*** words or the ***right*** answers;
- Being ***out of it*** in the eyes of their young people;
- Giving too much or too little information; or
- Giving information at the wrong time.

Being ***askable*** is important. Research shows that youth with the least accurate information about sexuality and sexual risk behaviors may experiment more and at earlier ages compared to youth who have more information[1,2,3,4,5]. Research also shows that, when teens are able to talk with a parent or other significant adult about sex and about protection, they are less likely to engage in early and/or unprotected sexual intercourse than are teens who haven't talked with a trusted adult [6,7,8,9]. Finally, youth often say that they want to discuss sex, relationships, and sexual health with their parents—parents are their preferred source of information on these subjects[10, 11].

Because being ***askable*** is so important and because so many adults have difficulty initiating discussions about sex with their children, adults may need to learn new skills and become more confident about their ability to discuss sexuality. Here are some tips from experts in the field of sex education.

A. Talking With Young People About Sexuality

1. **Acquire a broad foundation of factual information from reliable sources.** Remember that sexuality is a much larger topic than sexual intercourse. It includes biology and gender, of course, but it also includes emotions, intimacy, caring,

sharing, and loving, attitudes, flirtation, and sexual orientation as well as reproduction and sexual intercourse.

2. **Learn and use the correct terms for body parts and functions**. If you have difficulty saying some words without embarrassment, practice saying these words, in private and with a mirror, until you are as comfortable with them as with non-sexual words. For example, you want to be able to say "penis" as easily as you say "elbow."
3. **Think through your own feelings and values about love and sex.** Include your childhood memories, your first infatuation, your values, and how you feel about current sex-related issues, such as contraceptives, reproductive rights, and equality with regard to sex, gender, and sexual orientation. You must be aware of how you feel before you can effectively talk with youth.
4. **Talk with your child.** Listen more than you speak. Make sure you and your child have open, two-way communication—as it forms the basis for a positive relationship between you and your child. Only by listening to each other can you understand one another, especially regarding love and sexuality, for adults and youth often perceive these things differently.
5. **Don't worry about—**
   - Being "with it." Youth have that with their peers. From you, they want to know what you believe, who you are, and how you feel.
   - Being embarrassed. Your kids will feel embarrassed, too. That's okay, because love and many aspects of sexuality, including sexual intercourse, are highly personal. Young people understand this.
   - Deciding which parent should have this talk. Any loving parent or caregiver can be an effective sex educator for his/her children.
   - Missing some of the answers. It's fine to say that you don't know. Just follow up by offering to find the answer or to work with your child to find the answer. Then do so.

B. Talking with Young Children

1. **Remember that if someone is old enough to ask, she/he is old enough to hear the correct answer and to learn the correct word(s).**

2. **Be sure you understand what a young child is asking.** Check back. For example, you might say, "I'm not certain that I understand exactly what you are asking. Are you asking if it's okay to do this or why people do this?" What you don't want is to launch into a long explanation that doesn't answer the child's question.
3. **Answer the question when it is asked.** It is usually better to risk embarrassing a few adults (at the supermarket, for example) than to embarrass your child or to waste a teachable moment. Besides, your child would usually prefer it if you answer right then and softly. If you cannot answer at the time, assure the child that you are glad he/she asked and set a time when you will answer fully. "I'm glad you asked that. Let's talk about it on the way home."
4. **Answer *slightly* above the level you think your child will understand,** both because you may be underestimating him/her and because it will create an opening for future questions. But, don't forget that you are talking with a young child. For example, when asked about the differences between boys and girls, don't get out a textbook and show drawings of the reproductive organs. A young child wants to know what is on the ***outside***. So, simply say, "A boy has a penis, and a girl has a vulva."
5. **Remember that, even with young children, you must set limits.** You can refuse to answer personal questions. "What happens between your father and me is personal, and I don't talk about it with anyone else." Also, make sure your child understands the difference between values and standards relating to his/her question. For example, if a child asks whether it is bad to masturbate, you could say, "Masturbation is not bad; however, we never masturbate in public. It is a ***private*** behavior." [Values ***versus*** standards] You should also warn your child that other adults may have different values about this subject while they will hold to the same ***standard***; that is, they may believe it is wrong and a private behavior.

C. Talking with Teens

1. **Recall how you felt when you were a teen.** Remember that adolescence is a difficult time. One moment, a teen is striving for separate identity and independence, and the next moment urgently needs an adult's support.

2. **Remember that teens want mutually respectful conversations.** Avoid dictating. Share your feelings, values, and attitudes and listen to and learn about theirs. Remember that you cannot dictate anyone else's feelings, attitudes, or values.
3. **Don't assume that a teen is sexually experienced or inexperienced, knowledgeable or naive.** Listen carefully to what your teen is saying and/or asking. Respond to the teen's actual or tacit question, not to your own fears or worries.
4. **Don't underestimate your teen's ability to weigh the advantages and disadvantages of various options.** Teens have values, and they are capable of making mature, responsible decisions, especially when they have all the needed facts and the opportunity to discuss options with a supportive adult. If you give your teen misinformation she/he may lose trust in you, just as he/she will trust you if you are a consistent source of clear and accurate information. Of course, a teen's decisions may be different from ones you would make; but that goes with the territory.

Being ***askable*** is a lifelong component of relationships. It opens doors to closer relationships and to family connections. It's never too late to begin!

1 Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.

2 Baldo M, Aggleton P, Slutkin G. *Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?* Presentation at the IX International Conference on AIDS, Berlin, 6-10 June, 1993. Geneva: World Health Organization, 1993.

3 UNAIDS. *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: A Review Update.*[UNAIDS Best Practice Collection, Key Material] Geneva: UNAIDS, 1997.

4 Alford S et al. *Science & Success:Sex Education & Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections.* Washington, DC: Advocates for Youth, 2003.

5 Thomas MH. *Abstinence-based programs for prevention of adolescent pregnancies: a review.* Journal of Adolescent Health 2000; 26:5-17.

6 Miller KS et al. *Patterns of condom use among adolescents: the impact of mother-adolescent communication.* American Journal of Public Health 1998; 88:1542-1544.

7 Shoop DM, Davidson PM. *AIDS and adolescents: the relation of parent and partner communication to adolescent condom use.* Journal of Adolescence 1994; 17:137-148.

8 Jemmott LS, Jemmott JB. *Family structure, parental strictness, and sexual behavior*

What is proper style for these references? Should Journal or article title be in italics?

We'll need to adjust in Eng. and Fr.

among inner-city black male adolescents. Journal of Adolescent Research 1992; 7:192-207.

9 Rodgers KB. *Parenting processes related to sexual risk-taking behaviors of adolescent males and females.* Journal of Marriage and Family 1999; 61:99-109.

10 Hacker KA et al. *Listening to youth: teen perspectives on pregnancy prevention.* Journal of Adolescent Health 2000; 26:279-288.

11 Kaiser Family Foundation, Nickelodeon, and Children Now. *Talking with Kids about Tough Issues: a National Survey of Parents and Kids.* Menlo Park, California: The Foundation, 2001.

My Changing Body

Training for Facilitators

My Changing Body: Training For Facilitators

My Changing Body's premise is that very young adolescents should be given a safe space to learn and talk about puberty, body literacy, and fertility awareness in fun and active ways. This four-hour curriculum is designed to provide trainers and educators working with youth – who may not have much experience with participatory learning methodologies - with the basic concepts of participatory approaches, youth-adult partnership approaches, and facilitation - that are needed to effectively use the *My Changing Body* curricula. Over half of this curriculum involves facilitator-trainee practice sessions, using activities from *My Changing Body*, allowing participants to reinforce their knowledge and gain comfort in talking about feelings, fertility, and other sensitive subjects. Facilitators new to the subjects of gender and sexuality may also want to practice facilitating activities relating to these themes, found in the **My Changing Body: Instructions for Parents** curriculum.

Objective

By the end of this session, the facilitators will be comfortable as facilitators (versus trainers), and approach their work based on youth-adult partnership, the consent and interest of participants.

Materials Needed

- Flip Chart paper
- Notebook-size sheets of paper
- Pen for each participant Markers
- Blank cards for participant comments
- Tape
- **Handout U: Self Evaluation Form for Facilitators**
- **Handout V: Basic Principles of Facilitation**

Time

Activity	Minutes
Welcome and Introductions	10
Step 1: Facilitation	20
Step 2: Participatory Approaches	25
Step 3: Perceptions and Stereotypes of Youth	45
Step 4: Guidelines and Practice for Facilitators	140
TOTAL MINUTES	**240**

Welcome and Introductions

(10 minutes)

Participants introduce themselves.

Step 1

Facilitation

Group Discussion
(20 minutes)

This is a group reflection on the meaning of facilitation. Divide the group into pairs to discuss and write down their different interpretations of facilitation on different cards (one per card). No names should be written on the cards. After a few minutes, the facilitator should collect all the cards and subsequently read each out loud and discuss with the larger group. Depending on their relevance, the cards are then taped up on a flip chart.

Complete the above exercise by sharing the below **Basic Principles of Facilitation**. (This list should already be written out on a large flip chart paper and can be taped up to the wall once the first exercise has been completed.)

Basic Principles of Facilitation

- Spirit of inclusion of all participants
- Mutual respect and nonhierarchical relationships
- Strategic questioning
- Active listening
- Reflecting together
- Giving questions back: questioning and probing to clarify issues raised

- Summarizing responses provided by the group
- Use of participatory tools and methodologies

Ask participants to talk about how education/training differs from facilitation.

At end of this step provide **Handout V: Basic Principles of Facilitation.**

Step 2 Participatory Approaches

Group Discussion (25 minutes)

Facilitator Note
The definition below should be written out on a flip-chart in advance and then put up on the wall for the group discussion.

Concept of Participatory Training Approaches:

Participation = Ownership = Empowerment and Development

Ask participants to explain how they understand the above. Encourage reflection and discussion.

Highlight the following points with participants. Encourage questions and discussion around each point:

- Participatory training is a **two-way** training, a **partnership** between the facilitator and the participants, by which people discover their own strengths, develop problem-solving skills and together play a more effective role in managing their environment.
- Participatory training is a **learner-centered** approach, i.e. respecting the fact that the learners (youth participants) have information, knowledge and experiences.
- Active Learning is **learning by doing** and thus takes more time. Learning sessions are structured in the form of problem-solving activities or tasks requiring teamwork and open peer discussion. While the facilitator provides the simple structure of the problem solving activity or task, the content comes mainly from the learners (youth or parent participants). This increases the relevance of the learning and gives them self-assurance in practicing problem-solving skills. Facilitators need to have the

patience for a lot of dialogue and consultation, and ensure that all participants are sufficiently involved.

- Participatory training methods are divided into different categories:
  1) **Creative –** is given the highest priority as it unlocks energy, talent and power;
  2) **Investigative –** enables participants to do their own assessment and data collection;
  3) **Analytic –** enables participants to examine a problem in depth so they can better understand its causes and identify solutions;
  4) **Planning –** participants identify activities, persons responsible and a timeline to address a problem; and
  5) **Informative –** participants seek information while doing all of the above and didactic materials can be introduced to complement what they know.

Step 3 Perceptions and Stereotypes of Youth

Game and Discussion
(45 minutes -15 for the game and 30 for the discussion)

Materials Needed

You will need two sheets of paper, on one you should write "I AGREE" and on the other "I DISAGREE." Stick the two papers on the wall in opposite sides of the room.

Facilitators

Game

Opinion Scales:

Below is a list of statements regarding the lives of young people and their role in society. The statements are controversial.

- Youth are rebellious!
- Youth cannot decide for themselves!
- In former times the youth were not so difficult!
- The youth of today will be good leaders!

Ask the participants to imagine a line between the two sheets and show where the middle is. This is the scale for measuring agreement or disagreement. Standing in the middle means 'I DONT KNOW.'

Read out your first statement and ask the participants to stand according to their agreement or disagreement with the statement. Ask selected participants to explain their position. It usually makes sense to ask participants close to the extremes.

Be aware that this exercise may evoke provocative arguments. When asking participants to explain their opinions and why they have placed themselves the way they have, make sure that no discussion develops over the opinions. Each participant should be given the opportunity to explain him/herself without being interrupted, laughed at, or contradicted. If you feel that there are important issues to be discussed, note them down and use them for the discussion in **Step 2** of the *My Changing Body: A Puberty and Fertility Awareness Manual for Young People*.

Discussion

Request that participants sit in a circle. Ask them how they felt during the game. Also ask the group if there are specific aspects they would like to discuss further. When they have completed the discussion, follow-up with the questions below:

1. What are your experiences with young people?
2. What do you think: Are youth helpful for society?
   What is their role in society?
   What could be their role in society?

Step 4 Guidelines and Practice for Facilitators

Presentation and Group Activity (2 hours and 20 minutes approximately)

Guidelines

Explain the basic guidelines for a facilitator to follow as described below (ensure that trainees ask questions as needed to better understand each point):

1. Facilitators should read and take the time to prepare for each session that they will be teaching, i.e. some sessions have resource materials that need to be printed out and reviewed for use during the sessions; some sessions require that flip charts with information are prepared in advance to put up on the wall; some sessions require photocopies to be made for participant hand-outs.

2. For each session, it is important for facilitators to think about and use the local context, i.e. the session needs to have local relevance and words and issues may need to be adapted accordingly.
3. Facilitators should explain each activity to participants so that they feel comfortable with the task.
4. As part of the preparation for each session, facilitators should use a Facilitators Checklist or didactic material for each training activity, so that once participants have contributed their ideas and opinions, the facilitator can fill in the gaps and complete the list, e.g. in brainstorming exercises or group discussions, the facilitator should have his/her own list of points or ideas that s/he wants to ensure will be mentioned during the session. So after the facilitator has adequately probed and encouraged all participants to voice their ideas/opinions, s/he can refer to this checklist to complete what comes from participants.
5. All information that comes from participants during exercises or discussions should be displayed on the board/wall as a product of their work so that participants are able to view this during the sessions and feel ownership for it.

Practice

This exercise is dedicated to Facilitator Trainee practice. Select different participants to practice facilitation skills by asking them to facilitate the following sessions as they will be doing when working with the youth. These sample sessions have been taken from the *My Changing Body* Manual.

Distribute **Handout U: Self-Evaluation Form for Facilitators**. Explain that after each practice session, a self-assessment should be done, and the entire group of trainees should provide feedback also so that the whole group can learn from these practice sessions.

Sample Sessions

Time

Activity	Minutes
Step 1: What is Fertility?	10
Step 2: Fertility Myths and Facts	20
Step 3: Introduction to Female Fertility	20
Step 4: Signs of Fertility	10
Step 5: Products We Use during Menstruation	20
Step 6: Introduction to Male Fertility	20
Step 7: Talking about Our Fertility	30
Step 8: Take-Home Messages	20
TOTAL MINUTES	**150**

Step 1 What is Fertility?

Large Group Discussion (10 minutes)

Pose the following questions to the participants:

- What does "fertility" mean?
- When does a woman become fertile?
- When does a man become fertile?

After you listen to their answers, tell the group that you are going to discuss these items in more detail in this session.

Facilitator Note

Encourage participants to say what they know about this topic even if it is wrong. This will give you an opportunity to gain a better understanding of what they know. Be certain that participants understand what fertility is. Stress that boys and girls are developing their fertility at approximately the same time.

Step 2 Fertility Myths and Facts

Large Group Game (20 minutes)

Explain that the group is going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams, and that this game will help them identify and correct myths (incorrect beliefs) around the topic. Divide the group into two teams and place them on opposite sides of the room. Have each team choose a name.

Read one of the following statements to the first member of Team A. That person should consult with the rest of the team to determine whether the statement is a "myth" or "fact." Once the first player responds, say whether the answer is correct and mark the score on the flip chart or chalkboard. Award one point for each correct answer. If the answer is correct, ask the player to say why this is correct. If the answer is incorrect, provide the right response and briefly explain why.

Continue by reading another statement to the first member of Team B, then alternate teams until everyone has had a chance to respond. After you have read each of the myths and facts, ask the teams to come up with two things that they have heard about menstruation and wet dreams and share these. Have the opposite team state if it is a myth or fact, and again, tell them if they are correct and why. Afterward, add up the score and announce the team with the most correct responses.

Myth or Fact?

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

Tips on Adapting to the Local Context

Learn from youth in your community about their concerns. To help you prepare gather several young people and ask them the following questions: What myths and rumors exist in your area? Use this information to make the session more relevant to participants.

Close the activity by asking:

- How did you feel about this activity?
- What new facts did you learn?
- Do you think it is good to have these myths in society? How could society do better in helping people understand about menstruation and wet dreams?

Step 3 Introduction to Female Fertility

Large Group Discussion (20 minutes)

Ask the girls to volunteer what they have heard about menstruation from their sisters, mothers, aunts, other female

friends and relatives, media, school, etc. After you have let them speak, confirm or correct their statements. Distribute **Handout A: Female Reproductive System—Internal Genitalia** (page 55) to each person in the group. Explain the basis of menstruation using the **Key Information from Session 2** as your guide. Be sure to cover the following sections from the **Key Information from Session 2**:

- **What is menstruation?** Use **Handout A: Female Reproductive System—Internal Genitalia** to explain each point. Have participants take turns reading the text aloud and ask them to point out the place in the picture mentioned in the text.
- **At what age do girls start menstruating?**
- **What is the sign that menstruation has started?**
- **What is the menstrual cycle?**
- **How much blood flow is there?**
- **What is the length of the menstrual cycle?**
- **How does the body feel during menstruation?**
- **What is ovulation?**
- **What are some of the things a woman may feel around the time of her period?**
- **What is menopause?**

Explain to participants that a woman's menstrual cycle happens in phases:

1. She has her period and bleeds.
2. There is no bleeding for a few days.
3. She may start to have secretions.
4. She ovulates.
5. She has no secretions.
6. She may start to experience bodily or emotional changes just before her next period.
7. The cycle starts all over again.

After discussing the menstrual cycle, distribute **Handout B: Female Reproductive System—External Genitalia** to each person in the group. Explain to participants the various parts of the external female anatomy.

Stress the Following

- Once a girl has started to menstruate (have her period), she is physically able to become pregnant.
- A girl can become pregnant before her first period if she has already become fertile.
- It is called the menstrual cycle because it repeats continuously, except during pregnancy, until menopause.
- The menstrual cycles start at puberty and end at menopause.
- Having a period means that a girl is becoming a woman. Almost every woman in the world has her period. There is nothing to worry about. It means a girl is becoming a woman.

Step 4 Signs of Fertility

Large Group Discussion (10 minutes)

Get the bowl with the egg white in it. Tell the group that sometimes girls can see a whitish or clear fluid on their underpants or experience a feeling of wetness around their vagina. This fluid or wetness is called a "secretion." Secretions do not happen every day— just some days of the menstrual cycle. Tell the group that those secretions from the vagina help sperm travel through the uterus to meet the egg.

Explain that women are most aware of their secretions during ovulation—when women are most fertile—because the secretions have more water in them at this time. Women may have other kinds of secretions during the rest of their cycle, but these are less moist. Some women may have no secretions. It depends on the woman.

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

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

Stress the Following

- Some women get heavy secretions; some get very light secretions or none at all.
- Having secretions does not mean that a woman's vagina is dirty. It just means that her body is going through its normal, constant menstrual cycle changes.
- If secretions suddenly change color or smell, this might mean that a woman has an infection, and she should see a health provider.
- Most women do not have secretions all the time—just on some days of the menstrual cycle.

Step 5 Products We Use During Menstruation

Small Group Activity (20 minutes)

Ask participants to form five or six small groups. If culturally appropriate, have boys and girls mixed together.

Give each group one of the products used during a woman's period and a cup or glass of water. Allow participants to touch and become familiar with the products. Ask the participants in each group to explain how the products are used and disposed of. Tell each group to place the products in water. Explain that the products absorb water like a sponge and this is what they do for blood during the menstrual period. Encourage the boys to ask questions for the girls to answer.

Ask participants the following questions:

- Why use these products?
- How do they work?
- How often do they need to be changed?
- How should they be disposed of or cleaned?
- Where are they sold and how much do they cost? (Or, where do we find the materials to make them?)

Step 6 Introduction to Male Fertility

Large Group Discussion (20 minutes)

Get the bowl with the egg white in it again. Ask the participants to volunteer what they have heard about erections, ejaculations,

and wet dreams from their brothers, uncles, other male friends and relatives, media, school, etc. After you have let them speak, confirm or correct their statements. Be sure to cover the following sections from the **Key Information from Session 2**:

- **How are sperm produced?** Use **Handout C: Male Reproductive System** to go over this briefly. Have participants take turns reading the text aloud and ask them to point out the place on the picture mentioned in the text.
- **What is an erection?**
- **What is ejaculation?** (Pinch the egg white here between your fingers to show what this liquid looks like and point out that the color of ejaculate (semen) is often whiter and less clear than the egg white.) Explain to participants that semen is the fluid that leaves the man's penis when he ejaculates.
- **What are wet dreams?**

Stress the Following

- A boy cannot control when he will have an erection or wet dream.
- Erections and wet dreams are completely normal. It means a boy is becoming a man.
- Boys do not have to ejaculate each time they have an erection.
- Semen leaves the body during ejaculation.
- Ejaculation means a boy is physically able to get a girl pregnant (if they have intercourse).

Step 7 Talking about Our Fertility

Pair Exercise (30 minutes)

Divide the group into pairs. Assign the following role plays to each pair. If there are too many pairs, more than one pair can do the same role-play. Ask each pair to act out the situation with each other using the information they just learned. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give participants five minutes to prepare each skit.

Role-play #1: One person plays the aunt; the other plays a 12-year-old girl. The girl is worried because she has not gotten her period yet, but her friends have. The aunt comforts the girl, letting her know that the first period starts as early as age nine or 10, but can also start a few years later.

Role-play #2: One person plays a 10-year-old girl; the other plays the older sister. The girl is frightened because she began her period and does not understand what it is. The older sister explains what menstruation is and why it is happening.

Role-play #3: One person plays the father; the other plays the 13-year-old son. The son is worried because he keeps waking up, and the bed is a little wet. He asks his father what is wrong with him. The father explains to him what wet dreams are and that they are normal.

Role-play #4: One person plays a 12-year-old girl; the other plays her mother or father. The girl has stained her clothes with menstrual blood at school and is too embarrassed to return to school because she thinks everyone saw her. The mother or father comforts her and tells her that every woman has an occasional spot on her clothes. The mother or father explains what to use to help her be prepared for and manage her menstrual bleeding.

Role-play #5: One person plays the older brother; the other plays a 12-year-old boy. The boy is worried because he ejaculated and now thinks his sperm is floating in the air and might get someone pregnant. The brother explains to him about wet dreams and ejaculation.

Step 8 Take-Home Messages

(20 minutes)

Close the session by stressing the following:

- Menstruation, erections, ejaculations, and wet dreams are entirely normal signs of puberty.
- Menstruation means that a girl is physically able to become pregnant.
- Ejaculation means that a boy is physically able to get a girl pregnant.

Stress the Following

Encourage participants to ask questions, but let the group know that they will have a private session to talk about these things with a facilitator of their own sex (Session 4). Thank them for being an enthusiastic group. Tell them that it is hard to talk about one's body sometimes and that you are proud of them for participating and sharing with each other.

Self-Evaluation

Please refer to the following page (**Handout U: Self-Evaluation Form for Facilitators)**. Each participant practicing a session should do an auto-analysis after each practice session to measure how well s/he did and get feedback from other facilitators. The others should also provide their feedback. (Have copies of the Self-Evaluation forms available as handouts).

HANDOUT U:
Self-Evaluation Form for Facilitators

Session Title/ Theme: _____

NO	SOME WHAT	YES	
			1. I used a participatory tool or methodology during the session.
			2. I ensured that participants were engaged and contributing to the discussion.
			3. I ensured that quiet individuals in the group were encouraged to talk and participate.
			4. I listened actively to what participants said.
			5. I gave questions back and probed to clarify issues or comments raised by participants.
			6. I considered participants ideas carefully, even when they differed from mine.
			7. I offered my ideas to the group.
			8. I summarized responses given by the group at the end of the discussion.
			9. I ensured that the workshop room is set up to increase participation (not rows of desks but circles or working roundtables), etc.
			10. I ensured that the participants were given the opportunity to ask questions either during, or at the end of the session.

Recommendations to improve facilitation:

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HANDOUT V:
Basic Principles of Facilitation

- Spirit of inclusion of all participants
- Mutual respect and nonhierarchical relationships
- Strategic questioning
- Active listening
- Reflecting together
- Giving questions back: questioning and probing to clarify issues raised
- Summarizing responses provided by the group
- Use of participatory tools and methodologies

REFERENCE LITERATURE FOR THE FACILITATOR: What is Sexuality?[8]

Sexuality is often misunderstood, and can be a difficult concept to fully articulate. We understand it to some degree on an intuitive level, but we do not often discuss it.

There are many different ideas about what sexuality is and what it means. The **World Health Organization (WHO) defines sexuality** (2002) as follows:

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.
- While sexuality can include all of these dimensions, not all of them are always experienced or expressed.
- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

The nature of one's sexuality is created by a unique combination of biological and social factors and is constantly changing. Because it's socially constructed and not entirely innate in us, there are huge variations across generations, cultures, ethnic groups, etc. Sexuality can have a different meaning for people in various stages of life, and there are differences with regard to age, gender, culture and sexual orientation.

Facilitators

Often when people see the words 'sex' or 'sexuality,' they think of sexual intercourse or other sexual activity. **Sexuality is much more than sexual feelings or sexual intercourse.** It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

8 Adapted from: *Inner Faces, Outer Spaces Initiative Toolkit- Tools for Learning and Action on Gender and Sexuality.* International Center for Research on Women (ICRW). 2007.

Gender and sexuality are both closely linked to identity and self-expression. The way we express our sexuality is often determined by our gender; often men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation for chastity, and deny that they feel sexual pleasure. In many places, there is an assumption that a woman's or a man's sexuality is uncontrollable. For example, if a man rapes a woman, it is assumed he could not control his sexual urges.

Sexuality is part of life. Whether for physical, emotional and psychological well-being, livelihoods or reproduction, **sexuality is central to human existence.** Choices available to men and women with regard to sexuality are often related to giving and taking power.

Sexuality is a human right. Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you. Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass mutual consent and respect.

Many people participating in or working on development or humanitarian aid projects understand that **sexuality is very important to achieving personal, community or even national economic development goals.** Our cultural understanding and norms related to sexuality influence age of marriage, whether people are allowed to leave their homes freely, a nation's policies on access to information about contraception and family size, and whether certain kinds of people experience work-related discrimination, such as people who work in sex work, or who are living with HIV.

The Institute for Development Studies (IDS Policy Briefing No. 29, 2006) provides context to the concept of **sexuality in development.** "Development policy and practice has tended to ignore sexuality, or deal with it only as a problem in relation to population, family planning, disease and violence. However, sexuality has far broader impacts on people's well-being and ill-being. The need to respond to HIV/AIDS and the adoption of human rights approaches have created openings for a franker debate on sexuality and more resources in this area. Social and legal norms and economic structures based on sexuality have a huge impact on people's physical security, bodily integrity,

health education, mobility and economic status. In turn, these factors impact on their opportunities to live out happier, healthier sexualities."

As with gender, facilitators need to explore and comprehend their values, attitudes and beliefs relating to sexuality as well as their understanding of its placement within conceptual frameworks and models of behavior change. More reasons to use a sexuality lens in our work include:

- Lack of information leads to risky and even violent, coercive behavior.
- Fear about sexuality can negate possibly pleasurable aspects of sex.
- To recognize sexual minorities that are otherwise hidden (such as homosexuals, sex workers, etc).
- Expand programming focus beyond individual behavioral change to influence social and cultural meanings of sex.

REFERENCE LITERATURE FOR THE FACILITATOR: An Explanation of the Circles of Sexuality[9]

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle #1—Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways.

- **Body image**—Feeling attractive and proud of one's own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray or does not positively portray physical characteristics they see in the mirror, such as color of skin, type of hair, shape of eyes, height, or body shape.
- **Experiencing pleasure**—Sensuality allows a person to experience pleasure when certain parts of the body are touched. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.
- **Satisfying skin hunger**—The need to be touched and held by others in loving, caring ways is often referred to as skin hunger. Adolescents typically receive considerably less touch from their parents than do younger children. Many teens satisfy their skin hunger through close physical contact with

9 Adapted from: *Life Planning Education, a comprehensive sex education curriculum.* Washington, DC: Advocates for Youth, 2007

peers. Sexual intercourse may sometimes result from a teen's need to be held, rather than from sexual desire.

- **Feeling physical attraction for another person—**The center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, humans' most important "sex organ." The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.
- **Fantasy—**The brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2—Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include:

- **Sharing—**Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
- **Caring—**Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.
- **Liking or loving another person—**Having emotional attachment or connection to others is a manifestation of intimacy.
- **Emotional risk-taking—**To have true intimacy with others, a person must open up and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.
- **Vulnerability—**To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable—the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.

Circle #3—Sexual Identity

Sexual identity is a person's understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

- **Gender identity**—Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a person's biological gender is not the same as his/her gender identity—this is called being transgender.
- **Gender role**—Identifying actions and/or behaviors for each gender. Some things are determined by the way male and female bodies are built or function. For example, only women menstruate and only men produce sperm. Other gender roles are culturally determined. In the United States, it is considered appropriate for only women to wear dresses to work in the business world. In other cultures, men may wear skirt-like outfits everywhere.

There are many "rules" about what men and women can/should do that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand, since peer, parent, and cultural pressures to be "masculine" or "feminine" increase during the adolescent years. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that men suffer from "testosterone poisoning," that men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

- **Sexual orientation**—Whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual

orientation begins to emerge by adolescence. Between three and ten percent of the general population is probably exclusively homosexual in orientation. Perhaps another ten percent of the general population feel attracted to both genders.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for preteens and young teens and are not necessarily related to sexual orientation. Negative social messages and homophobia in the wider culture can mean that young adolescents who are experiencing sexual attraction to and romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality.

Circle #4—Reproduction and Sexual Health

These are a person's capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable.

- **Factual information about reproduction—**Is necessary so youth will understand how male and female reproductive systems function and how conception and/or STD infection occur. Adolescents often have inadequate information about their own and/or their partner's body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Youth need to understand anatomy and physiology because every adolescent needs the knowledge and understanding to help him/her appreciate the ways in which his/her body functions.
- **Feelings and attitudes—**Are wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STD infection, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.
- **Sexual intercourse—**Is one of the most common behaviors among humans. Sexual intercourse is a behavior that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STDs. In programs for youth, discussion of sexual intercourse is often limited to the bare mention of male-female (penile-vaginal) intercourse. However, youth

need accurate health information about sexual intercourse—vaginal, oral, and anal.

- **Reproductive and sexual anatomy—**The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that teens need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STD infection. Even if youth are not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Youth also need to know that traditional methods of preventing pregnancy (that may be common in that particular community and/or culture) may be ineffective in preventing pregnancy and may, depending on the method, even increase susceptibility to STDs. The leader will need to determine what those traditional methods are, their effectiveness, and their side effects before he/she can discuss traditional methods of contraception in a culturally appropriate and informative way.

- **Sexual reproduction—**The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction—the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent. [Asexual reproduction is a process whereby simple one-celled organisms reproduce by splitting, creating two separate one-celled organisms identical to the original [female] organism before it split.] Too many programs focus exclusively on sexual reproduction when providing sexuality education and ignore all the other aspects of human sexuality.

Circle #5—Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the "shadowy" side of human sexuality, sexualization spans behaviors that range from the relatively harmless

to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Teens need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

- **Flirting—**Is a relatively harmless sexualization behavior. Nevertheless, upon occasion it is an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliation, and shame.
- **Seduction—**Is the act of enticing someone to engage in sexual activity. The act of seduction implies manipulation that at times may prove harmful for the one who is seduced.
- **Sexual harassment—**Is an illegal behavior. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone's appearance, especially characteristics associated with sexual maturity, such as the size of a woman's breasts or of a man's testicles and penis. It could mean unwanted touching, such as hugging a subordinate or patting someone's bottom. It could mean demands by a teacher, supervisor, or other person in authority for sexual intercourse in exchange for grades, promotion, hiring, raises, etc. All these behaviors are manipulative. The laws of many countries provide protection against sexual harassment. Youth should be aware of local sexual harassment laws and how to file a complaint with appropriate authorities if they are sexually harassed. They should also know that others may complain of their behavior if they sexually harass someone else.
- **Rape—**Means coercing or forcing someone else to have genital contact with another. Sexual assault can include forced petting as well as forced sexual intercourse. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that arouse fear in the person raped. Youth need to know that rape is illegal and cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any

reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

- **Forced incest**—Forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Forced incest is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

Glossary

Adolescence: The time between puberty and adulthood.

Cervix: The lower portion of the uterus, which protrudes into the vagina.

Circumcision: For males, it is the removal of all or part of the foreskin of the penis. For females, it is the removal of the clitoris or removal of the clitoris and labia at birth, during childhood, or at puberty.

Clitoris: A small organ at the upper part of the labia that is sensitive to stimulation.

Egg: A female sex cell.

Ejaculation: Forceful release of seminal fluid from the penis.

Epididymis: Organ where sperm mature after they are produced in the testicles.

Erection: Hardening of the penis.

Fallopian tubes: Tubes that carry eggs from the ovaries to the uterus.

Fertility: Ability to produce offspring (children).

Fertilization: Union of the egg with the sperm.

Fetus: The product of conception from the end of the eighth week of pregnancy to the moment of birth.

Foreskin: Loose skin covering the end of the penis.

Genitals: Reproductive organs.

Glans: The end, or head, of the penis.

Growth spurt: A rapid increase in height and weight, which typically occurs during puberty.

Hormones: Special chemicals secreted by endocrine glands that cause changes in specific areas of the body.

Labia majora (outer lips): Two folds of skin (one on either side of the vaginal opening) that cover and protect the genital structures, including the vestibule.

Labia minora (inner lips): Two folds of skin between the labia majora and the vestibule that extend from the clitoris on each side of the urethral and vaginal openings.

Masturbation: Touching yourself for sexual pleasure.

Menopause: The stage at which menstrual activity ends.

Menstrual cycle: The period of time measured from the first day of the menstrual period through the series of regularly occurring changes in the ovaries and uterus to the first day of the next menstrual period.

Menstruation: The monthly discharge of blood and tissue from the lining of the uterus.

Nocturnal emission (wet dream): The passing of semen from the urethra during sleep.

Ovaries: Two glands that contain thousands of immature egg cells. Each month an egg ripens and breaks out of its sac, a process called ovulation.

Ovulation: The periodic release of a mature egg from an ovary.

Penis: External male organ through which semen or urine leave the body.

Premenstrual syndrome (PMS): Symptoms such as cramps, tension, anxiety, breast tenderness, and bloating, which begin several days prior to the onset of menstruation and subside when menstruation begins.

Prostate gland: This gland produces a thin, milky fluid that becomes part of the semen.

Puberty: The period of life during which an individual becomes capable of reproduction.

Pubic hair: Hair over the pubic bone, which appears at the onset of sexual maturity.

Reproduction: The process of conceiving and bearing children.

Scrotum: The pouch of skin behind the penis that holds the testicles.

Secretion: The process by which glands release certain materials into the bloodstream or outside the body.

Semen: The fluid that leaves a man's penis when he ejaculates.

Seminal vesicles: Small glands that produce a thick, sticky fluid that carries the sperm.

Sexual intercourse: The erect penis of the male entering the vagina of the female.

Sperm: A male sex cell.

Testicles (testes): Male reproductive glands that produce sperm.

Uterus: The small, hollow, muscular female organ where the fetus is held and nourished, from the time of implantation until birth.

Urethra: A canal that carries urine from the bladder to the urinary opening in both males and females. In males, the urethra also carries semen.

Urethral or urinary opening: The spot from which a man or woman urinates.

Vagina: The canal that forms the passageway from the uterus to the outside of the body.

Vaginal discharge (secretion): A normal, white or yellowish fluid from the cervical canal or vagina.

Vaginal opening: Opening from the vagina where menstrual blood leaves the body.

Vas deferens: The long, thin tubes that transport sperm away from the epididymis.

Vestibule: The area of the external female genitalia that includes the vaginal and urethral opening.

Virgin: A person who has not had sexual intercourse.

Vulva: The external genital organs of the female, including the labia majora, labia minora, clitoris, and vestibule of the vagina.

Wet dream (nocturnal emission): The passing of semen from the urethra during sleep.

Resources

Our approach to youth programs is based on the following resources:

Organizations with Adolescent and Youth Reproductive Health Resources

Institute for Reproductive Health (IRH)

The Georgetown University Institute for Reproductive Health (IRH) addresses global reproductive health and family planning issues through a research-to-practice agenda. Our emphasis is on fertility awareness-based methods of family planning (particularly the Standard Days Method [SDM] and the TwoDay Method [TDM]); fertility awareness for youth as an approach to empowering them to make healthy decisions; and strategies to improve the quality of HIV/AIDS services by reducing stigma and discrimination. The Institute partners with a wide range of organizations both globally and in the countries in which we work, conducts research, builds capacity, and provides technical assistance to public and private-sector organizations in developing countries and the U.S.

Institute for Reproductive Health, Georgetown University, 4301 Connecticut Avenue, NW, Suite 310, Washington, DC 20008 USA; Phone: +1 202-687-1392; Fax: +1 202-537-7450; **www.irh.org**

Advocates for Youth

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people, ages 14 to 25, make informed and responsible decisions about their reproductive and sexual health.

Advocates for Youth, 2000 M Street NW, Suite 750, Washington, DC 20036 USA; Phone: +1 202-419-3420; Fax: +1 202-419-1448; **www.advocatesforyouth.org**

Alan Guttmacher Institute (AGI)

AGI's mission is to protect the reproductive choices of women and men in the United States and around the world through research, public education and policy analysis. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies.

Alan Guttmacher Institute Headquarters,125 Maiden Lane, 7th Floor, New York, NY 10038 USA; Phone: +1 212-248-1111; Fax: +1 212-248-1951; or 1301 Connecticut Avenue, NW, Suite 700, Washington, DC 20036 USA; Phone: +1 202-296-4012; Fax: +1 202-223-5756; **www.guttmacher.org**

Center for Education and Population Activities (CEDPA)

CEDPA designs and implements programs to improve the lives of women and girls, focusing on increased educational opportunities and increased access to reproductive health and HIV/AIDS information and services.

Center for Education and Population Activities, 1120 20th Street, NW, Suite 720, Washington, D.C. 20036, USA; Phone: +1 202-667-1142; Fax: +1 202-332-4496; **www.cedpa.org**

Family Health International (FHI)

FHI works to improve reproductive and family health around the world through biomedical and social science research, innovative health service delivery interventions, training, and information programs. FHI led YouthNet, a global program committed to improving the reproductive health and HIV prevention behaviors of youth 10 to 24 years old. Resources are still available online.

FHI Headquarters, P.O. Box 13950, Research Triangle Park, NC 27709 USA; Phone: +1 919-544-7040; Fax: +1 919-544-7261; or FHI HIV/AIDS and YouthNet Departments, 2101 Wilson Boulevard, Suite 700, Arlington, VA 22201 USA; Phone: +1 703-516-9779; Fax: +1 703-516-9781; **www.fhi.org**

International Center for Research on Women (ICRW)

ICRW's mission is to empower women, advance gender equality and fight poverty in the developing world. ICRW has multiple youth projects, with publications focusing on early marriage, girls' empowerment, and other topics.

International Center for Research on Women (ICRW), 1120 20th St NW Suite 500 North, Washington, D.C. 20036 USA; Phone: +1 202-797-0007 Fax: +1 202-797-0020; **www.icrw.org**

International HIV/AIDS Alliance

The International HIV/AIDS Alliance focuses on young people who have been orphaned by AIDS, who are living with HIV, who may be currently caring for their sick parents, and who are in families that have taken in orphans. The Alliance has developed multiple publications to help community groups, government and nongovernmental agencies, and families.

International HIV/AIDS Alliance Secretariat, Preece House, 91-101 Davigdor Road, Hove, Sussex BN3 1RE United Kingdom; Phone: + 44 (0) 1273 718900; Fax: +44 (0) 1273 718901 **www.aidsalliance.org**

International Planned Parenthood Federation (IPPF)

IPPF and its member associations are committed to promoting the rights of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. IPPF links with autonomous national Family Planning Associations (FPAs) in over 180 countries worldwide.

International Planned Parenthood Federation, 4 Newhams Row, London, SE1 3UZ, UK; Phone: +44 20-7939-8200; Fax: +44-20 7939-8300; **www.ippf.org**

International Women's Health Coalition

The International Women's Health Coalition's (IWHC) mission is to secure every woman's right to a just and healthy life. IWHC empowers leaders, women and young people and advocates for women's rights and health all over the world. IWHC supports a number of organizations and networks that address young people's health needs and human rights.

International Women's Health Coalition, 333 Seventh Avenue, 6th Floor, New York, NY 10001, USA; Phone: +1 212-979-8500; Fax: +1 212-979-9009; **www.iwhc.org**

International Youth Foundation (IYF)

IYF works in nearly 70 countries and territories to improve the conditions and prospects for young people. IYF's focus areas

include: health education and awareness, reproductive health, and HIV/AIDS.

International Youth Foundation, 32 South Street, Baltimore, MD 21202, USA; Phone: Phone: +1 410-951-150; Fax: +1 410-347-1188; **www.iyfnet.org/**

National Campaign to Prevent Teen and Unplanned Pregnancy

This organization is dedicated to preventing teen pregnancy by supporting values and encouraging acts that are consistent with a pregnancy-free adolescence.

National Campaign to Prevent Teen and Unplanned Pregnancy, 1776 Massachusetts Avenue NW, Suite 200, Washington, DC 20036 USA; Phone:+1 202-478-8500; Fax: +1 202-478-8588; **www.thenationalcampaign.org**

PATH

PATH's mission is to improve the health of people around the world by advancing technologies, strengthening systems and encouraging healthy behaviors. PATH focuses on adolescent reproductive health through such programs as: the China Youth Reproductive Health Project, the Kenya Youth Reproductive Health Project, the Entre Amigas Project, and the RxGen Pharmacy Project.

PATH, P.O. Box 900922 Seattle, WA 98109 USA; Phone: +1 206-285-3500; Fax: +1 206-285-6619; **www.path.org**

Pathfinder International

Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning information and services. Pathfinder works to halt the spread of HIV/AIDS, provide care to women suffering from the complications of unsafe abortion, and advocate for sound reproductive health policies in the United States and abroad. Pathfinder also implemented the FOCUS on Young Adults program which worked to improve the health and well-being of young adults in developing countries through the creation and strengthening of effective reproductive health initiatives.

Pathfinder International, 9 Galen Street, Suite 217, Watertown, MA 02472 USA; Phone: 617-924-7200; Fax: 617-924-3833; **www.pathfind.org**

Planned Parenthood Federation of America (PPFA)

PPFA is the world's largest and most trusted voluntary reproductive health care organization. PPFA believes in the fundamental right of individuals to manage their own fertility regardless of income, marital status, race, age, sexual orientation, and national origin. PPFA believes that reproductive self-determination must be voluntary and preserve the individual's right to privacy.

Planned Parenthood Federation of America, 434 West 33rd Street, New York, NY 10001, USA; Phone: +1 212-541-7800; or 1110 Vermont Avenue, NW, Suite 300, Washington, DC 20005; Phone: +1 202-973-4800; Fax: +1 202-296-3242; or 800-230-PLAN refers you to your local Planned Parenthood organization; Fax: +1 212-245-1845; **www.plannedparenthood.org**

Population Services International (PSI)

The mission of PSI is to measurably improve the health of poor and vulnerable people in the developing world, principally through social marketing of family planning and health products and services, and health communications. PSI addresses youth sexual and reproductive health primarily through its YouthAIDS project. YouthAIDS targets at-risk youth between the ages of 15 and 24 with positive, upbeat messages of abstinence, mutual fidelity, and consistent and correct condom use for sexually active young adults.

Population Services International,1120 19th Street, NW, Suite 600, Washington, DC 20036 USA; Phone+1 202-785-0072; Fax +1 202-785-0120; **www.psi.org**

Save the Children

Save the Children works to create lasting, positive change in the lives of children in need in the United States and around the world. They work with families and communities to define and solve the problems children face, including a focus on adolescent reproductive and sexual health.

Save the Children US Headquarters, 54 Wilton Road Westport, CT 06880 USA; Phone: +1 203-221-4030; Fax +1 203-227-5667; **www.savethechildren.org**

Sexuality Information and Education Council of the United States (SIECUS)

The mission of SIECUS is to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices.

Sexuality Information and Education Council of the United States Headquarters, 90 John Street, Suite 402, New York, NY 10038 USA; Phone: +1 212-819-9770; Fax: +1 212-819-9776; or 1706 R Street, Washington, DC 20009 USA; Phone: +1 202-265-2405; Fax: +1 202-462-2340; **www.siecus.org**

ISOFI (CARE)

Inner Spaces Outer Faces Initiative (ISOFI) addresses inequities of power in gender and sexuality through the ISOFI toolkit. The toolkit includes training, reflection and monitoring tools that can help organizations increase their understanding of gender and sexuality issues and apply their new knowledge in their current programs.

CARE, 151 Ellis Street, NE, Atlanta, GA, 30303 USA; Phone: +1 404-681-2552; **www.careacademy.org/health/isofi**

Population Council

Population Council seeks to improve the well-being and reproductive health of current and future generations around the world, primarily through research. One of Population Council's main goals is improve the reproductive health and well-being of adolescents in the developing world.

Population Council, One Dag Hammarskjold Plaza, 9th Floor, New York, NY, USA 10017; Phone: +1 212-339-0500; Fax: +1 212-339-0599; **www.popcouncil.org**

United Nations Children's Fund (UNICEF)

Present in 190 countries and territories around the world, UNICEF focuses on programs and research to aid children and young people. UNICEF has several resources and publications on youth, reproductive health, and HIV/AIDS.

United Nations Children's Fund Headquarters, UNICEF House 3 United Nations Plaza New York, New York 10017 U.S.A.; Phone: +1 212-326-7000; Fax +1 212-887-7465; **www.unicef.org**

United Nations Population Fund (UNFPA)

UNFPA helps developing countries find solutions to their population problems. It is the largest international source of population assistance. UNFPA has a number of resources and programs in reproductive health including family planning and sexual health.

United Nations Population Fund, 605 Third Avenue, New York, NY, 10158, USA; Phone: +1 212-297-5000; Fax: +1 212-370-0201; **www.unfpa.org**

Youth Coalition for Sexual and Reproductive Rights

The Youth Coalition is an international organization of young people between the ages of 15 and 29 committed to advocating for sexual and reproductive health and rights at the national, regional, and international levels.

The Youth Coalition for Sexual and Reproductive Rights, 190 Maclaren Street, Suite 200 Ottawa, Ontario K2P 0L6 Canada; Phone: +1 613-562-3522; Fax: +1 613-562-7941; **www.youthcoalition.org**

Web Sites for Youth

Girls Incorporated (www.girlsinc.org)

Girls Incorporated is a nonprofit organization that inspires all girls to be strong, smart, and bold through a network of local organizations in the United States and Canada. The Girls Inc. website for girls offers unique online activities that guide girls through the entire goal-setting process, interviews with accomplished women and girls, and education and career planning resources.

GirlsHealth (www.girlshealth.gov)

This site is maintained by the Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. It aims to help girls (ages 10-16) learn about health, growing up, and issues they may face.

Go Ask Alice (www.goaskalice.columbia.edu)

Go Ask Alice! is the health question and answer Internet resource produced by the Alice! Health Promotion Program at Columbia University — a division of Health Services at Columbia. The site

features information about a range of health topics affecting adolescents such as alcohol and other drugs, nutrition, sex, and relationships. The site features a "question and answer of the week" and also allows adolescents to submit their own questions.

I Wanna Know (www.iwannaknow.org)

The *I Wanna Know* website serves as a trusted source of information for adolescents on such topics as sexual health, sexually transmitted infections, relationships, and reproductive health. The website is produced by the American Social Health Association (ASHA).

It's Your Sex Life (www.itsyoursexlife.com)

It's Your Sex Life is an interactive website maintained by Music Television (MTV). It provides young people with information about sexual and reproductive health and provides a forum for youth to ask questions and share their stories.

Sex, Etc. (www.sexetc.org)

The *Sex, Etc.* website is maintained by Rutgers University and features quizzes, videos, blogs, question and answer sections, and other forms of information to help youth become sexually healthy people and avoid pregnancy and disease during teenage years.

TeensHealth (http://kidshealth.org/teen/)

TeensHealth is supported by the Nemours Foundation and provides information on a variety of issues affecting adolescents including sexual health, relationships, food, fitness, drugs, and alcohol. TeensHealth also offers a weekly newsletter and is available in Spanish.

Teenwire (www.teenwire.com)

Teenwire is Planned Parenthood's Website for adolescents. It provides reliable information on body literacy, puberty, sex, masturbation, relationship, and sexuality.

Voices of Youth (www.unicef.org/voy/)

VYA aims to offer all children and adolescents, including the hard-to-reach, a safe and supportive global cyberspace within which they can explore, discuss and partner on issues related to human rights and social change, as well as develop their awareness, leadership, community building, and critical thinking skills

through active and substantive participation with their peers and with decision makers globally.

X-press (www.ippf.org/en/Resources/Newsletters/)

X-Press is IPPF's newsletter by and for young people

Key Documents on Very Young Adolescents (VYA)

Breinbauer, Cecilia and Matilde Maddaleno. 2005. *Youth, Choices, and Change. Promoting Healthy Behaviors in Adolescents*. Available at: **www.paho.org/English/DD/PUB/Youth_Presentation_June_2005.pdf**

Caskey, M.M. & Anfara, V.A., Jr. 2007. *Research summary: Young adolescents' developmental characteristics*. Available at: **www.nmsa.org/portals/0/pdf/research/Research_Summaries/Developmental_Characteristics.pdf**

Council for International Organizations of Medical Sciences (CIOMS). 2002. *Guidelines for Biomedical Research Involving Human Subjects*. Available at: **www.cioms.ch/publications/layout_guide2002.pdf**

Institute for Reproductive Health, Georgetown University. 2010. *Advancing Promising Program and Research/ Evaluation Practices for Evidence-based Programs Reaching Very Young Adolescents: A Review of the literature*. Washington, DC. Available at: **www.irh.org/sites/default/files/ Promising Practices for VYA Programs_Literature Review_IRH_Sept2010.pdf**

Mmari, K. and Blum, R. 2008. *Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries*. Global Public Health Journal 4 (4):350-366. Available at: **www.who.int/child_adolescent_health/documents/9241592273/en/index.html**

Ross, David A., Bruce Dick, and Jane Ferguson (eds.). 2006. *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*. Geneva: World Health Organization. Available at: **http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf**

The Population Council. 2009. *It's All One Curriculum: Guidelines and activities for a unified approach to sexuality, gender, HIV, and human rights education*. Guidelines available at: **www.popcouncil.**

org/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf and activities available at: http://www.popcouncil.org/pdfs/2011PGY_ItsAllOneActivities_en.pdf

The Population Council's Adolescent Data Guides derived from DHS data sets available for 50+ countries **www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp**

United National Educational, Scientific and Cultural Organization (UNESCO). 2009. *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*. Available at: **http://unesdoc.unesco.org/images/0018/001832/183281e.pdf**

UNICEF. 1989. *The Convention on Rights of the Child*. Available at: **www2.ohchr.org/english/law/crc.htm**

World Health Organization. 2007. *Helping parents in developing countries improve adolescents' health*. Available at: **www.who.int/child_adolescent_health/documents/9789241595841/en/index.html**

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FROM THE AMERICAN PEOPLE